

2949322903411 9

EXTENDED TO NOVEMBER 15, 2019

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2018

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>TENNESSEE HOSPITAL ASSOCIATION</b>		<b>D</b> Employer identification number <b>62-0534232</b>
	Doing business as		<b>E</b> Telephone number <b>615-256-8240</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5201 VIRGINIA WAY</b>	<b>G</b> Gross receipts \$ <b>23,575,524.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>BRENTWOOD, TN 37027</b>		<b>H(a)</b> Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer <b>CRAIG BECKER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) 4947(a)(1) of 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.THA.COM</b>		<b>L</b> Year of formation: <b>1938</b> <b>M</b> State of legal domicile: <b>TN</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>THE MISSION OF THE ORGANIZATION IS TO LEAD OUR MEMBERS IN ADVOCACY FOR AND SUPPORT OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>31</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>536,364.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>278,688.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1b)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>956,135.</b>	<b>823,672.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7e)	<b>10,698,317.</b>	<b>11,198,575.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>975,462.</b>	<b>922,082.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,097,979.</b>	<b>13,413,623.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>314,370.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>5,617,338.</b>	<b>5,904,770.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>5,489,685.</b>	<b>4,878,279.</b>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,421,393.</b>	<b>11,424,809.</b>	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>1,676,586.</b>	<b>1,988,814.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>42,950,502.</b>	<b>37,327,707.</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>9,736,330.</b>	<b>4,822,231.</b>
		<b>33,214,172.</b>	<b>32,505,476.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CRAIG BECKER, PRESIDENT</b>	Date <b>29 Jul 19</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHERINE ALMOND</b>	Preparer's signature <i>Katherine E Almond</i>	Date <b>07/02/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01274195</b>
	Firm's name <b>PURYEAR &amp; NOONAN, CPAS</b>	Firm's EIN <b>62-0788068</b>	Firm's address <b>40 BURTON HILLS BLVD STE 170 NASHVILLE, TN 37215</b>		
		Phone no. <b>615-296-0500</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

637

SCANNED SEP 18 2019

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission  
THE MISSION OF THE ORGANIZATION IS TO LEAD OUR MEMBERS IN ADVOCACY FOR  
AND SUPPORT OF COMMUNITY-BASED HOSPITALS AND HEALTH SYSTEMS AND TO  
ASSIST THEM IN DELIVERING ACCESSIBLE, COST-EFFECTIVE, QUALITY HEALTH  
SERVICES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O


**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
THE TENNESSEE HOSPITAL ASSOCIATION, ESTABLISHED IN 1938 AS A  
NOT-FOR-PROFIT MEMBERSHIP ASSOCIATION, SERVES AS AN ADVOCATE FOR  
HOSPITALS, HEALTH SYSTEMS AND OTHER HEALTHCARE ORGANIZATIONS AND THE  
PATIENTS THEY SERVE. IT ALSO PROVIDES EDUCATION AND INFORMATION FOR  
ITS MEMBERS, AND INFORMS THE PUBLIC ABOUT HOSPITALS AND HEALTHCARE  
ISSUES AT THE STATE AND NATIONAL LEVELS.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 

BCDIJO

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	58	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		X
	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		X
	16		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	31		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
	29		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DAVID NEIGER, CFO - 615-256-8240**  
**5201 VIRGINIA WAY, BRENTWOOD, TN 37027**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN SPIEGEL BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(2) DONALD WEBB BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(3) REGINALD COOPWOOD MD BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(4) NICHOLAS LEWIS BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(5) KEITH GOODWIN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(6) JASON LITTLE BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(7) ALAN WATSON BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(8) PAUL KORTH BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(9) WRIGHT PINSON MD CHAIR	0.10	X					0.	0.	0.	
(10) DON HEINEMANN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(11) MARVIN EICHORN IMM. PAST CHAIR	0.10	X					0.	0.	0.	
(12) LARRY SCHUMACHER BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(13) HEATHER ROHAN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(14) AUDREY GREGORY BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(15) JAMES E ROSS CHAIR-ELECT	0.10	X					0.	0.	0.	
(16) TIM ADAMS BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(17) JOSEPH LANDSMAN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES VANDERSTEEG BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(19) CHERIE SIBLEY BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(20) MICHAEL UGWUEKE BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(21) PHIL SHANNON BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(22) CHRISTOPHER EDWARDS MD BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(23) RANDY DAVIS BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(24) CHARLOTTE BURNS BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(25) SCOTT PETERSON BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(26) JEFFREY WOODS BOARD OF DIRECTORS	0.10	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,468,640.	0.	407,987.
<b>d Total (add lines 1b and 1c)</b>								2,468,640.	0.	407,987.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
AUDACIOUS INQUIRY, LLC, 5523 RESEARCH PARK DR, SUITE 370, BALTIMORE, MD 21228	COMPUTER SVCS	386,000.
STROUDWATER ASSOCIATES, INC., 1000 CORPORATE CENTRE DR, SUITE 280, FRANKLIN, BAKER DONELSON	CONSULTING	192,812.
211 COMMERCE ST, NASHVILLE, TN 37201	LEGAL	176,074.
HOSP INDUSTRY DATA INSTITUTE P.O. BOX 60, JEFFERSON CITY, MO 65102	COMPUTER SVCS	130,400.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTOPHER HOLMES BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(28) ROGERS ANDERSON BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(29) JEFF BLANKENSHIP BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(30) CRAIG BECKER PRESIDENT	65.00			X				885,491.	0.	49,127.
(31) MARY LAYNE VAN CLEAVE SECRETARY	40.00			X				440,042.	0.	97,279.
(32) DAVID NEIGER TREASURER	40.00			X				189,540.	0.	52,441.
(33) GWYNN WALTERS VP FOR RESEARCH/REIM	40.00				X			165,254.	0.	32,109.
(34) CHRIS CLARK SENIOR VICE PRESIDENT	40.00				X			201,274.	0.	36,548.
(35) JOE BURCHFIELD SENIOR VICE PRESIDENT	40.00				X			169,684.	0.	30,078.
(36) BRYAN METZGER SENIOR VICE PRESIDENT	40.00				X			186,820.	0.	52,229.
(37) CASEY DUNGAN SENIOR VICE PRESIDENT	40.00				X			230,535.	0.	58,176.
Total to Part VII, Section A, line 1c								2,468,640.		407,987.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	794,849.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,823.			
	g Noncash contributions included in lines 1a-1f \$					
	h <b>Total.</b> Add lines 1a-1f		823,672.			
	<b>Program Service Revenue</b>	<b>Business Code</b>				
2 a DUES-RELATED		561499	4,977,582.	4,977,582.		
b HOSP ASSESS. FEES - RELATED		561000	2,782,810.	2,782,810.		
c DATA BASE INCOME/HIN - RELATED		518210	1,590,171.	1,590,171.		
d CONSULTING INCOME - RELATED		541900	1,460,028.	1,460,028.		
e HOSP ASSESS. FEES - UNRELATED		561000	352,498.		352,498.	
f All other program service revenue		518210	35,486.		35,486.	
g <b>Total.</b> Add lines 2a-2f			11,198,575.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		573,421.		573,421.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	212,275.			
		(ii) Personal	0.			
		b Less rental expenses				
		c Rental income or (loss)	212,275.			
	d Net rental income or (loss)		212,275.		212,275.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	10,510,562.			
		(ii) Other				
		b Less cost or other basis and sales expenses	10,154,554.	7,347.		
		c Gain or (loss)	356,008.	-7,347.		
	d Net gain or (loss)		348,661.		348,661.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a ADMINISTRATIVE SERVICE	561000	148,380.		148,380.		
b MISCELLANEOUS	900099	108,639.	108,639.			
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d		257,019.				
12 <b>Total revenue.</b> See instructions		13,413,623.	10,919,230.	536,364.	1,134,357.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	641,760.			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,603,383.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,621,300.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	377,010.			
9 Other employee benefits				
10 Payroll taxes	303,077.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	67,807.			
d Lobbying	15,237.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	957,786.			
12 Advertising and promotion	5,944.			
13 Office expenses				
14 Information technology	559,052.			
15 Royalties				
16 Occupancy				
17 Travel	431,126.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	95,617.			
20 Interest	41,721.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	234,016.			
23 Insurance	638,238.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ADMINISTRATIVE SERVICES</b>	783,758.			
b <b>GRANT EXPENSES</b>	755,593.			
c <b>BUILDING SERVICES</b>	289,483.			
d <b>WORKSHOP EXPENSES</b>	125,454.			
e All other expenses	-122,553.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	11,424,809.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	914,808.	<b>2</b>	1,184,567.
	<b>3</b> Pledges and grants receivable, net	106,255.	<b>3</b>	140,046.
	<b>4</b> Accounts receivable, net	6,662,515.	<b>4</b>	802,943.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(1)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	198,857.	<b>9</b>	148,130.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 8,951,530.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1,894,885.	<b>10c</b>	7,056,645.
	<b>11</b> Investments - publicly traded securities	25,419,696.	<b>11</b>	25,355,208.
	<b>12</b> Investments - other securities. See Part IV, line 11	2,141,160.	<b>12</b>	2,341,347.
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11	295,228.	<b>15</b>	298,821.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	42,950,502.	<b>16</b>	37,327,707.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,972,639.	<b>17</b>	2,436,427.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	5,696,616.	<b>19</b>	384,308.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	437,491.	<b>21</b>	455,823.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,334,356.	<b>23</b>	1,246,852.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	295,228.	<b>25</b>	298,821.
	<b>26 Total liabilities.</b> Add lines 17 through 25	9,736,330.	<b>26</b>	4,822,231.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	33,214,172.	<b>27</b>	32,505,476.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	33,214,172.	<b>33</b>	32,505,476.	
<b>34</b> Total liabilities and net assets/fund balances	42,950,502.	<b>34</b>	37,327,707.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,413,623.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,424,809.
3	Revenue less expenses Subtract line 2 from line 1	3	1,988,814.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,214,172.
5	Net unrealized gains (losses) on investments	5	-2,160,741.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-536,769.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,505,476.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>TENNESSEE HOSPITAL ASSOCIATION</b>	Employer identification number <b>62-0534232</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	X	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	4,240,626.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	553,497.
b Carryover from last year	2b	-291,453.
c Total	2c	262,044.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	347,950.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-85,906.

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

---



---



---



---



---



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**  
Open to Public Inspection

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number  
62-0534232

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

832051 10-29-18

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                 | Amount      |
|---------------------------------|-------------|
| c Beginning balance             | 15,089,399. |
| d Additions during the year     | 1,847,042.  |
| e Distributions during the year | 5,992,929.  |
| f Ending balance                | 10,943,512. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,344,800.	████████████████████	1,344,800.
b Buildings		6,194,029.	849,430.	5,344,599.
c Leasehold improvements				
d Equipment		1,412,701.	1,045,455.	367,246.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>7,056,645.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN SUBSIDIARY	2,341,347.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>2,341,347.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RETIREMENT LIABILITY	298,821.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>298,821.</b>

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	12,903,069.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-2,160,741.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	200,187.	
e	Add lines 2a through 2d	2e	-1,960,554.	
3	Subtract line 2e from line 1	3	14,863,623.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,450,000.	
c	Add lines 4a and 4b	4c	-1,450,000.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,413,623.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	12,874,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1,450,000.	
e	Add lines 2a through 2d	2e	1,450,000.	
3	Subtract line 2e from line 1	3	11,424,809.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,424,809.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

**PART IV, LINE 1B:**

THA SERVES AS ADMINISTRATOR FOR HOSPITALS STATEWIDE FOR THE TENNESSEE HOSPITAL ASSOCIATION UNEMPLOYMENT COMPENSATION FUND AND THE HOSPITAL ASSESSMENT PROGRAM. THE FUNDS ARE MAINTAINED SEPARATELY FROM THE ORGANIZATION'S OPERATING FUNDS. USE OF THE FUNDS IS RESTRICTED BY THE MEMBERS PARTICIPATING IN THE RESPECTIVE PROGRAMS.

**PART IV, LINE 2B:**

THA PROVIDES ACCOUNTING SERVICES FOR ITS AFFILIATED PROFESSIONAL HEALTH ORGANIZATIONS AND MEMBER DISTRICTS AS THEY DO NOT HAVE THE RESOURCES OR EXPERTISE TO DO SO.

**Part XIII** Supplemental Information *(continued)*

## PART X, LINE 2:

THE ASSOCIATION RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING EXAMINATION BY TAX AUTHORITIES. MANAGEMENT HAS ANALYZED THE ASSOCIATION'S TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR THE OPEN TAX YEARS (2015-2017), OR EXPECTED TO BE TAKEN IN THE ASSOCIATION'S 2018 TAX RETURNS. THE ASSOCIATION IDENTIFIES ITS MAJOR TAX JURISDICTIONS AS THE U.S. FEDERAL AND THE STATE OF TENNESSEE. HOWEVER, THE ASSOCIATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ASSOCIATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. THE ASSOCIATION IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER INCOME FROM THA SOLUTIONS GROUP, INC. & SUBSIDIARY, A NON-EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD	200,187.
---	----------

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER REVENUE SHARE INCLUDED IN SCHEDULE D PART XII LINE 2D	-1,450,000.
---	-------------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B	1,450,000.
--	------------

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**TENNESSEE HOSPITAL ASSOCIATION**

Employer identification number  
**62-0534232**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEANS FOR A RESPONSIBLE FUTURE - 5201 VIRGINIA WAY - BRENTWOOD, TN 37027	62-0534232		280,500.	0.			PUBLIC EDUCATION CAMPAIGN
NC HOSPITAL FOUNDATION P.O. BOX 4449 CARY, NC 27519-4449	56-0641290		20,000.	0.			DISASTER RELIEF FUNDING
AHCAP 326 E. MAIN STREET LOUISVILLE, KY 40202	27-1311331		6,000.	0.			SUPPORT GRANT
LAUDERDALE COMMUNITY HOSPITAL 326 ASBURY AVENUE RIPLEY, TN 38063-9701	27-0560527		5,414.	0.			SUPPORT GRANT
THERP 5201 VIRGINIA WAY BRENTWOOD, TN 37027	62-0534232		5,382.	0.			SUPPORT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

▶ 2.   
▶ 3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**PART I, LINE 2:**  
 IN ADDITION TO FEDERAL A-133 AUDIT REQUIREMENTS, THE STATE OF TENNESSEE HAS  
 A SUBRECIPIENT MONITORING PROGRAM IN WHICH THA IS AUDITED AGAINST SPECIFIC  
 DELIVERABLES WITHIN THE TERMS AND CONDITIONS OF THE GRANT. ANOTHER WAY THE  
 PROGRAM MANAGER MONITORS THESE REPORTS IS THROUGH THE RECEIPT OF PROGRAM  
 EVALUATIONS BY INDEPENDENT PARTIES AND ON-SITE VISITS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

**TENNESSEE HOSPITAL ASSOCIATION**

Employer identification number

**62-0534232**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use              |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence              |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed  
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)  
 Do not list any individuals that aren't listed on Form 990, Part VII

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CRAIG BECKER PRESIDENT	(i) 631,654. (ii) 0. (iii) 0.	(ii) 221,435. (iii) 0.	(iii) 32,402. (iii) 0.	(C) 35,014. (C) 0.	(D) 14,113. (D) 0.	(E) 934,618. (E) 0.	(F) 0. (F) 0.
(2) MARY LAYNE VAN CLEAVE SECRETARY	(i) 329,505. (ii) 0. (iii) 0.	(ii) 96,865. (iii) 0.	(iii) 13,672. (iii) 0.	(C) 51,514. (C) 15,124. (C) 22,908.	(D) 30,641. (D) 0. (D) 29,533.	(E) 522,197. (E) 15,124. (E) 241,981.	(F) 0. (F) 0. (F) 0.
(3) DAVID NEIGER TREASURER	(i) 150,861. (ii) 0. (iii) 0.	(ii) 32,534. (iii) 0.	(iii) 6,145. (iii) 0.	(C) 22,908. (C) 0. (C) 18,372.	(D) 29,533. (D) 0. (D) 13,737.	(E) 241,981. (E) 0. (E) 197,363.	(F) 0. (F) 0. (F) 0.
(4) GWYNN WALTERS VP FOR RESEARCH/REIM	(i) 140,104. (ii) 0. (iii) 0.	(ii) 20,953. (iii) 0.	(iii) 4,197. (iii) 0.	(C) 18,372. (C) 0. (C) 23,501.	(D) 13,737. (D) 0. (D) 13,047.	(E) 197,363. (E) 0. (E) 237,822.	(F) 0. (F) 0. (F) 0.
(5) CHRIS CLARK SENIOR VICE PRESIDENT	(i) 166,265. (ii) 0. (iii) 0.	(ii) 33,401. (iii) 0.	(iii) 1,608. (iii) 0.	(C) 23,501. (C) 0. (C) 17,197.	(D) 13,047. (D) 0. (D) 12,881.	(E) 237,822. (E) 0. (E) 199,762.	(F) 0. (F) 0. (F) 0.
(6) JOE BURCHFIELD SENIOR VICE PRESIDENT	(i) 143,117. (ii) 0. (iii) 0.	(ii) 25,950. (iii) 0.	(iii) 617. (iii) 0.	(C) 17,197. (C) 0. (C) 22,699.	(D) 12,881. (D) 0. (D) 29,530.	(E) 199,762. (E) 0. (E) 239,049.	(F) 0. (F) 0. (F) 0.
(7) BRYAN METZGER SENIOR VICE PRESIDENT	(i) 150,795. (ii) 0. (iii) 0.	(ii) 29,583. (iii) 0.	(iii) 6,442. (iii) 0.	(C) 22,699. (C) 0. (C) 29,282.	(D) 29,530. (D) 0. (D) 28,894.	(E) 239,049. (E) 0. (E) 288,711.	(F) 0. (F) 0. (F) 0.
(8) CASEY DUNGAN SENIOR VICE PRESIDENT	(i) 190,740. (ii) 0. (iii) 0.	(ii) 39,615. (iii) 0.	(iii) 180. (iii) 0.	(C) 29,282. (C) 0. (C) 0.	(D) 28,894. (D) 0. (D) 0.	(E) 288,711. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.
	(i) 0. (ii) 0. (iii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	(C) 0. (C) 0. (C) 0.	(D) 0. (D) 0. (D) 0.	(E) 0. (E) 0. (E) 0.	(F) 0. (F) 0. (F) 0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A:

THE TABLE BELOW DETAILS ITEMS REPORTED IN LINE 1A (Y = YES EMPLOYEE DID

RECEIVE BENEFIT, TAX = TREATED AS TAXABLE EVENT, NT = NOT TREATED AS

TAXABLE EVENT)

BECKER

COMPANION TRAVEL Y - TAX

PERSONAL SERVICE Y - TAX

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS - CRAIG BECKER

AND MARY LAYNE VANCLEAVE TERMS & CONDITIONS-

ON THE LAST DAY OF EACH PLAN YEAR, IF THE EMPLOYEE IS AN EMPLOYEE OF

THE COMPANY ON SUCH DAY, THE EMPLOYEE SHALL ACCRUE A BENEFIT IN THIS

PLAN EQUAL TO A SET AMOUNT. THE COMPANY, IN ITS SOLE DISCRETION, MAY

CREDIT ADDITIONAL CONTRIBUTIONS TO THE EMPLOYEE FROM TIME TO TIME.

PRIOR TO THE BEGINNING OF ANY PLAN YEAR, THE EMPLOYEE MAY ELECT IN

WRITING TO DEFER ANY PORTION OF HIS CASH COMPENSATION TO THE PLAN FOR

THE FOLLOWING PLAN YEAR. THE EMPLOYEE MAY ELECT TO DISCONTINUE

PARTICIPATION FOR ANY PLAN YEAR AFTER THE FIRST PLAN YEAR FOR THE LAST

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SIX MONTHS OF SUCH PLAN YEAR BY GIVING THE COMMITTEE WRITTEN NOTICE NO LATER THAN THE LAST BUSINESS DAY OF COINCIDENT WITH OR IMMEDIATELY PRECEDING JUNE 10.

UNTIL AND EXCEPT TO THE EXTENT THAT DEFERRED BENEFITS UNDER THE PLAN ARE DISTRIBUTED TO THE EMPLOYEE, TITLE AND OWNERSHIP OF ANY ASSETS WHICH THE COMPANY SETS ASIDE TO MEET ITS OBLIGATIONS OF THE PLAN, SHALL REMAIN IN THE COMPANY. THIS PLAN CONSTITUTES A MERE PROMISE BY THE COMPANY TO MAKE BENEFIT PAYMENTS IN THE FUTURE.

THE EMPLOYEE MAY DIRECT THE DEEMED INVESTMENT OF HIS ACCOUNT INTO ONE OR MORE OF THE INVESTMENT FUNDS SELECTED BY THE COMMITTEE.

PAYMENT OF BENEFITS ACCRUED HEREUNDER IN THE EMPLOYEE'S ACCOUNT SHALL COMMENCE UPON THE FIRST DAY OF THE MONTH FOLLOWING THE DATE THE EMPLOYEE ATTAINS AN AGREED UPON AGE. IF THE EMPLOYEE DIES BEFORE ALL INSTALLMENTS HAVE BEEN PAID, THE SUM OF ALL REMAINING PAYMENTS SHALL BE PAID TO THE EMPLOYEE'S BENEFICIARY IN A SINGLE LUMP SUM.

UPON THE DEATH OF THE EMPLOYEE DURING THE TERM OF HIS EMPLOYMENT, THE EMPLOYEE'S BENEFICIARY SHALL RECEIVE A DEATH BENEFIT EQUAL TO THE ACCOUNT BALANCE ON THE DATE OF DEATH.

UPON THE OCCURRENCE OF AN "UNFORESEEABLE EMERGENCY", THE EMPLOYEE MAY

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**REQUEST FROM THE COMMITTEE A HARDSHIP DISTRIBUTION.**

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number  
62-0534232

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY-BASED HOSPITALS AND HEALTH SYSTEMS AND TO ASSIST THEM IN  
DELIVERING ACCESSIBLE, COST-EFFECTIVE, QUALITY HEALTH SERVICES.

FORM 990, PART VI, SECTION A, LINE 6:

THA HAS A HOSPITAL MEMBERSHIP BASE OF APPROXIMATELY 141 MEMBER HOSPITALS  
AND HUNDREDS OF CORPORATE AND PERSONAL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

AS CONTAINED WITHIN THA BYLAWS, THE HOUSE OF DELEGATES MEETS ANNUALLY TO  
ELECT THA DIRECTORS AND OFFICERS. THE HOUSE OF DELEGATES IS COMPOSED OF  
ONE VOTING REPRESENTATIVE FROM EACH INSTITUTIONAL MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO SUBMITTING THA'S IRS FORM 990, THA'S CEO FORWARDS A COPY OF THE  
FORM TO EACH BOARD MEMBER FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO  
CONTACT THE CEO WITH ANY QUESTIONS THEY MAY HAVE CONCERNING INFORMATION  
PRESENTED WITHIN THE FORM AND ATTACHED SCHEDULES. WITHIN THE AGENDA OF THE  
SECOND QUARTER BOARD MEETING, THE BOARD IS SCHEDULED TO DISCUSS THE IRS  
FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THA HAS A VERY COMPREHENSIVE CODE OF BUSINESS CONDUCT THAT ADDRESSES  
CONFLICT OF INTEREST AND OTHER STANDARDS OF CONDUCT. IT IS THA'S POLICY  
THAT CONFLICTS OF INTEREST BE REPORTED AT ANY TIME A CONFLICT PRESENTS  
ITSELF, NOT JUST ANNUALLY. "IT IS THE POLICY OF THA TO AVOID CONFLICTS OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number  
62-0534232

INTEREST IN APPEARANCE AND IN FACT. IF AN INDIVIDUAL BELIEVES A CONFLICT OF INTEREST EXISTS, IT MUST BE DISCLOSED TO THA. IF AN EMPLOYEE, DISCLOSURE SHALL BE MADE TO HIS/HER SUPERVISOR. IF A DIRECTOR, DISCLOSURE SHALL BE MADE TO THE THA BOARD OF DIRECTORS. ALL OTHER POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THA'S GENERAL COUNSEL. "ENFORCEMENT OF THE POLICY IS BEST STATED BY THE POLICY ITSELF WHICH READS: "IN THE EVENT A LEGAL OR ETHICAL VIOLATION DOES OCCUR, VIOLATORS SHOULD EXPECT DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION, IF AN EMPLOYEE; REMOVAL, SUSPENSION OR RESCISSION, IF A DIRECTOR OR MEMBER; AND FINES, CIVIL AND CRIMINAL PROSECUTION, AND/OR IMPRISONMENT."

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICAL CEO AND COO POSITIONS - THA CONTRACTS WITH AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPENSATION PACKAGE OF THE CEO AND COO POSITIONS. AS PART OF THE ANNUAL REVIEW, THE COMPENSATION OF THESE POSITIONS ARE COMPARED TO OTHER STATE HOSPITAL ASSOCIATION CEOS AND COOS IN THE TOP TWENTY-FIVE (25) ASSOCIATIONS ACROSS THE COUNTRY. THE COMPARISONS ARE BASED UPON TOTAL STATE ASSOCIATION REVENUES, CONSIDERING THE AGGREGATE ASSOCIATION REVENUES, AS WELL AS THEIR SUBSIDIARY CORPORATION REVENUES. THE RESULTS OF THIS REVIEW ARE SENT TO THE THA CHAIRMAN. THE COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN, THE CHAIR-ELECT, AND THE IMMEDIATE PAST CHAIR THEN MEET TO DISCUSS THE RESULTS AND APPROVE THE COMPENSATION AND BENEFITS FOR THESE POSITIONS FOR THE UP COMING YEAR. MINUTES FOR THESE MEETINGS ARE PREPARED BY THE CEO AND MAINTAINED BY HIS EXECUTIVE SECRETARY.

COMPENSATION PROCESS FOR OFFICERS- THA CONTRACTS WITH A DIFFERENT INDEPENDENT CONSULTANT TO EVALUATE THE SALARY OF OTHER OFFICERS. THE CONSULTANT MATCHES EACH POSITION TO COMPARABLE POSITIONS IN SEVERAL SALARY

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

SURVEYS TO DETERMINE A MARKET MEDIAN SALARY. NEXT THE CONSULTANT DETERMINES AN APPROPRIATE SALARY GRADE FOR EACH POSITION. THE FINAL RESULTS ARE MADE AVAILABLE TO THE CEO AND COO AND SERVE AS A GUIDE TO HELP DETERMINE THE SALARY FOR EACH OFFICER. ULTIMATELY SALARY INCREASES ARE DETERMINED BY THE COO AND CEO AND MAY NOT MATCH RESULTS RECEIVED FROM THE CONSULTANT. MERIT INCREASES MAY ALSO BE AWARDED IF THE RESPONSIBILITIES OF AN OFFICER HAVE INCREASED SINCE THE LAST SURVEY.

FORM 990, PART VI, SECTION C, LINE 19:

THE THA BYLAWS, CODE OF BUSINESS CONDUCT, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCOME FROM THA SOLUTIONS GROUP, INC. & SUBSIDIARY, A NON-EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD	200,187.
REVENUE SHARE INCLUDED ON SCHEDULE D PART XII LINE 2D	1,450,000.
REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B	-1,450,000.
ADJUSTMENT RELATED TO THA'S ADOPTION OF ASC 606	-736,956.
TOTAL TO FORM 990, PART XI, LINE 9	-536,769.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number  
62-0534232

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TENNESSEE HOSPITAL EDUCATION AND RESEARCH FOUNDATION - 62-0712345, 5201 VIRGINIA WAY, BRENTWOOD, TN 37027	HEALTHCARE	TENNESSEE	501(C)(3)	LINE 10	THA		X
TENNESSEE RURAL HEALTH RECRUITMENT & RETENTION CENTER, INC. - 20-3037016, 5201 VIRGINIA WAY, BRENTWOOD, TN 37027	RECRUITMENT	TENNESSEE	501(C)(3)	LINE 10	THA		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018



**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THA SOLUTIONS GROUP, INC. - 62-1102328 5201 VIRGINIA WAY BRENTWOOD, TN 37027	CONSULTING	TN	THA	C CORP	645,112.	7,471,561.	100%		X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
1a		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1c		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1d		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1e		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
1f		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1g		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1h		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1i		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1j		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
1k		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1l		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1m		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1n		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1o		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
1p		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1q		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
1r		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1s		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TENNESSEE HOSPITAL EDUCATION AND RESEARCH (1) FOUNDATION	M	793,415.	
(2) THA SOLUTIONS GROUP, INC. TENNESSEE RURAL HEALTH RECRUITMENT & (3) RETENTION CENTER, INC.	A	22,044.	
	A	11,127.	
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

