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OMB No 1545-0047

2019

Open to Public Inspection

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	TENNESSEE HOSPITAL ASSOCIATION		62-0534232	
	Doing business as		E Telephone number	
	5201 VIRGINIA WAY		615-256-8240	
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$	
5201 VIRGINIA WAY			31,601,519.	
City or town, state or province, country, and ZIP or foreign postal code		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
BRENTWOOD, TN 37027		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F Name and address of principal officer		If "No," attach a list (see instructions)		
WENDY LONG		H(c) Group exemption number		
SAME AS C ABOVE				
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.THA.COM				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of formation: 1938 M State of legal domicile: TN				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE MISSION OF THE ORGANIZATION IS TO LEAD OUR MEMBERS IN ADVOCACY FOR AND SUPPORT OF	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2019 (Part V, line 5a)	5	73
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	584,039.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	243,978.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	823,672.	923,281.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,198,575.	10,676,823.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	922,082.	2,304,489.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	469,294.	723,431.
	12		13,413,623.	14,628,024.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	641,760.	533,140.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,904,770.	6,769,934.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,878,279.	5,609,423.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,424,809.	12,912,497.	
19	Revenue less expenses. Subtract line 18 from line 12	1,988,814.	1,715,527.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	37,327,707.	42,822,572.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,822,231.	5,227,792.
22		32,505,476.	37,594,780.	

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.

Sign Here	Signature of officer	DAVID NEIGER	Date	13 Jul 20
	Type or print name and title	WENDY LONG, PRESIDENT	DAVID NEIGER, CFO	
Paid Preparer Use Only	Print/Type preparer's name	KATHERINE ALMOND	Preparer's signature	KATHERINE ALMOND
	Firm's name	PURYEAR & NOONAN, CPAS	Date	06/17/20
	Firm's address	40 BURTON HILLS BLVD STE 170 NASHVILLE, TN 37215	Check if self-employed	<input type="checkbox"/>
			PTIN	P01274195
			Firm's EIN	62-0788068
			Phone no.	615-296-0500

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 22 2021

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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 on Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

1 B C D D I R

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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
23 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	
24a 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		
25b 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>		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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)		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c 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)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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
1a	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 on Schedule O.		
	27		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
	26		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official.	X	
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	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
16b	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 on Schedule O)
- 19** Describe on 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
- See instructions for the order in which to list the persons above

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) DONALD WEBB BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(2) REGINALD COOPWOOD MD BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(3) KEITH GOODWIN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(4) JASON LITTLE BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(5) ALAN WATSON BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(6) PAUL KORTH CHAIR-ELECT	0.10	X					0.	0.	0.	
(7) WRIGHT PINSON MD IMM. PAST CHAIR	0.10	X					0.	0.	0.	
(8) MARVIN EICHORN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(9) HEATHER ROHAN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(10) JAMES E ROSS CHAIR	0.10	X					0.	0.	0.	
(11) TIM ADAMS BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(12) JOSEPH LANDSMAN BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(13) JAMES VANDERSTEEG BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(14) MICHAEL UGWUEKE BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(15) PHIL SHANNON BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(16) RANDY DAVIS BOARD OF DIRECTORS	0.10	X					0.	0.	0.	
(17) SCOTT PETERSON 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) JEFFREY WOODS BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(19) CHRISTOPHER HOLMES BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(20) ROGERS ANDERSON BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(21) JANELLE REILLY BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(22) ROBERT WAMPLER BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(23) MARK WILKINSON BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(24) ELIZABETH APPLING BOARD OF DIRECTORS	0.10	X						0.	0.	0.
(25) CRAIG BECKER PRESIDENT	65.00			X				1,031,622.	0.	50,406.
(26) MARY LAYNE VAN CLEAVE SECRETARY	40.00			X				599,898.	0.	94,905.
1b Subtotal								1,631,520.	0.	145,311.
c Total from continuation sheets to Part VII, Section A								1,181,532.	0.	251,644.
d Total (add lines 1b and 1c)								2,813,052.	0.	396,955.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, 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	488,527.
SPENCER STUART 353 N. CLARK, STE 2400, CHICAGO, IL 60654	STAFFING RECRUITMENT	355,527.
MODA IMAGE AND BRAND CONSULTING, 4117 HILLSBORO PIKE, STE #103-135, NASHVILLE, TENN	CONSULTING	240,192.
DAVENPORT GROUP, INC. 104 BELFAST AVE, LEWISBURG, TN 37091	IT BACKUP SERVICES	151,351.
HOSP INDUSTRY DATA INSTITUTE P.O. BOX 60, JEFFERSON CITY, MO 65102	COMPUTER SVCS	147,129.

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 **5**

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) DAVID NEIGER TREASURER	40.00			X				179,346.	0.	47,585.
(28) WENDY LONG PRESIDENT-ELECT	65.00			X				105,551.	0.	6,206.
(29) GWYNN WALTERS VP FOR RESEARCH/REIM	40.00					X		169,163.	0.	33,205.
(30) CHRIS CLARK SENIOR VICE PRESIDENT	40.00					X		202,823.	0.	37,520.
(31) JOE BURCHFIELD SENIOR VICE PRESIDENT	40.00					X		182,809.	0.	34,346.
(32) BRYAN METZGER SENIOR VICE PRESIDENT	40.00					X		190,286.	0.	49,301.
(33) BILL JOLLEY SENIOR VICE PRESIDENT	40.00					X		151,554.	0.	43,481.
(34) STEPHANIE BOYNTON BOARD OF DIRECTORS	0.10							0.	0.	0.
(35) AARON HAYNES BOARD OF DIRECTORS	0.10							0.	0.	0.
Total to Part VII, Section A, line 1c								1,181,532.		251,644.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	900,181.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,100.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		923,281			
	Program Service Revenue			Business Code		
2 a DUES-RELATED		561499	5,078,467.	5,078,467.		
b HOSP ASSESS. FEES - RELATED		561000	2,814,906.	2,814,906.		
c DATA BASE INCOME/HIN - RELATED		518210	1,409,329.	1,409,329.		
d CONSULTING INCOME - RELATED		541900	1,040,474.	1,040,474.		
e HOSP ASSESS. FEES - UNRELATED		561000	246,656.		246,656.	
f All other program service revenue		561499	86,991.		86,991.	
g Total. Add lines 2a-2f			10,676,823			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		746,957.		746,957.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real		(ii) Personal		
		6a	243,326.			
		6b Less rental expenses	0.			
	6c Rental income or (loss)	243,326.				
	d Net rental income or (loss)		243,326.		243,326.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other		
		7a	10,523,027.	8,000.		
		7b Less cost or other basis and sales expenses	16,977,495.	0.		
	7c Gain or (loss)	1,549,532.	8,000.			
	d Net gain or (loss)		1,557,532.		1,557,532.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
	b Less direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11 a ADMINISTRATIVE SERVICE	561000	250,392.		250,392.	
	b MISCELLANEOUS	900099	229,713.	229,713.		
	c					
	d All other revenue					
e Total. Add lines 11a-11d		480,105.				
12 Total revenue. See instructions		14,628,024.	10,572,889.	584,039.	2,547,815.	

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	533,140.			
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	2,045,516.			
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	3,976,731.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	386,614.			
9 Other employee benefits				
10 Payroll taxes	361,073.			
11 Fees for services (nonemployees)				
a Management				
b Legal				
c Accounting	60,988.			
d Lobbying	18,488.			
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.)	1,495,101.			
12 Advertising and promotion	4,382.			
13 Office expenses				
14 Information technology	490,463.			
15 Royalties				
16 Occupancy				
17 Travel	474,399.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	127,241.			
20 Interest	43,426.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	259,105.			
23 Insurance	781,867.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	62,500.			
b GRANT EXPENSES	831,204.			
c ADMINISTRATIVE SERVICES	331,050.			
d BUILDING SERVICES	312,212.			
e All other expenses	316,997.			
25 Total functional expenses. Add lines 1 through 24e	12,912,497.			
26 Joint costs. 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	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,184,567.	2	669,836.
	3	Pledges and grants receivable, net	140,046.	3	111,610.
	4	Accounts receivable, net	802,943.	4	954,814.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	148,130.	9	247,446.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,208,745.		
	10b	Less accumulated depreciation	2,105,828.		
	10c		7,056,645.	10c	7,102,917.
	11	Investments - publicly traded securities	25,355,208.	11	30,714,772.
	12	Investments - other securities See Part IV, line 11	2,341,347.	12	2,643,441.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11	298,821.	15	377,736.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	37,327,707.	16	42,822,572.	
Liabilities	17	Accounts payable and accrued expenses	2,436,427.	17	2,365,179.
	18	Grants payable		18	
	19	Deferred revenue	384,308.	19	856,131.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	455,823.	21	469,398.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,246,852.	23	1,159,348.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	298,821.	25	377,736.
	26	Total liabilities. Add lines 17 through 25	4,822,231.	26	5,227,792.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	32,505,476.	27	37,594,780.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	32,505,476.	32	37,594,780.	
33	Total liabilities and net assets/fund balances	37,327,707.	33	42,822,572.	

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	14,628,024.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,912,497.
3	Revenue less expenses Subtract line 2 from line 1	3	1,715,527.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,505,476.
5	Net unrealized gains (losses) on investments	5	3,071,683.
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 on Schedule O)	9	302,094.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,594,780.

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
b 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	
c 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 on 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

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 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 TENNESSEE HOSPITAL ASSOCIATION	Employer identification number 62-0534232
---	---

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) 2019

LHA
932041 11-26-19

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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	5,122,677.
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	477,358.
b Carryover from last year	2b	-85,906.
c Total	2c	391,452.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	214,283.
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	177,169.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 for instructions and the latest information.

OMB No 1545-0047

2019

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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

932051 10-02-19

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 make 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 program
 - 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 | 10,943,512. |
| d Additions during the year | 174,515,365. |
| e Distributions during the year | 583,404. |
| f Ending balance | 184,875,473. |
- 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 Term 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		6,268,266.	1,004,745.	5,263,521.
c Leasehold improvements				
d Equipment		1,595,679.	1,101,083.	494,596.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,102,917.

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	2,643,441.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,643,441.	

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)		
Total. (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)	
Total. (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	377,736.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	377,736.

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 FASB 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	19,488,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	3,071,683.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	302,094.	
e	Add lines 2a through 2d	2e	3,373,777.	
3	Subtract line 2e from line 1	3	16,114,573.	
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	-1,486,549.	
c	Add lines 4a and 4b	4c	-1,486,549.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,628,024.	

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	14,399,046.
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	1,486,549.	
e	Add lines 2a through 2d	2e	1,486,549.	
3	Subtract line 2e from line 1	3	12,912,497.	
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	12,912,497.	

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 (2016-2018), OR EXPECTED TO BE TAKEN IN THE ASSOCIATION'S 2019 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 CENTER FOR INNOVATIVE SOLUTIONS, INC. 302,094.
 & SUBSIDIARY, A NON-EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER REVENUE SHARE INCLUDED IN SCHEDULE D PART XII LINE 2D -1,486,549.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B 1,486,549.

**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.

OMB No 1545-0047

2019

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.

1 (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
AHCAP 326 E. MAIN STREET LOUISVILLE, KY 40202	27-1311331		8,030.	0.			SUPPORT GRANT
TENNESSEE HEALTH CARE CAMPAIGN 1423 KENSINGTON SQUARE COURT MURFREESBORO, TN 37130	58-1875599		61,000.	0.			SUPPORT GRANT
COALITION TO PROTECT AMERICA'S HEALTH CARE - P.O. BOX 30211 - BETHESDA, MD 20824	52-2253225		10,000.	0.			SUPPORT GRANT
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232576		5,243.	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

▶ 1.
▶ 3.

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

Schedule I (Form 990) (2019)

TENNESSEE HOSPITAL ASSOCIATION

62-0534232

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

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 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

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 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2019

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 VANCEAVE 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

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 for the latest information.

OMB No 1545-0047

2019

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 143 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) (2019)

932211 09-06-19

Name of the organization TENNESSEE HOSPITAL ASSOCIATION	Employer identification number 62-0534232
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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 IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES	757,612.
CONSULTING	737,489.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,495,101.

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

INCOME FROM THA CENTER FOR INNOVATIVE SOLUTIONS, INC. & SUBSIDIARY, A NON-EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD

EQUITY METHOD	302,094.
REVENUE SHARE INCLUDED ON SCHEDULE D PART XII LINE 2D	1,486,549.
REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B	-1,486,549.
ADJUSTMENT RELATED TO THA'S ADOPTION OF ASC 606	
TOTAL TO FORM 990, PART XI, LINE 9	302,094.

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 II-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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
TENNESSEE HOSPITAL EDUCATION AND RESEARCH (1) FOUNDATION	M	331,050.			
(2) THA CENTER FOR INNOVATIVE SOLUTIONS, INC. TENNESSEE RURAL HEALTH RECRUITMENT & (3) RETENTION CENTER, INC.	A	24,248.			
(4) THA CENTER FOR INNOVATIVE SOLUTIONS, INC.	A	37,384.			
(5)	M	75,000.			
(6)					

