DLN: 93493244011131

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the

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

Internal Revenue Service For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 **C** Name of organization D Employer identification number B Check if applicable: TENNESSEĔ HOSPITAL ASSOCIATION ☐ Address change 62-0534232 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5201 VIRGINIA WAY □ Application pending (615) 256-8240 City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN $\,$ 37027 G Gross receipts \$ 54,810,627 Name and address of principal officer: H(a) Is this a group return for DAVID NEIGER □Yes ☑No subordinates? 5201 VIRGINIA WAY H(b) Are all subordinates BRENTWOOD, TN 37027 ☐ Yes ☐No included? Tax-exempt status: 501(c)(3) 501(c) (6) **◀** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.THA.COM L Year of formation: 1938 M State of legal domicile: TN K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 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 COMMUNITY-BASED HOSPITALS AND HEALTH SYSTEMS AND TO ASSIST THEM IN DELIVERING ACCESSIBLE, COST-EFFECTIVE, QUALITY HEALTH SERVICES. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 26 Number of independent voting members of the governing body (Part VI, line 1b) 5 67 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a 499,600 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 39 7b 299,570 **Prior Year Current Year** 4,737,172 923,281 **8** Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . . 10,676,823 13,234,397 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,304,489 3,992,779 723,431 937,573 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,901,921 14,628,024 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 533,140 3,942,605 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . O 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,769,934 6,804,982 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,609,423 5,897,022 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 12,912,497 16,644,609 19 Revenue less expenses. Subtract line 18 from line 12 . 1,715,527 6,257,312 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 42,822,572 53,725,842 21 Total liabilities (Part X, line 26) . 8,157,581 5,227,792 22 Net assets or fund balances. Subtract line 21 from line 20 . 45,568,261 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 2021-08-19 Signature of officer

Sign
Here

lere	DAVID NEIGER CFO											
	Туре	e or print name and title										
Paid		Print/Type preparer's name	Preparer's signature	Date 2021-08-19	Check if self-employed	PTIN P00254619						
reparer		Firm's name PURYEAR & NOONAN (Firm's EIN ► 6	2-0788068							
Jse Only Firm's address • 40 BIRTON HILLS BLVD STE 170												

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

NASHVILLE, TN 37215

☑ Yes ☐ No

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2020)				Page 2							
1 Brieffy describe the organization's mission: IT HE 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-E2?	Pa	rt III Statemen	nt of Program Service Ac	complishments									
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-E2?		Check if Sch	nedule O contains a response o	r note to any line in this Part III		🗆							
HEALTH SYSTEMS AND TO ASSIST THEM IN DELIVERING ACCESSIBLE, COST-EFFECTIVE, QUALITY HEALTH SERVICES. Ves	1	Briefly describe the	organization's mission:										
the prior Form 990 or 990-EZ?	THE I	MISSION OF THE OR TH SYSTEMS AND TO	GANIZATION IS TO LEAD OUR O ASSIST THEM IN DELIVERIN	MEMBERS IN ADVOCACY FOR AND SU G ACCESSIBLE, COST-EFFECTIVE, QUA	PPORT OF COMMUNITY-BASED LITY HEALTH SERVICES.	HOSPITALS AND							
If "Yes," describe these new services on Schedule O. Joid the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organizatio	ere not listed on										
Did the organization cease conducting, or make significant changes in how it conducts, any program services or services?		•				∐ Yes 🗹 No							
services?													
If "Yes," describe these changes on Schedule O. 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 \$) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)	3												
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 \$) Each Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Each Additional Data 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Each Additional Data 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)						∐ Yes ☑ No							
See Additional Data (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the organ Section 501(c)(3) a	ization's program service accor and 501(c)(4) organizations are	required to report the amount of gran									
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4a	() (Expenses \$	including grants of \$) (Revenue \$)							
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(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)													
4e Total program service expenses ▶	4d		,		Revenue \$)							
	4e	Total program se	ervice expenses >										

Form	orm 990 (2020) Page 3										
Par	Checklist of Required Schedules										
_ ا			Yes	No							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<u> </u>	No							
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🥞	3		No							
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? If "Yes," complete Schedule C, Part II	4									
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? If "Yes," complete Schedule C, Part III .	5	Yes								
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,</i> Part	6		No							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No							
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? If "Yes," complete Schedule D, Part IV	9	Yes								
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No							
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.										
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes								
	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? If "Yes," complete Schedule D, Part VII	11b	Yes								
	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? If "Yes," complete Schedule D, Part VIII	11c		No							
	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? If "Yes," complete Schedule D, Part IX 2	11d		No							
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	'	No							
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)? If "Yes," complete Schedule D, Part X	11f	Yes								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No							
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	No							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No							
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? If "Yes," complete Schedule F, Parts I and IV	14b		No							
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? If "Yes," complete Schedule F, Parts II and IV	15		No							
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? If "Yes," complete Schedule F, Parts III and IV	16		No							
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? If "Yes," complete Schedule G, Part I(see instructions)	17		No							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	40		No.							

18

19

20a

20b

21

Yes

Form **990** (2020)

Nο

Nο

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

orm	990 (2020)			Page 4					
Par	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? If "Yes," complete Schedule I, Parts I and III	22		No					
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>	23	Yes						
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
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>	25a							
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>	25b							
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? If "Yes," complete Schedule L, Part II	26		No					
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</i> ,Part III	27		No					
8.	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):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No					
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
2	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>	32		No					
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No					
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes						
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes						
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes						
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36							
7	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? If "Yes," complete Schedule R, Part VI	37		No					
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes						
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	. ;							
4 -	Enter the number reported in Pay 2 of Form 1006 Enter 0 15 and applicable.		Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Yes						

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3						
	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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes							
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
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)?	4a		No						
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	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	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?	6a		No						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7a								
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No						
g	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?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b								
10	Section 501(c)(7) organizations. Enter:									
а	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	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	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									
C	Enter the amount of reserves on hand									
14a	14a		No							
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									
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?	15	Yes							
16	If Yes, see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No						

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines
Se	ection 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 27			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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?	2		No
3	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		No
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?			
		16b		
<u>Se</u> 17	List the states with which a copy of this Form 990 is required to be filed			
1 <i>7</i> 18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 5201 VIRGINIA WAY BRENTWOOD, TN 37027 (615) 256-8240			

(A)

Name and title

Part VII

(F)

Estimated

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

• 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, or 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.

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

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.

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Form 990 (2020)													Page 8
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		ne b	ox, u n off	t che inles ficer	ss pers	son	(D Report compen from organiz	able sation the ation	from related organizations		(F) Estimated amount of othe compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1 MIS				organizat relat organiz	ted
See Additional Data Table						- E							
											+		
											\perp		
											+		
											+		
1b Sub-Total						•				1			
d Total (add lines 1b and 1c)	•					•		8,800	0,195		0		411,492
2 Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bove	e) who	rece	eived more	than \$1	00,000			
3 Did the organization list any former of	officer, director	or trust	ee, k	ey e	mplo	oyee,	or hi	ghest comp	ensated	employee on		Yes	No
 line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations 	the sum of repo	ortable (comp	ensa	tion	n and d	other	compensa	tion from	• • n the	3	Yes	
individual	· · · ·		•	•	•	·	• •				4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?									n or indi	vidual for	5		No
Section B. Independent Contract											•	<u> </u>	
1 Complete this table for your five higher from the organization. Report compen											mpens	sation	
Name a	(A) nd business addre	ess							Desc	(B) ription of services		(Compe	c) nsation
AUDACIOUS INQUIRY LLC								cc	MPUTER	SVCS			436,074
5523 RESEARCH PARK DR SUITE 370 BALTIMORE, MD 21228 ECRI INSTITUTE								CC	MPUTER	SVCS			328,125
5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462													,
HOSP INDUSTRY DATA INSTITUTE, PO BOX 60								cc	MPUTER	SVCS			188,122
JEFFERSON CITY, MO 65102 STROUDWATER ASSOCIATES								CC	NSULTIN	G			182,000
1000 CORPORATE CENTRE DRIVE SUITE FRANKLIN, TN 37067													
CONRAD CONSTRUCTION CO INC 2610 WINFORD AVE								RC	OF REPLA	ACEMENT			123,414
NASHVILLE, TN 37211 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 ▶ 6	5						_					Form 99	0 (2020)

		(2020)								Page 9
Part	VIII				respo	nse or note to any	line in this Part VIII			\square
		Check in School		o contains a	ТСЭРО	nise of more to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 X	1 a	Federated campaig	gns	1	La	<u> </u>		revenue		312 314
s, Grants Amounts	b	Membership dues		. [lb					
, Gr Amo		Fundraising events		· <u>[</u> :	Lc					
ifts,		Related organization			Ld					
Contributions, Gift and Other Similar		Government grants (Le	4,713,026				
tion er S	f	All other contributions and similar amounts above	not ir	ncluded	1f	24,146				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution: lines 1a - 1f:\$	s incl							
ontr nd (h	Total. Add lines 1a	-1f		lg 					
ة ت		Total: Add lines 18	a-11		• •	Business Code	4,737,172			
	2a	HOSP ASSESS. FEES	- RE	LATED			5,991,982	5,991,982		
an		-				561000	5 250 501	5 260 504		
ven	b	DUES-RELATED				561499	5,268,591	5,268,591		
Program Service Revenue	c	DATA BASE INCOME/	/HIN	- RELATED		518210	1,581,833	1,581,833		
ar vic	لد	CONSULTING INCOM	F _ D	FLATED			217,101	217,101		
χ χ	a	CONSOLTING INCOM	L-K	LLATED		541900	·	,		
grar	e	HOSP ASSESS. FEES	- UN	IRELATED		561000	114,198		114,198	
Æ							60,692		60,692	
		All other program					ŕ		,	
		Total. Add lines 2				13,234,397	1	1	I	I
	5	Investment income similar amounts) .	(inc	iuding divide	nas, II	nterest, and other	566,453	3		566,453
		Income from invest			npt bo		-			
	5	Royalties		(:) D	• •	•	·			
				(i) Rea		(ii) Personal	-			
	6a	Gross rents	6a	2	44,609					
	b	Less: rental expenses	6b		0					
	С	Rental income	_				1			
		or (loss) I Net rental income	6c		44,609					244,609
	Ì	net rental income	5 01	(i) Securit		(ii) Other	211,003			244,009
	7a	Gross amount		.,						
		from sales of assets other	7a	35,3	35,032					
	h	than inventory	·							
	D	b Less: cost or other basis and sales expenses 7b 31,908,70								
		·	_							
		Gain or (loss)	7 c	<u> </u>	26,326		3,426,326			3,426,326
		I Net gain or (loss) Gross income from fu			 	· · · •	3,420,320	<u>'</u>		3,420,320
ine				of						
₹		See Part IV, line 18			8a					
Re	Ŀ	Less: direct expen	ses		8b		1			
Other Revenue	•	Net income or (los	ss) fr	rom fundraisi	ng eve	ents 🕨				
	9a	Gross income from	gam	ing activities						
	_	See Part IV, line 19			9a					
		Less: direct expen			9b					
	•	Net income or (los	ss) fr	rom gaming a	ctiviti	es >	1			
	10	aGross sales of inve	ento	ry, less						
		returns and allowa	ance	s	10a					
		Less: cost of good			10b					
	_	Net income or (los Miscellaneo			nvente T	ory ► Business Code	<u> </u>			
	11	•aMISCELLANEOUS		CTUINE		90009	9 368,254	368,254		
	k	ADMINISTRATIVE	SEF	RVICE		56100	0 228,270)	228,270	
	(ADT SALES				90009	96,440		96,440	
	(All other revenue	•							
	•	Total. Add lines 1	1a-:	11d		•	692,964			
	12	Total revenue. S	ee ir	nstructions .			22,901,921		499,600	4,237,388
							22,501,921	15,727,701	1 799,000	Form 990 (2020)

	Statement of Europianal Expanses				Page 10
F	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizati	ons must complete col	lumn (A).
	Check if Schedule O contains a response or note to an		_		🗆
	not include amounts reported on lines 6b, 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	3,942,605			
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	1,609,294			
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	4,227,831			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	513,862			
9	Other employee benefits				
10	Payroll taxes	453,995			
11	Fees for services (non-employees):				
ā	a Management				
ı	Legal				
(Accounting	27,722			
	lobbying	18,223			
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,326,893			
12	Advertising and promotion	2,170			
13	Office expenses				
14	Information technology	601,439			
15	Royalties				
16	Occupancy				
17	Travel	69,353			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	18,942			
20	Interest	22,267			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	294,950			
23	Insurance	759,836			
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 UNRELATED BUSINESS INCO	-10,093			
	b GRANT EXPENSES	1,059,093			
	c EXCISE TAX	940,589			
		·			
	d BUILDING SERVICES	271,691			
	e All other expenses	493,947			
	Total functional expenses. Add lines 1 through 24e	16,644,609			
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				<u> </u>

Form 990 (2020)

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21

23

24

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28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 30,714,772

2.643.441

377,736

42,822,572

2,365,179

856.131

469.398

1,159,348

377,736

5.227.792

37,594,780

37,594,780

42,822,572

11

12 13

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Page **11**

2,567,795

1,265,788

39,342,206

3.298.244

53,725,842

4,506,650

2.094.094

484,993

1,071,844

8.157.581

45.568,261

45,568,261

53,725,842

Form 990 (2020)

147,960

Check if Schedule O contains a response or note to any line in this Part IX .				
		D.	ainr	(,

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

Beginning of year End of year 1 Cash-non-interest-bearing 669,836 2 Savings and temporary cash investments . . .

111,610 3 Pledges and grants receivable, net . . . 954.814 4

Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 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 8 Inventories for sale or use . .

Assets Prepaid expenses and deferred charges . 247,446 9 116,674 10a Land, buildings, and equipment: cost or other 10a 9.336,298 basis. Complete Part VI of Schedule D 10b 2,349,123 7,102,917 10c 6,987,175 b Less: accumulated depreciation

consolidated basis, or both: Consolidated basis ☐ Separate basis ☐ Both consolidated and separate basis

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.

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

2c

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?

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 in Schedule O and describe any steps taken to undergo such audits. 3b Yes Form 990 (2020)

Yes

Yes

3a

Additional Data

Software ID:

INFORMS THE PUBLIC ABOUT HOSPITALS AND HEALTHCARE ISSUES AT THE STATE AND NATIONAL LEVELS.

Software Version: **EIN:** 62-0534232

Name: TENNESSEE HOSPITAL ASSOCIATION

Form 990 (2020)

Form 990, Part III, Line 4a: 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

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

CHAIR

WRIGHT PINSON MD

MARVIN EICHORN

JAMES E ROSS

TIM ADAMS

IMM. PAST CHAIR

BOARD OF DIRECTORS

BOARD OF DIRECTORS

BOARD OF DIRECTORS

BOARD OF DIRECTORS

JOSEPH LANDSMAN

......

......

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WILLIAM JACKSON BOARD OF DIRECTORS	0.10	Х						0	0	0	
MATTHEW SCHAEFER BOARD OF DIRECTORS	0.10	Х						0	0	0	
JASON LITTLE CHAIR-ELECT	0.10	Х						0	0	0	
ALAN WATSON	0.10										

0

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BOARD OF DIRECTORS						
JASON LITTLE	0.10	X			0	
CHAIR-ELECT		Α.			9	
ALAN WATSON	0.10	X			0	
BOARD OF DIRECTORS		^				
PAUL KORTH	0.10					

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the

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and a director/trustee)

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organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	411, 10415	u i i	u un		,,	ascee	,	(14, 2,4,000	(14/ 3/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES VANDERSTEEG BOARD OF DIRECTORS	0.10	Х						0	0	0
MICHAEL UGWUEKE BOARD OF DIRECTORS	0.10	х						0	0	0
RANDY DAVIS BOARD OF DIRECTORS	0.10	х						0	0	0
SCOTT PETERSON BOARD OF DIRECTORS	0.10	Х						0	0	0

SCOTT PETERSON
BOARD OF DIRECTORS
JEFFREY WOODS
BOARD OF DIRECTORS

CHRISTOPHER HOLMES

BOARD OF DIRECTORS

ROBERT WAMPLER

MARK WILKINSON

.......

ROGERS ANDERSON

JANELLE REILLY

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related	and a director/trustee/						Organización	(IV 2/4 200	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
ALBERT MOSLEY BOARD OF DIRECTORS	0.10	Х						0	0	0	
STEPHANIE BOYNTON BOARD OF DIRECTORS	0.10	X						0	0	0	
AARON HAYNES BOARD OF DIRECTORS	0.10	Х						0	0	0	
LISA CASTEEL BOARD OF DIRECTORS	0.10	Х						0	0	0	
REGINALD COOPWOOD MD	0.10										

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Х

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46,875

52,338

40,264

27,580

34,779

208,486

665,284

391,764

189,510

239,507

Χ

40.00

65.00

40.00

40.00

40.00

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BOARD OF DIRECTORS
LISA CASTEEL
BOARD OF DIRECTORS
REGINALD COOPWOOD MD
BOARD OF DIRECTORS

DAVID NEIGER

TREASURER

WENDY LONG

....... PRESIDENT

WILL CROMER

EXEC. VICE PRESIDENT

VP FOR RESEARCH/REIM

SENIOR VICE PRESIDENT

GWYNN WALTERS

CHRIS CLARK

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

1,335,172

5,143,823

organizations

from the

57,443

25,803

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

SENIOR VICE PRESIDENT

MARY LAYNE VAN CLEAVE

FORMER SECRETARY

FORMER PRESIDENT

CRAIG BECKER

	1 (1)	"			, , c.	uscee.	,	(11/ 2/1000	(14, 2/4,000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOE BURCHFIELD SENIOR VICE PRESIDENT	40.00					х		222,193	0	33,610	
BRYAN METZGER SENIOR VICE PRESIDENT	40.00					х		219,495	0	47,862	
BILL JOLLEY	40.00					х		184,961	0	44,938	

40.00

40.00

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any hours

Political Campaign and Lobbying Activities

▶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.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493244011131

Open to Public Inspection

☐ No

□ No

☐ Yes

Department of the Treasury Internal Revenue Service

If "Yes," describe in Part IV.

EZ)

3

SCHEDULE C (Form 990 or 990-

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 the organization **Employer identification number** TENNESSEE HOSPITAL ASSOCIATION 62-0534232 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year?

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					
1										
2										
3										
1										
5										

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

ress,	EIN,	

Page 2

4	Check ► ☐ if the filing organization belongs expenses, and share of excess lob			t in Part IV each a	ffiliated gro	up member's n	iame, a	address, EIN,
3	Check ▶ ☐ if the filing organization checked	box A and "l	imited control" p	rovisions apply.				
	Limits on Lobb (The term "expenditures" m	ying Exp	enditures	,		(a) Filing organization totals		b) Affiliated group totals
La	Total lobbying expenditures to influence public	opinion (gras	ss roots lobbyina)				
	Total lobbying expenditures to influence a legis			•	İ			
	Total lobbying expenditures (add lines 1a and 1							
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	Lc and 1d)						
f	Lobbying nontaxable amount. Enter the amoun columns.							
	If the amount on line 1e, column (a) or (b) is: The lo	bbying nontax	able amount is:				
	Not over \$500,000	20% of	the amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$500,000	o.			
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,0	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the e	xcess over \$1,500,00	0.		g (b) Affiliation's to	
	Over \$17,000,000	\$1,000,	000.					
j		ar Averagi	ng Period Und	der Section 50	1(h)			Yes No
	(Some organizations that mad columns below. S						the f	five
	Lobbying	Expenditu	res During 4	Year Averagin	g Period			
	Calendar year (or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 201	9 (d) 2	.020	(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							

activity.

1

3

Part IV

Return Reference

No

Nο

No

584,369

177,169

761.538

424.823

336,715

Yes

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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

Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."		
1	Dues, assessments and similar amounts from members	1	5,307,551
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).		

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

Explanation

Current year

Carryover from last year Total

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?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Supplemental Information

Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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:

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Form 5768 (election under section 501(h)).

(a)

Yes | No

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2020

(b)

Amount

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493244011131 OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

Department of the Treasury

3

2

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

tern	al Revenue Service	<u>1990</u> for instructions and the latest infori	mation.	In	spection
Na TEN	me of the organization INESSEE HOSPITAL ASSOCIATION		Employer id	entification	number
D)=	art I Organizations Maintaining Donor Advis	sad Funds or Other Similar Funds of	62-0534232		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.	Accounts.		
		(a) Donor advised funds	(b) Fund	ds and other	accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
1	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex] Yes □ No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose co		rmissible] Yes □ No
Pa I	rt III Conservation Easements.				
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
i	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	\square Preservation of land for public use (e.g., recreation	or education) \square Preservation of an \square	historically imp	ortant land	area
	Protection of natural habitat	Preservation of a ce	ertified historic	structure	
	☐ Preservation of open space				
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the forr		of the Year	
а	Total number of conservation easements	1	2a	<u> </u>	<i></i>
b	Total acreage restricted by conservation easements	<u> </u>	2b		
С	Number of conservation easements on a certified historic	structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
l	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organizatio	n during the	
	Number of states where property subject to conservatio	n easement is located >			
	Does the organization have a written policy regarding th		of violations		
	and enforcement of the conservation easements it holds		T VIOLULIONS,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation eas	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easemer	nts during the	e year
,	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		'0(h)(4)(B)(i)	☐ Yes	□ No
l	In Part XIII, describe how the organization reports constalance sheet, and include, if applicable, the text of the	footnote to the organization's financial states	,	and	
ar	the organization's accounting for conservation easement TIII Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar A	ssets.	
	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS		t and balance	ahaat warke	
a	historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, education, or research in furthe			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:				
((i) Revenue included on Form 990, Part VIII, line 1		▶\$		
	ii)Assets included in Form 990, Part X				
	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for finan		ide the	
а	Revenue included on Form 990, Part VIII, line 1	- 	►\$		
b	Assets included in Form 990, Part X		▶\$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

Par	t III	Organizations M	aintaining Col	lections of Art	t, Histori	cal T	reasu	res, o	r Other	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other recor	·	any of	the foll	lowing t	that are a	significant u	ise of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Other						
С		Preservation for future	e generations										
4		ide a description of the XIII.	organization's col	lections and expla	ain how the	ey furtl	her the	organia	zation's e	xempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									☐ Yes	□ N	0
Par	rt IV	Escrow and Cust Complete if the or X, line 21.			Form 990	, Part	IV, lir	ne 9, o	r reporte	ed an amou	ınt on Forn	າ 990,	Part
1a		ne organization an agent Ided on Form 990, Part I									✓ Yes	□ N	o
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the	e following	table:				Α	mount		_
c		nning balance		•	=				1c		184,	875,47	3
d	-	tions during the year .							1d		6,	781,49	3
е		ributions during the year							1e		153,	341,95	0
f		ng balance							1f		38,	315,01	 6
2a		the organization include							account li	shilits (2		□ N	_
												ШΝ	O
		es," explain the arrange		. Check here if the	e explanat	ion has	s been	provide	d in Part	XIII	<u> </u>		
- 6	rt V	Endowment Fund Complete if the org		vered "Yes" on I	Form 990	. Part	TV. lin	ne 10.					
		outinplace in the ori	gamzadan amer	(a) Current year		rior yea			ears back	(d) Three yea	ars back (e)	Four yea	rs back
1 a	Begini	ning of year balance .											
b	Contri	ibutions											_
c	Net in	vestment earnings, gair	ns, and losses										
d	Grants	s or scholarships											
е		expenditures for facilition	es										
f	Admir	nistrative expenses .											
g	End of	f year balance											
2 a	Boar	ide the estimated percerd designated or quasi-e	endowment ►	ent year end balar	nce (line 1	g, colu	mn (a)) held a	is:	•	•		
b		nanent endowment ►											
С		n endowment ►											
3a	Are t	percentages on lines 2a there endowment funds		•	ization tha	t are h	eld and	d admin	istered fo	r the			
	-	nization by: Jnrelated organizations									3a(i)	Yes	No
	. ,	Related organizations				•	•	• •			3a(ii)		
b	. ,	es" on 3a(ii), are the re			· · · · ed on Sche	dule R	.? .	: :			3b		
4		cribe in Part XIII the inte	=	•									
Pai	rt VI	Land, Buildings,	and Equipmen										
		Complete if the or	7				 						
	Descr	ription of property	(a) Cost or oth (investme		Cost or other	basis (other)	(c) Acc	cumulated (depreciation	(d) B	ook valu	e
1 a	Land					1,3	44,800					1	1,344,800
	Buildir					6,39	91,681			1,162,994		5	5,228,687
		hold improvements											
						4 5	20.017			1 196 130			440.600

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

6,987,175

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	Form 990 Part IV li	ne 11h	See Form 990 I	Dart V	lina 1	2
	(a) Description of security or category	(b) Book value	ile III	(c) Metho Cost or end-of	d of val	uation	•
(1) Financia	(including name of security) Il derivatives			Cost of end-of	-уеаг п	iarket	value
(2) Closely-(3) Other	held equity interests						
	MENT IN SUBSIDIARY	3,298,244			F		
(D)							
(E)							
(F)							
(G)							
(H)							
(I)							
	in (b) must equal Form 990, Part X, col. (B) line 12.)	3,298,244					
Part VIII	Investments—Program Related.						
	Complete if the organization answered 'Yes' on F (a) Description of investment	Form 990, Part IV, li	ne 110	(b) Book value	(c)	Metho or end	13. d of valuation: -of-year market value
(1)							raiue
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fe	orm 990. Part IV. lin	ne 11d	See Form 990 Par	t X lin	e 15	
	(a) Description) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Part X	Other Liabilities.				•		
1.	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lin ion of liability	ne 11e	or 11f.See Form	990, F	art X,	line 25. (b) Book value
	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>			
	or uncertain tax positions. In Part XIII, provide the text o 's liability for uncertain tax positions under FIN 48 (ASC 7						_

1

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2020

Page 4

1,716,166

24,401,921

-1,500,000

22,901,921

18,144,609

1,500,000

16,644,609

16.644.609

Schedule D (Form 990) 2020

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	1,061,363				
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Other (Describe in Part XIII.) Add lines 2a through 2d . е

Total expenses and losses per audited financial statements

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII.)

Subtract line **2e** from line **1**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Add lines 2a through 2d .

Return Reference

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2e -1,500,000 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

1,500,000

654,803

3

5

2e

3

4c

5

Page 5	chedule D (Form 990) 2020				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			
_					

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 62-0534232

Name: TENNESSEE HOSPITAL ASSOCIATION

NED SEPARATELY FROM THE ORGANIZATION'S OPERATING FUNDS. USE OF THE FUNDS IS RESTRICTED BY

Supplemental Information

Return Reference Explanation 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 MAINTAI

THE MEMBERS PARTICIPATING IN THE RESPECTIVE PROGRAMS.

Supplemental Information							
Return Reference	Explanation						
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.						

Return Reference	Explanation
PART X, LINE 2:	THE ASSOCIATION RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSI TION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING EXAMINATION BY TAX AUTHORITIES. MA NAGEMENT 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 (2017-2019), OR EXPECTED TO BE TAKEN IN THE ASSOCI ATION'S 2020 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 AUD IT NOR HAS THE ASSOCIATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. THE ASSOCIATION I S NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNT

S OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

Supplemental Information

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS:	OTHER INCOME FROM THA CENTER FOR INNOVATIVE SOLUTIONS, INC. 654,803. & SUBSIDIARY, A NON-E XEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD						

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS:	OTHER REVENUE SHARE INCLUDED IN SCHEDULE D PART XII LINE 2D -1,500,000.					

Supplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	OTHER REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B 1,500,000.					

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I **Grants and Other Assistance to Organizations,** (Form 990)

Department of the

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

DLN: 93493244011131

Open to Public Inspection

Internal Revenue Service		P GO to WW	101	the latest illioi matic	JII.		
Name of the organization	TION					Employer identifica	ation number
TENNESSEE HOSPITAL ASSOCIA	TION					62-0534232	
Part I General Inform	nation on Grants	and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes ☐ No
2 Describe in Part IV the org		_	-				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other		-					1 10
For Paperwork Reduction Act Noti				Cat. No. 5005			edule I (Form 990) 2020

Page **2**

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

(2) (3) (4)

(5) (6) (7)

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

Explanation Return Reference

IN ADDITION TO FEDERAL A-133 AUDIT REQUIREMENTS, THE STATE OF TENNESSEE HAS A SUBRECIPIENT MONITORING PROGRAM IN WHICH THA IS AUDITED PART I, LINE 2:

Additional Data

1818 PATTERSON ST NASHVILLE, TN 37203 BAPTIST MEMORIAL HEALTH

CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120

Software ID: **Software Version:**

58-1521475

EIN: 62-0534232

Name: TENNESSEE HOSPITAL ASSOCIATION

or government		 j	assistance	other)	
AMERICAN HEART ASSOCIATION	13-5613797	5,000			

cash

176,063

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (f) Method of valuation (book, FMV, appraisal,

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

SUPPORT GRANT

SUPPORT GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of nonorganization if applicable arant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-2085561 7.574 SUPPORT GRANT KINDRED HOSPITAL-CHATTANOOGA 709 WAI NUT ST CHATTANOOGA, TN 37402 62-6002623 43.392 ISUPPORT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MAURY REGIONAL HEALTHCARE SYSTEM

1224 TROTWOOD AVE COLUMBIA, TN 38401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) NASHVILLE GENERAL 20-2844893 20.356 SUPPORT GRANT HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LAKE OSWEGO, OR 97035

1818 ALBION ST NASHVILLE, TN 37208				
OREGON ASSOCIATION OF HOSPITALS RESEARCH & EDUCATION FOUNDATION 4000 KRUSE WAY PLACE 2-100	94-3098610	5,000		SUPPORT GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 62-1630463 18.418 ISUPPORT GRANT PERRY COMMUNITY HOSPITAL 2718 SQUIRREL HOLLOW DR LINDEN.TN 37096 SISKIN HOSPITAL FOR 62-1220402 11.942 SUPPORT GRANT

PHYSICAL REHAB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ONE SISKIN PLAZA

CHATTANOOGA, TN 37403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 62-0544855 8.433 SUPPORT GRANT SWEETWATER HOSPITAL ASSOCIATION 304 WRIGHT ST SWEETWATER, TN 37874 62-6010402 172.229 ISUPPORT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST TENNESSEE HEALTHCARE

620 SKYLINE DR JACKSON, TN 38301

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 25.106 WILLIAMSON MEDICAL 62-1501534 ISUPPORT GRANT CENTER 4321 CAROTHERS PKWY

FRANKLIN.TN 37067

efil	le GRAPHIC pı	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	19324	4011	131
	nedule J	C	ompensat	tion Information	40	1B No.	1545-0	0047
`	► Complete if		certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. www.irs.gov/Form990 for instructions and the latest information.					
-	al Revenue Service	P do to <u>www.ms.go</u>	<i>50/101111990</i> 101	mistructions and the latest miorin	ation.		to Pul	
	me of the organiz				Employer identificat	ion nu	ımber	
IEN	INESSEE HOSPITAL	ASSOCIATION			62-0534232			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				of the following to or for a person listed ny relevant information regarding these				
		s or charter travel		Housing allowance or residence for p	ersonal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up payment		Health or social club dues or initiation				
	☐ Discretion	nary spending account	\checkmark	Personal services (e.g., maid, chauff	eur, chef)			
b				n follow a written policy regarding paymove? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	ees, officers, including the CEO/I	Executive Directo	or, regarding the items checked on Line	e 1a?			
3	organization's C	CEO/Executive Director. Check a	II that apply. Do	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in				
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensati	ion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fill	ing organization or a			
а	Receive a sever	ance payment or change-of-con	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b	Yes	
c	•			nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	III.			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-0				
5				the organization pay or accrue any				
-		ontingent on the revenues of:	on , t, mic 1a, ara	the organization pay or accrac any				
а	The organization	n?				5a		
b	-	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	, -					6b		
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed art III		7		
8	subject to the ir	nitial contract exception describe	ed in Regulations	ured pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		8		
9				e presumption procedure described in F		9		
For 5	Danerwork Redi	uction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 50	0053T Schedule 1	(Form	990)	2020

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form Section 1. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990, P	Part VII.						vidual.
(A) Name and Title		(B) Break	down of W-2 and/o	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
	co	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								

Schedule 1 (Form 990) 2020

Page 3

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

REQUEST FROM THE COMMITTEE A HARDSHIP DISTRIBUTION.

EMPLOYEE DIES BEFORE ALL INSTALLMENTS HAVE BEEN PAID. THE SUM OF ALL REMAINING PAYMENTS SHALL BE PAID TO THE EMPLOYEE'S BENEFICIARY IN A

BENEFIT EQUAL TO THE ACCOUNT BALANCE ON THE DATE OF DEATH, UPON THE OCCURRENCE OF AN "UNFORESEEABLE EMERGENGY", THE EMPLOYEE MAY

SINGLE LUMP SUM. UPON THE DEATH OF THE EMPLOYEE DURING THE TERM OF HIS EMPLOYMENT, THE EMPLOYEE'S BENEFICIARY SHALL RECEIVE A DEATH

ITITLE 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

ITHE LAST 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,

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

BENEFIT IN THIS PLAN EOUAL TO A SET AMOUNT. THE COMPANY, IN ITS SOLE DISCRETION, MAY CREDIT ADDITIONAL CONTRIBUTIONS TO THE EMPLOYEE FROM

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

AS TAXABLE EVENT) BECKER COMPANION TRAVEL Y - TAX PERSONAL SERVICE Y - TAX SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS - CRAIG BECKER, MARY LAYNE VANCLEAVE, WENDY LONG AND WILL CROMER. TERMS &

Explanation THE TABLE BELOW DETAILS ITEMS REPORTED IN LINE 1A (Y = YES EMPLOYEE DID RECEIVE BENEFIT, TAX = TREATED AS TAXABLE EVENT, NT = NOT TREATED

PART I, LINE 1A

PART I, LINE 4B

Additional Data

(ii)

(i)

FORMER PRESIDENT

FORMER SECRETARY

2WENDY LONG

3WILL CROMER

4CHRIS CLARK

5BRYAN METZGER

6JOE BURCHFIELD

7DAVID NEIGER

TREASURER

8BILL JOLLEY

EXEC. VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

VP FOR RESEARCH/REIM

9GWYNN WALTERS

PRESIDENT

1MARY LAYNE VAN CLEAVE

Software Version:

31,323

649,622

343,440

167,911

154,582

153,480

154,256

134,662

150,137

Software ID:

5,021,831

1,217,793

35,700

53,355

51,021

48,144

40,385

36,890

30,232

EIN: 62-0534232

	Name: TENNESSEE HOSPITAL ASSOCIATION											
Form 990, Schedule J,	Part II - Officers, Direct	ors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees							
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						
	(i) Base Compensation	(ii) (iii)		other deferred	benefits	(B)(i)-(D)	column (B)					

Form 990, Schedule J	, Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1CRAIG BECKER (i	36,596	5.021.831	85.396	21.152	4.651	5,169,626	156.673

85,396

86,056

15,662

12,624

18,241

13,892

20,569

13,845

13,409

9,141

21,152

34,049

15,124

11,351

12,243

11,308

1,212

20,668

20,802

19,659

19,815

18,023

17,381

4,651

8,270

28,744

27,744

14,111

27,060

13,951

27,060

26,915

10,199

5,169,626

1,377,491

15,124

705,379

12,243

430,816

1,212

274,286

267,357

255,803

255,361

229,899

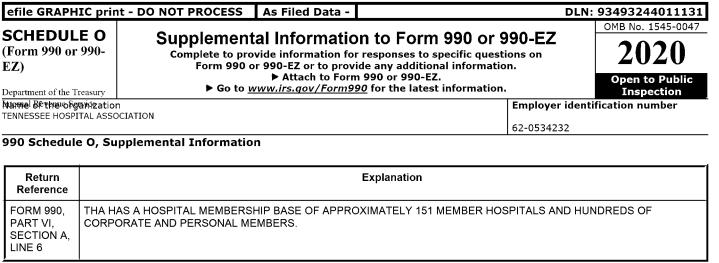
217,090

156,673

199,997

912,497

4,644,099



Return Explanation
Reference

FORM 990,	AS CONTAINED WITHIN THA BYLAWS, THE HOUSE OF DELEGATES MEETS ANNUALLY TO ELECT THA DIRECTO
PART VI,	RS AND OFFICERS. THE HOUSE OF DELEGATES IS COMPOSED OF ONE VOTING REPRESENTATIVE FROM EACH
SECTION A,	INSTITUTIONAL MEMBER.
LINE 7A	

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990. PRIOR TO SUBMITTING THA'S IRS FORM 990. THA'S CEO FORWARDS A COPY OF THE FORM TO EACH BOAR PART VI. D MEMBER FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO CONTACT THE CEO WITH ANY QUESTI SECTION B. ONS THEY MAY HAVE CONCERNING INFORMATION PRESENTED WITHIN THE FORM AND ATTACHED SCHEDULES. LINE 11B

WITHIN THE AGENDA OF THE SECOND QUARTER BOARD MEETING. THE BOARD IS SCHEDULED TO DISCUSS THE IRS FORM 990

Return

Reference	·
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 AVO ID CONFLICTS OF INTEREST IN APPEARANCE AND THACT. 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 DIRECTOR
	S. 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 DIRECT OR OR MEMBER; AND FINES, CIVIL AND CRIMINAL PROSECUTION, AND/OR IMPRISONMENT."

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICAL CEO AND COO POSITIONS - THA CONTRACTS WITH AN INDEPEN DENT 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 HOS PITAL ASSOCIATION CEOS AND COOS IN THE TOP TWENTY-FIVE (25) ASSOCIATIONS ACROSS THE COUNTR Y. THE COMPARISONS ARE BASED UPON TOTAL STATE ASSOCIATION REVENUES, CONSIDERING THE AGGREG ATE 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. COM PENSATION PROCESS FOR OFFICERS- THA CONTRACTS WITH A DIFFERENT INDEPENDENT CONSULTANT TO E VALUATE THE SALARY OF OTHER OFFICERS. THE CONSULTANT MATCHES EACH POSITION TO COMPARABLE POSITIONS IN SEVERAL SALARY SURVEYS TO DETERMINE A MARKET MEDIAN SALARY. NEXT THE CONSULTANN T DETERMINES AN APPROPRIATE SALARY GRADE FOR EACH POSITION. THE FINAL RESULTS ARE MADE AVA ILABLE 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 RESULT S RECEIVED FROM THE CONSULTANT. MERIT INCREASES MAY ALSO BE AWARDED IF THE RESPONSIBILITIE S OF AN OFFICER HAVE INCREASED SINCE THE LAST SURVEY.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990,	THE THA BYLAWS, CODE OF BUSINESS CONDUCT, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC
PART VI,	UPON REQUEST.
SECTION C,	<u> </u>
LINE 19	ļ ,

Return Explanation
Reference

FORM 990,	INCOME FROM THA CENTER FOR INNOVATIVE SOLUTIONS, INC. & SUBSIDIARY, A NON-EXEMPT 100% OWNE
PART XI,	D SUBSIDIARY ACCOUNTED FOR BY THE EQUITY METHOD 654,803. REVENUE SHARE INCLUDED ON SCHEDUL
LINE 9:	E D PART XII LINE 2D 1,500,000. REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B -1,50
	0,000. ADJUSTMENT RELATED TO THA'S ADOPTION OF ASC 606 ROUNDING 3.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

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.

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

OMB No. 1545-0047 **2020**

DLN: 93493244011131

Open to Public Inspection

mtemai	Reve	enue	servi
Name	of tl	1е о	rgar
TENNE	SSEE	HOS	PITA

(Form 990)

Department of the Treasury nization Employer identification number

FENNESSEE HOSPITAL ASSOCIATION						62-05	534232					
Part I Identification of Disregarded Entities. Comple	te if the orgar	nization answ	ered "Yes	s" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	tivity	(c) Legal domic or foreign (ile (state country)	(d) Total inco	ime	(e) End-of-year as	ssets	(f) Direct cor enti) ntrolling ity	
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		ete if the org	anization	answered	"Yes" on F	orm 990,	Part I	V, line 34 be	ecause	e it had one or	more	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity		(c) omicile (state gn country)	(d Exempt Co) de section		(e) charity status on 501(c)(3))	D	(f) irect controlling entity		512(b) ntrolled ity?
(1)TENNESSEE HOSPITAL EDUCATION AND RESEARCH FOUNDATION 5201 VIRGINIA WAY	HEALTHCAR	KE	TN		501(C)(3)		LINE 10		THA		Yes	No
BRENTWOOD, TN 37027 62-0712345												
(2)TENNESSEE RURAL HEALTH RECRUITMENT & RETENTION CENTER INC 5201 VIRGINIA WAY	RECRUITME	NT		TN	501(C)(3)		LINE 10		THA		Yes	
BRENTWOOD, TN 37027 20-3037016											+-	
For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.		Ca	t. No. 50135	Ϋ́				Sch	edule R (Form	990) 20	20

Part III Identification of Related Organ one or more related organizations	treated as a partnership	during the ta	x year.	te if the org	yanızatıon	i answere	u "Ye	s on Forn	990,	Part .	iv, iine 3	4, be	cause	it nad	
(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin income(rel unrelate excluded tax und sections 5	ant Sha ated, total i ed, from er 512-	f) re of ncome	(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-U amount in 20 of Schedule (Form 106	box m p K-1	(j) eneral d anaging artner?	r Perce	k) entage ership
					314)				Yes	No		Y	es No		
			<u></u>									-1.1.1			
Part IV Identification of Related Organ because it had one or more related	d organizations treated as	s a corporation	on or trus	st during th	ie tax yea	r.					990, Part		ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	dor (state	(c) egal micile or foreign intry)	Direct	(d) controlling entity ((e) Type of entit C corp, S co or trust)	:y Sł τρ,	(f) nare of total income	Share	(g) of end- year ssets		(h) ercentag wnershi		(i Section (13) cor enti	ntrolled ty?
(1)THA CENTER FOR INNOVATIVE SOLUTIONS INC	CONSULTING		ΓN	THA	C	3				3,581,3	71 100	0.000 %	%	Yes	No
5201 VIRGINIA WAY BRENTWOOD, TN 37027 62-1102328															

Schedule R (Form 990) 2020								
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.		Yes	No					
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	1a	Yes						
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes						
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)	1 f		No					
g Sale of assets to related organization(s)	1 g		No					
h Purchase of assets from related organization(s)	1h		No					
i Exchange of assets with related organization(s)	1i		No					
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes						
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes						
o Sharing of paid employees with related organization(s)	10	Yes						
p Reimbursement paid to related organization(s) for expenses	1 p	Yes						
q Reimbursement paid by related organization(s) for expenses	1 q	Yes						

j Lease of facilities, equipment, or other assets to related organization(s)		L) NO									
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)		1 Yes									
m Performance of services or membership or fundraising solicitations by related organization(s)	7	lm Yes									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)		lo Yes									
p Reimbursement paid to related organization(s) for expenses		lp Yes									
q Reimbursement paid by related organization(s) for expenses		lq Yes									
r Other transfer of cash or property to related organization(s)		Lr No									
s Other transfer of cash or property from related organization(s)		Ls No									
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) (b) (c) Name of related organization Transaction type (a.s.)	(d) Method of determining amou	nt involved									

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	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(e) all partners section 501(c)(3) anizations?		total end-of-year			allocations? amount in b 20 of Schedule K-1		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner? e		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No												
Schedule R (Form 990) 2020																								

chedule R (For	m 990) 2020	Page 5	5					
Part VII	Supplemental Info	ital Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						