

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **TENNESSEE HOSPITAL ASSOCIATION**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
5201 VIRGINIA WAY
 City or town, state or province, country, and ZIP or foreign postal code:
BRENTWOOD, TN 37027

D Employer identification number: **62-0534232**
E Telephone number: **(615) 256-8240**
G Gross receipts \$ **54,810,627**

F Name and address of principal officer:
DAVID NEIGER
5201 VIRGINIA WAY
BRENTWOOD, TN 37027

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.THA.COM**

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1938 **M** State of legal domicile: TN

Part I 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.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	67
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	499,600
7b Net unrelated business taxable income from Form 990-T, line 39	7b	299,570

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	923,281	4,737,172
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
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	723,431	937,573
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,628,024	22,901,921
13 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)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,769,934	6,804,982
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 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

	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)	5,227,792	8,157,581
22 Net assets or fund balances. Subtract line 21 from line 20	37,594,780	45,568,261

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-08-19
 DAVID NEIGER CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-08-19
 Check if self-employed PTIN: P00254619
 Firm's name ▶ PURYEAR & NOONAN CPAS Firm's EIN ▶ 62-0788068
 Firm's address ▶ 40 BURTON HILLS BLVD STE 170 Phone no. (615) 296-0500
 NASHVILLE, TN 37215

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO LEAD OUR MEMBERS IN ADVOCACY FOR AND SUPPORT OF COMMUNITY-BASED HOSPITALS AND HEALTH SYSTEMS AND TO ASSIST THEM IN DELIVERING ACCESSIBLE, COST-EFFECTIVE, QUALITY HEALTH SERVICES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

















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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
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 		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		
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 	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? If "Yes," complete Schedule D, Part I 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b, including sections on employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	8,800,195	0	411,492

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUDACIOUS INQUIRY LLC 5523 RESEARCH PARK DR SUITE 370 BALTIMORE, MD 21228	COMPUTER SVCS	436,074
ECRI INSTITUTE 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462	COMPUTER SVCS	328,125
HOSP INDUSTRY DATA INSTITUTE, PO BOX 60 JEFFERSON CITY, MO 65102	COMPUTER SVCS	188,122
STROUDWATER ASSOCIATES 1000 CORPORATE CENTRE DRIVE SUITE FRANKLIN, TN 37067	CONSULTING	182,000
CONRAD CONSTRUCTION CO INC 2610 WINFORD AVE NASHVILLE, TN 37211	ROOF REPLACEMENT	123,414

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**

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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):				
a Management				
b Legal				
c Accounting	27,722			
d Lobbying	18,223			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 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			
25 Total functional expenses. Add lines 1 through 24e	16,644,609			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	669,836	2	2,567,795
	3 Pledges and grants receivable, net	111,610	3	147,960
	4 Accounts receivable, net	954,814	4	1,265,788
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	247,446	9	116,674
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,336,298		
	b Less: accumulated depreciation	2,349,123		
	11 Investments—publicly traded securities	30,714,772	11	39,342,206
	12 Investments—other securities. See Part IV, line 11	2,643,441	12	3,298,244
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	377,736	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,822,572	16	53,725,842	
Liabilities	17 Accounts payable and accrued expenses	2,365,179	17	4,506,650
	18 Grants payable		18	
	19 Deferred revenue	856,131	19	2,094,094
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	469,398	21	484,993
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,159,348	23	1,071,844
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	377,736	25	0
	26 Total liabilities. Add lines 17 through 25	5,227,792	26	8,157,581
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,594,780	27	45,568,261
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	37,594,780	32	45,568,261	
33 Total liabilities and net assets/fund balances	42,822,572	33	53,725,842	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,901,921
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,644,609
3	Revenue less expenses. Subtract line 2 from line 1	3	6,257,312
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,594,780
5	Net unrealized gains (losses) on investments	5	1,061,363
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	654,806
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,568,261

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM JACKSON BOARD OF DIRECTORS	0.10	X						0	0	0
MATTHEW SCHAEFER BOARD OF DIRECTORS	0.10	X						0	0	0
JASON LITTLE CHAIR-ELECT	0.10	X						0	0	0
ALAN WATSON BOARD OF DIRECTORS	0.10	X						0	0	0
PAUL KORTH CHAIR	0.10	X						0	0	0
WRIGHT PINSON MD BOARD OF DIRECTORS	0.10	X						0	0	0
MARVIN EICHORN BOARD OF DIRECTORS	0.10	X						0	0	0
JAMES E ROSS IMM. PAST CHAIR	0.10	X						0	0	0
TIM ADAMS BOARD OF DIRECTORS	0.10	X						0	0	0
JOSEPH LANDSMAN BOARD OF DIRECTORS	0.10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES VANDERSTEEG BOARD OF DIRECTORS	0.10	X						0	0	0
MICHAEL UGWUEKE BOARD OF DIRECTORS	0.10	X						0	0	0
RANDY DAVIS BOARD OF DIRECTORS	0.10	X						0	0	0
SCOTT PETERSON BOARD OF DIRECTORS	0.10	X						0	0	0
JEFFREY WOODS BOARD OF DIRECTORS	0.10	X						0	0	0
CHRISTOPHER HOLMES BOARD OF DIRECTORS	0.10	X						0	0	0
ROGERS ANDERSON BOARD OF DIRECTORS	0.10	X						0	0	0
JANELLE REILLY BOARD OF DIRECTORS	0.10	X						0	0	0
ROBERT WAMPLER BOARD OF DIRECTORS	0.10	X						0	0	0
MARK WILKINSON BOARD OF DIRECTORS	0.10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT MOSLEY BOARD OF DIRECTORS	0.10	X						0	0	0
STEPHANIE BOYNTON BOARD OF DIRECTORS	0.10	X						0	0	0
AARON HAYNES BOARD OF DIRECTORS	0.10	X						0	0	0
LISA CASTEEL BOARD OF DIRECTORS	0.10	X						0	0	0
REGINALD COOPWOOD MD BOARD OF DIRECTORS	0.10	X						0	0	0
DAVID NEIGER TREASURER	40.00			X				208,486	0	46,875
WENDY LONG PRESIDENT	65.00			X				665,284	0	52,338
WILL CROMER EXEC. VICE PRESIDENT	40.00			X				391,764	0	40,264
GWYNN WALTERS VP FOR RESEARCH/REIM	40.00					X		189,510	0	27,580
CHRIS CLARK SENIOR VICE PRESIDENT	40.00					X		239,507	0	34,779

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE BURCHFIELD SENIOR VICE PRESIDENT	40.00					X		222,193	0	33,610
BRYAN METZGER SENIOR VICE PRESIDENT	40.00					X		219,495	0	47,862
BILL JOLLEY SENIOR VICE PRESIDENT	40.00					X		184,961	0	44,938
MARY LAYNE VAN CLEAVE FORMER SECRETARY	40.00						X	1,335,172	0	57,443
CRAIG BECKER FORMER PRESIDENT	40.00						X	5,143,823	0	25,803

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	5,307,551
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).		
a Current year	2a	584,369
b Carryover from last year	2b	177,169
c Total	2c	761,538
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	424,823
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	336,715
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
TENNESSEE HOSPITAL ASSOCIATION

Employer identification number
62-0534232

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	184,875,473
1d Additions during the year	6,781,493
1e Distributions during the year	153,341,950
1f Ending balance	38,315,016

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|-----|----|
| | Yes | No |
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,344,800		1,344,800
b Buildings		6,391,681	1,162,994	5,228,687
c Leasehold improvements				
d Equipment		1,599,817	1,186,129	413,688
e Other				
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 Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN SUBSIDIARY	3,298,244	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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 Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,118,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	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	
d	Other (Describe in Part XIII.)	2d	654,803
e	Add lines 2a through 2d	2e	1,716,166
3	Subtract line 2e from line 1	3	24,401,921
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-1,500,000
c	Add lines 4a and 4b	4c	-1,500,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,901,921

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

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

1	Total expenses and losses per audited financial statements	1	18,144,609
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,500,000
e	Add lines 2a through 2d	2e	1,500,000
3	Subtract line 2e from line 1	3	16,644,609
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,644,609

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-0534232

Name: TENNESSEE HOSPITAL ASSOCIATION

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ASSOCIATION RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING EXAMINATION BY TAX AUTHORITIES. MANAGEMENT HAS ANALYZED THE ASSOCIATION'S TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR THE OPEN TAX YEARS (2017-2019), OR EXPECTED TO BE TAKEN IN THE ASSOCIATION'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 AUDIT NOR HAS THE ASSOCIATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. THE ASSOCIATION IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

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-EXEMPT 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 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 10

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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.

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

Additional Data

Software ID:
Software Version:
EIN: 62-0534232
Name: TENNESSEE HOSPITAL ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 1818 PATTERSON ST NASHVILLE, TN 37203	13-5613797		5,000				SUPPORT GRANT
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120	58-1521475		176,063				SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINDRED HOSPITAL- CHATTANOOGA 709 WALNUT ST CHATTANOOGA, TN 37402	52-2085561		7,574				SUPPORT GRANT
MAURY REGIONAL HEALTHCARE SYSTEM 1224 TROTWOOD AVE COLUMBIA, TN 38401	62-6002623		43,392				SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE GENERAL HOSPITAL 1818 ALBION ST NASHVILLE, TN 37208	20-2844893		20,356				SUPPORT GRANT
OREGON ASSOCIATION OF HOSPITALS RESEARCH & EDUCATION FOUNDATION 4000 KRUSE WAY PLACE 2-100 LAKE OSWEGO, OR 97035	94-3098610		5,000				SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERRY COMMUNITY HOSPITAL 2718 SQUIRREL HOLLOW DR LINDEN, TN 37096	62-1630463		18,418				SUPPORT GRANT
SISKIN HOSPITAL FOR PHYSICAL REHAB ONE SISKIN PLAZA CHATTANOOGA, TN 37403	62-1220402		11,942				SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEETWATER HOSPITAL ASSOCIATION 304 WRIGHT ST SWEETWATER, TN 37874	62-0544855		8,433				SUPPORT GRANT
WEST TENNESSEE HEALTHCARE 620 SKYLINE DR JACKSON, TN 38301	62-6010402		172,229				SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSON MEDICAL CENTER 4321 CAROTHERS PKWY FRANKLIN, TN 37067	62-1501534		25,106				SUPPORT GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization TENNESSEE HOSPITAL ASSOCIATION	Employer identification number 62-0534232
--	--

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE TABLE BELOW DETAILS ITEMS REPORTED IN LINE 1A (Y = YES EMPLOYEE DID RECEIVE BENEFIT, TAX = TREATED AS TAXABLE EVENT, NT = NOT TREATED AS TAXABLE EVENT) BECKER COMPANION TRAVEL Y - TAX PERSONAL SERVICE Y - TAX
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS - CRAIG BECKER, MARY LAYNE VANCLEAVE, WENDY LONG AND WILL CROMER. TERMS & CONDITIONS- ON THE LAST DAY OF EACH PLAN YEAR, IF THE EMPLOYEE IS AN EMPLOYEE OF THE COMPANY ON SUCH DAY, THE EMPLOYEE SHALL ACCRUE A BENEFIT IN THIS PLAN EQUAL TO A SET AMOUNT. THE COMPANY, IN ITS SOLE DISCRETION, MAY CREDIT ADDITIONAL CONTRIBUTIONS TO THE EMPLOYEE FROM TIME TO TIME. PRIOR TO THE BEGINNING OF ANY PLAN YEAR, THE EMPLOYEE MAY ELECT IN WRITING TO DEFER ANY PORTION OF HIS CASH COMPENSATION TO THE PLAN FOR THE FOLLOWING PLAN YEAR. THE EMPLOYEE MAY ELECT TO DISCONTINUE PARTICIPATION FOR ANY PLAN YEAR AFTER THE FIRST PLAN YEAR FOR THE LAST SIX MONTHS OF SUCH PLAN YEAR BY GIVING THE COMMITTEE WRITTEN NOTICE NO LATER THAN THE LAST BUSINESS DAY OF COINCIDENT WITH OR IMMEDIATELY PRECEDING JUNE 10. UNTIL AND EXCEPT TO THE EXTENT THAT DEFERRED BENEFITS UNDER THE PLAN ARE DISTRIBUTED TO THE EMPLOYEE, TITLE AND OWNERSHIP OF ANY ASSETS WHICH THE COMPANY SETS ASIDE TO MEET ITS OBLIGATIONS OF THE PLAN, SHALL REMAIN IN THE COMPANY. THIS PLAN CONSTITUTES A MERE PROMISE BY THE COMPANY TO MAKE BENEFIT PAYMENTS IN THE FUTURE. THE EMPLOYEE MAY DIRECT THE DEEMED INVESTMENT OF HIS ACCOUNT INTO ONE OR MORE OF THE INVESTMENT FUNDS SELECTED BY THE COMMITTEE. PAYMENT OF BENEFITS ACCRUED HEREUNDER IN THE EMPLOYEE'S ACCOUNT SHALL COMMENCE UPON THE FIRST DAY OF THE MONTH FOLLOWING THE DATE THE EMPLOYEE ATTAINS AN AGREED UPON AGE. IF THE EMPLOYEE DIES BEFORE ALL INSTALLMENTS HAVE BEEN PAID, THE SUM OF ALL REMAINING PAYMENTS SHALL BE PAID TO THE EMPLOYEE'S BENEFICIARY IN A SINGLE LUMP SUM. UPON THE DEATH OF THE EMPLOYEE DURING THE TERM OF HIS EMPLOYMENT, THE EMPLOYEE'S BENEFICIARY SHALL RECEIVE A DEATH BENEFIT EQUAL TO THE ACCOUNT BALANCE ON THE DATE OF DEATH. UPON THE OCCURRENCE OF AN "UNFORESEEABLE EMERGENCY", THE EMPLOYEE MAY REQUEST FROM THE COMMITTEE A HARDSHIP DISTRIBUTION.

Additional Data

Software ID:

Software Version:

EIN: 62-0534232

Name: TENNESSEE HOSPITAL ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CRAIG BECKER FORMER PRESIDENT	(i)	36,596	5,021,831	85,396	21,152	4,651	5,169,626	156,673
	(ii)	0	0	0	0	0	0	4,644,099
1MARY LAYNE VAN CLEAVE FORMER SECRETARY	(i)	31,323	1,217,793	86,056	34,049	8,270	1,377,491	199,997
	(ii)	0	0	0	15,124	0	15,124	912,497
2WENDY LONG PRESIDENT	(i)	649,622	0	15,662	11,351	28,744	705,379	0
	(ii)	0	0	0	12,243	0	12,243	0
3WILL CROMER EXEC. VICE PRESIDENT	(i)	343,440	35,700	12,624	11,308	27,744	430,816	0
	(ii)	0	0	0	1,212	0	1,212	0
4CHRIS CLARK SENIOR VICE PRESIDENT	(i)	167,911	53,355	18,241	20,668	14,111	274,286	0
	(ii)	0	0	0	0	0	0	0
5BRYAN METZGER SENIOR VICE PRESIDENT	(i)	154,582	51,021	13,892	20,802	27,060	267,357	0
	(ii)	0	0	0	0	0	0	0
6JOE BURCHFIELD SENIOR VICE PRESIDENT	(i)	153,480	48,144	20,569	19,659	13,951	255,803	0
	(ii)	0	0	0	0	0	0	0
7DAVID NEIGER TREASURER	(i)	154,256	40,385	13,845	19,815	27,060	255,361	0
	(ii)	0	0	0	0	0	0	0
8BILL JOLLEY SENIOR VICE PRESIDENT	(i)	134,662	36,890	13,409	18,023	26,915	229,899	0
	(ii)	0	0	0	0	0	0	0
9GWYNN WALTERS VP FOR RESEARCH/REIM	(i)	150,137	30,232	9,141	17,381	10,199	217,090	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THA HAS A HOSPITAL MEMBERSHIP BASE OF APPROXIMATELY 151 MEMBER HOSPITALS AND HUNDREDS OF CORPORATE AND PERSONAL MEMBERS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO SUBMITTING THA'S IRS FORM 990, THA'S CEO FORWARDS A COPY OF THE FORM TO EACH BOARD MEMBER FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO CONTACT THE CEO WITH ANY QUESTIONS THEY MAY HAVE CONCERNING INFORMATION PRESENTED WITHIN THE FORM AND ATTACHED SCHEDULES. WITHIN THE AGENDA OF THE SECOND QUARTER BOARD MEETING, THE BOARD IS SCHEDULED TO DISCUSS THE IRS FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THA HAS A VERY COMPREHENSIVE CODE OF BUSINESS CONDUCT THAT ADDRESSES CONFLICT OF INTEREST AND OTHER STANDARDS OF CONDUCT. IT IS THA'S POLICY THAT CONFLICTS OF INTEREST BE REPORTED AT ANY TIME A CONFLICT PRESENTS ITSELF, NOT JUST ANNUALLY. "IT IS THE POLICY OF THA TO AVOID CONFLICTS OF INTEREST IN APPEARANCE AND IN FACT. IF AN INDIVIDUAL BELIEVES A CONFLICT OF INTEREST EXISTS, IT MUST BE DISCLOSED TO THA. IF AN EMPLOYEE, DISCLOSURE SHALL BE MADE TO HIS/HER SUPERVISOR. IF A DIRECTOR, DISCLOSURE SHALL BE MADE TO THE THA BOARD OF DIRECTORS. ALL OTHER POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THA'S GENERAL COUNSEL. "ENFORCEMENT OF THE POLICY IS BEST STATED BY THE POLICY ITSELF WHICH READS: "IN THE EVENT A LEGAL OR ETHICAL VIOLATION DOES OCCUR, VIOLATORS SHOULD EXPECT DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION, IF AN EMPLOYEE; REMOVAL, SUSPENSION OR RESCISSION, IF A DIRECTOR OR OR MEMBER; AND FINES, CIVIL AND CRIMINAL PROSECUTION, AND/OR IMPRISONMENT."

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 CH AIRMAN, 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 P OSITIONS IN SEVERAL SALARY SURVEYS TO DETERMINE A MARKET MEDIAN SALARY. NEXT THE CONSULTAN 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 OFFIC ER. 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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THA CENTER FOR INNOVATIVE SOLUTIONS INC 5201 VIRGINIA WAY BRENTWOOD, TN 37027 62-1102328	CONSULTING	TN	THA	C		3,581,371	100.000 %	Yes	

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	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TENNESSEE HOSPITAL EDUCATION AND RESEARCH FOUNDATION	M	245,000	
(2) THA CENTER FOR INNOVATIVE SOLUTIONS INC	A	24,248	
(3) TENNESSEE RURAL HEALTH RECRUITMENT & RETENTION CENTER INC	A	37,384	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation