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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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial 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)

5201 VIRGINIA WAY

Room/suite

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 \$ 37,596,010

F Name and address of principal officer

CRAIG BECKER
5201 VIRGINIA WAY
BRENTWOOD TN 37027

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website WWW.THA.COM

H(c) Group exemption number

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 31

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 30

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

5 50

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 1,388,015

b Net unrelated business taxable income from Form 990-T, line 34

7b 885,054

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

525,078 827,038

9 Program service revenue (Part VIII, line 2g)

12,747,203 11,241,139

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

445,475 744,716

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

406,278 349,705

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

14,124,034 13,162,598

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

228,800 2,572,229

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

4,904,454 5,165,386

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25)

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

3,838,335 4,464,293

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

8,971,589 12,201,908

19 Revenue less expenses Subtract line 18 from line 12

5,152,445 960,690

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

28,610,742 30,931,244

21 Total liabilities (Part X, line 26)

11,341,177 11,527,121

22 Net assets or fund balances Subtract line 21 from line 20

17,269,565 19,404,123

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

CRAIG BECKER

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KERRI MAYNARD

Preparer's signature

KERRI MAYNARD

Date

06/30/14

Check ☐ if PTIN

self-employed P00074426

Firm's name **PURYEAR HAMILTON HAUSMAN & WOOD, PLC**
1000 CORPORATE CENTRE DRIVE, SUITE 200

Firm's EIN **62-0788068**Firm's address **FRANKLIN, TN 37067**Phone no **615-771-3600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ►

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	N/A	
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	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	

Part IV Checklist of Required Schedules (continued)

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

N/A

N/A

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 68		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 50		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c N/A
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b N/A
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b N/A
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8 N/A
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			9a
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a 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.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b N/A

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	31	
1b	Enter the number of voting members included in line 1a, above, who are independent	30	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

5201 VIRGINIA WAY**BRENTWOOD****TN 37027****615-256-8240**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

(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			
(1) KEVIN SPIEGEL	0.10									
AHA ALT. DELEGATE	0.00	X						0	0	0
(2) THOMAS H. GEE	0.10									
DISTRICT DIRECTOR	0.00	X						0	0	0
(3) CANDACE JENNINGS	0.10									
DISTRICT DIRECTOR	0.00	X						0	0	0
(4) JOSEPH R. LANDSMAN	0.10									
IMM. PAST CHAIRMAN	0.00	X						0	0	0
(5) THELMA TRAUT	0.10									
HOSP GOV REP	0.00	X						0	0	0
(6) ROBERT GORDON	0.10									
EMERITUS MEMBER	0.00	X						0	0	0
(7) MARK B. MEDLEY	0.10									
CHAIRMAN-ELECT	0.00	X						0	0	0
(8) REGINALD COOPWOOD, MD	0.10									
CHAIRMAN	0.00	X						0	0	0
(9) SCOTT TONGATE	0.10									
SMALL & RURAL REP	0.00	X						0	0	0
(10) ANTHONY L. SPEZIA	0.10									
AT-LARGE DIRECTOR	0.00	X						0	0	0
(11) JAMES M. HOBSON	0.10									
DISTRICT DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) KEITH GOODWIN										
DISTRICT DIRECTOR	0.10 0.00	X						0	0	0
(13) SCOTT BOWMAN										
DISTRICT DIRECTOR	0.10 0.00	X						0	0	0
(14) JASON LITTLE										
AHA DELEGATE	0.10 0.00	X						0	0	0
(15) BOBBY ARNOLD										
AT-LARGE DIRECTOR	0.10 0.00	X						0	0	0
(16) DENNY DENARVAEZ										
AT-LARGE DIRECTOR	0.10 0.00	X						0	0	0
(17) DAVID ARCHER										
DISTRICT DIRECTOR	0.10 0.00	X						0	0	0
(18) PAUL KORTH										
GOV'T AFFAIRS REP	0.10 0.00	X						0	0	0
(19) ALAN WATSON										
DISTRICT DIRECTOR	0.10 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								2,156,094	295,171	505,855
d Total (add lines 1b and 1c)								2,156,094	295,171	505,855

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QSOURCE NASHVILLE TN 37203	49 MUSIC SQUARE WEST, STE 402 CONSULTING	224,606
PHIL MARTIN & AFFILIATES, INC. NASHVILLE TN 37205	6000 HICKORY VALLEY ROAD MARKETING/ADVER	102,403

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 **2**

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			
(12) DAVID POSCH	0.10									
AT-LARGE DIRECTOR	0.00	X						0	0	0
(13) JEFF SERAPHINE	0.10									
AT-LARGE DIRECTOR	0.00	X						0	0	0
(14) MIKE SCHATZLEIN, MD	0.10									
AT-LARGE DIRECTOR	0.00	X						0	0	0
(15) JASON BOYD	0.10									
INCL & HLTH COUNCIL	0.00	X						0	0	0
(16) JEFFREY WOODSIDE, MD	0.10									
HOSP GOV REP	0.00	X						0	0	0
(17) MORRIS SELIGMAN, MD	0.10									
PHYSICIAN REP	0.00	X						0	0	0
(18) CHARLES HOWORTH	0.10									
BUSINESS REP	0.00	X						0	0	0
(19) CHRISTINE BRADLEY	0.10									
TN RURAL PSHIP REP	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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

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 ▶

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			
(12) STEPHEN CORBEIL	0.10									
AHA DELEGATE	0.00	X						0	0	0
(13) CHUCK WHITFIELD	0.10									
THASG REP	0.00	X						0	0	0
(14) CRAIG BECKER	65.00									
PRESIDENT	0.00			X				755,518	0	312,874
(15) MARY LAYNE VAN CLEAVE	40.00									
SECRETARY	0.00			X				331,355	0	58,358
(16) DAVID NEIGER	40.00									
TREASURER	0.00			X				145,280	0	25,874
(17) MIKE HUGGINS	40.00									
SENIOR EXEC V.P.	0.00					X		314,620	295,171	46,001
(18) BETH BERRY	40.00									
SENIOR V.P.	0.00					X		170,843	0	12,151
(19) PATRICIA CLARKE	40.00									
SENIOR V.P.	0.00					X		166,446	0	12,083
1b Sub-total								1,884,062	295,171	467,341
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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

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 ►

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			
(12) DAVID MCCLURE	40.00									
SENIOR VP OF FINANCE	0.00					X		150,505	0	25,987
(13) GWYNN WALTERS	40.00									
VP FOR RESEARCH/REIM	0.00					X		121,527	0	12,527
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								272,032		38,514
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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 ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	442,498				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	384,540				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		827,038				
	Program Service Revenue	2a DUES-RELATED	Busn. Code 561499	4,290,433	4,290,433		
b HOSP ASSESS. FEES - RELATED		561000	2,809,547	2,809,547			
c DATA BASE INCOME/HIN - RELATE		518210	1,628,684	1,628,684			
d CONSULTING INCOME - RELATED		541900	1,290,628	1,290,628			
e HOSP ASSESS. FEES - UNRELATED		561000	1,149,025		1,149,025		
f All other program service revenue			72,822	3,000	69,822		
g Total. Add lines 2a-2f			11,241,139				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		259,928			259,928
		4 Income from investment of tax-exempt bond proceeds					
	5 Royalties						
	6a Gross rents	(i) Real 110,440					
	b Less rental exps						
	c Rental inc or (loss)	110,440					
	d Net rental income or (loss)		110,440			110,440	
	7a Gross amount from sales of assets other than inventory	(i) Securities 24,918,200					
	b Less cost or other basis & sales exps	24,433,412					
	c Gain or (loss)	484,788					
	d Net gain or (loss)		484,788			484,788	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a ADMINISTRATIVE SERVICE	561000	169,168		169,168			
b MISCELLANEOUS	900099	70,097	70,097				
c							
d All other revenue							
e Total. Add lines 11a-11d		239,265					
12 Total revenue. See instructions		13,162,598	10,092,389	1,388,015	855,156		

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 governments and organizations in the U.S. See Part IV, line 21	2,572,229			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,746,758			
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	2,868,468			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	299,526			
9 Other employee benefits				
10 Payroll taxes	250,634			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	36,182			
d Lobbying	20,854			
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.)	823,032 ✓			
12 Advertising and promotion	8,314			
13 Office expenses	19,554			
14 Information technology	593,723 ✓			
15 Royalties				
16 Occupancy				
17 Travel	284,545 ✓			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	153,498			
20 Interest	85,732			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	309,596			
23 Insurance	440,021 ✓			
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 BUILDING SERVICES	438,367 ✓			
b GRANT EXPENSES	371,983 ✓			
c UNRELATED BUS. INCOME TAX	326,122 ✓			
d ADMINISTRATIVE SERVICES E	203,295			
e All other expenses	349,475			
25 Total functional expenses. Add lines 1 through 24e	12,201,908	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	179,661	2	500,053
	3 Pledges and grants receivable, net	28,523	3	39,879
	4 Accounts receivable, net	5,321,875	4	4,820,615
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	267,072	9	156,868
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,552,039		
	b Less accumulated depreciation	10b 2,384,296	10c	8,167,743
	11 Investments—publicly traded securities	15,699,429	11	15,272,796
	12 Investments—other securities See Part IV, line 11	1,094,807	12	1,217,243
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	459,593	15	756,047
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,610,742	16	30,931,244	
Liabilities	17 Accounts payable and accrued expenses	2,994,850	17	2,618,913
	18 Grants payable		18	
	19 Deferred revenue	3,958,971	19	4,355,213
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	427,763	21	428,204
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,500,000	23	3,368,744
	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	459,593	25	756,047
	26 Total liabilities. Add lines 17 through 25	11,341,177	26	11,527,121
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		17,269,565	27	19,404,123
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	17,269,565	33	19,404,123	
34 Total liabilities and net assets/fund balances	28,610,742	34	30,931,244	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,162,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,201,908
3	Revenue less expenses Subtract line 2 from line 1	3	960,690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,269,565
5	Net unrealized gains (losses) on investments	5	1,051,432
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	122,436
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,404,123

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

Form **990** (2013)

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.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Name of organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

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

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

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

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

- | | | |
|---|-----------|------------------|
| 1 Dues, assessments and similar amounts from members | 1 | 4,317,266 |
| 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 | 468,634 |
| b Carryover from last year | 2b | -69,246 |
| c Total | 2c | 399,388 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 473,282 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | -73,894 |

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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

Employer identification number

TENNESSEE HOSPITAL ASSOCIATION**62-0534232****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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	
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 8/17/06, 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, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in 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" to 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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	9,257,159
1d	457,502,444
1e	454,918,548
1f	11,841,055

2a Did the organization include an amount on Form 990, Part X, line 21?

☒ 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" to Form 990, Part IV, line 10

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in 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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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" to 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		6,739,880	934,499	5,805,381
c Leasehold improvements				
d Equipment		2,467,359	1,449,797	1,017,562
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				8,167,743

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RETIREMENT LIABILITY	756,047
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	756,047

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,936,466
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,051,432
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	122,436
e	Add lines 2a through 2d	2e	1,173,868
3	Subtract line 2e from line 1	3	13,762,598
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	-600,000
c	Add lines 4a and 4b	4c	-600,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,162,598

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

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

1	Total expenses and losses per audited financial statements	1	12,801,908
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	600,000
e	Add lines 2a through 2d	2e	600,000
3	Subtract line 2e from line 1	3	12,201,908
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,201,908

Part XIII Supplemental Information

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

PART IV, LINE 1B - EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

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

PART X - FIN 48 FOOTNOTE

THE ASSOCIATION RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING

Part XIII Supplemental Information (continued)

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 (2010-2012), OR EXPECTED TO BE TAKEN IN THE ASSOCIATION'S 2013 TAX RETURNS. THE ASSOCIATION IDENTIFIES ITS MAJOR TAX JURISDICTIONS AS THE U.S. FEDERAL AND THE STATE OF TENNESSEE. HOWEVER, THE ASSOCIATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ASSOCIATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. THE ASSOCIATION IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
INCOME FROM THA SOLUTIONS GROUP, INC. & SUBSIDIARY, A NON-
EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY

METHOD	\$	122,436
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PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

REVENUE SHARE INCLUDED IN SCHEDULE D PART XII LINE 2D	\$	-600,000
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PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B	\$	600,000
--	----	---------

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number
62-0534232

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BAPTIST MEMORIAL HEALTHCARE 350 N HUMPHREYS BLVD MEMPHIS TN 38120	62-0123940	3	108,929				ENROLLMENT GRANT
(2)	BLOUNT MEMORIAL HOSPITAL 907 E LAMAR ALEXANDER PKWY MARYVILLE TN 37804	62-0505512		43,894				ENROLLMENT GRANT
(3)	CAPELLA HEALTHCARE 501 CORPORATE CENTRE DRIVE FRANKLIN TN 37067			62,370				ENROLLMENT GRANT
(4)	COOKEVILLE REGIONAL MED CTR FDTN 1 MEDICAL CENTER BOULEVARD COOKEVILLE TN 38501	62-6002166	3	37,056				ENROLLMENT GRANT
(5)	COPPER BASIN MEDICAL CENTER 144 MEDICAL CENTER DRIVE COPPERHILL TN 37317	62-1448752	3	11,280				HCA HPS GRANT
(6)	COVENANT HEALTH 100 FORT SANDERS WEST BLVD KNOXVILLE TN 37922	62-1646734	3	275,196				ENROLLMENT GRANT
(7)	CUMBERLAND MEDICAL CENTER 421 S. MAIN STREET CROSSVILLE TN 38555	62-0790132	3	24,259				ENROLLMENT GRANT
(8)	CUMBERLAND RIVER HOSPITAL 100 OLD JEFFERSON ST. CELINA TN 38551	20-4992681	3	9,500				CAH HOSPITAL GRANT
(9)	ERLANGER BLED SOE 975 E. 3RD ST CHATTANOOGA TN 37403	62-6000101	3	109,874				ENROLLMENT GRANT

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

▶ 22

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

▶ 16

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

Schedule I (Form 990) (2013)

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

62-0534232

TENNESSEE HOSPITAL ASSOCIATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ENROLL AMERICA 1001 G ST NW, 8TH FLOOR WASHINGTON DC 20001	27-1661221	3	125,000				ENROLLMENT GRANT
(2)	HARDIN COUNTY GENERAL HOSPITAL 935 WAYNE ROAD SAVANNAH TN 38372	62-6002428	3	15,198				ENROLLMENT GRANT
(3)	HEALTH MANAGEMENT ASSOCIATES 5811 PELICAN BAY BLVD STE 500 NAPLES FL 34108			220,369				ENROLLMENT GRANT
(4)	HENRY COUNTY MEDICAL CENTER 301 TYSON AVE P.O. BOX 1030 PARIS TN 38242	62-6007078		15,071				ENROLLMENT GRANT
(5)	HOUSTON COUNTY MEDICAL CENTER 5001 E MAIN ST ERIN TN 37061	42-2490116		5,825				SUPPORT GRANT
(6)	WEST TENNESSEE HEALTHCARE 620 SKYLINE DRIVE JACKSON TN 38301	62-6010402	3	125,720				ENROLLMENT GRANT
(7)	JELICO COMMUNITY HOSPITAL 188 HOSPITAL LANE JELICO TN 37762	62-0924706		11,060				ENROLLMENT GRANT
(8)	JOHNSON COUNTY COMMUNITY HOSPITAL 1901 SOUTH SHADY ST MOUNTAIN CITY TN 37683	62-0476282	3	7,500				CAH HOSPITAL GRANT
(9)	LAUDERDALE COMMUNITY HOSPITAL 326 ASBURY AVENUE RIPLEY TN 38063	27-0560527		23,198				PSO SUPPORT

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

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

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

DAA

Schedule I (Form 990) (2013)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LIFEPOINT HOSPITALS 330 SEVEN SPRINGS WAY NASHVILLE TN 37027			131,495				ENROLLMENT GRANT
(2)	LINCOLN MEDICAL CENTER 106 MEDICAL CENTER BLVD FAYETTEVILLE TN 37334	62-6000718		15,514				ENROLLMENT GRANT
(3)	MACON COUNTY GENERAL HOSPITAL 204 MEDICAL DRIVE LAFAYETTE TN 37083	62-0988604	3	40,650				CAH HOSPITAL GRANT
(4)	MARSHALL MEDICAL CENTER 1080 N ELLINGTON PKWY LEWISBURG TN 37091	62-1590713	3	7,500				CAH HOSPITAL GRANT
(5)	MAURY REGIONAL HOSPITAL 1224 TROTWOOD AVE COLUMBIA TN 38401	62-6002623	3	57,120				ENROLLMENT GRANT
(6)	MEMORIAL HEALTH CARE SYSTEM 2525 DE SALES AVE CHATTANOOGA TN 37404	62-0532345		57,969				ENROLLMENT GRANT
(7)	MOUNTAIN STATES HEALTH ALLIANCE 303 MED TECH PARKWAY, SUITE 300 JOHNSON CITY TN 37604	62-0476282	3	135,993				ENROLLMENT GRANT
(8)	NASHVILLE GENERAL HOSPITAL 1818 ALBION ST NASHVILLE TN 37208			92,412				ENROLLMENT GRANT
(9)	NORTHCREST MEDICAL CENTER 100 NORTHCREST DR SPRINGFIELD TN 37172	62-0146595		24,455				ENROLLMENT GRANT

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

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

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

DAA

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

62-0534232

TENNESSEE HOSPITAL ASSOCIATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REGIONAL MEDICAL CENTER 877 JEFFERSON AVE MEMPHIS TN 38103	62-1113169	3	82,765				ENROLLMENT GRANT
(2)	SAINT THOMAS HEALTH SERVICES 4220 HARDING ROAD NASHVILLE TN 37205	58-1716804	3	157,054				ENROLLMENT GRANT
(3)	ST. JUDE CHILDREN'S RESEARCH HOSP 262 DANNY THOMAS PLACE MEMPHIS TN 38105	62-0646012	3	28,197				ENROLLMENT GRANT
(4)	ST. FRANCIS HOSPITAL 5959 PARK AVE MEMPHIS TN 38119	75-2522262		94,281				ENROLLMENT GRANT
(5)	SWEETWATER HOSPITAL ASSOCIATION 304 CHURCH ST SWEETWATER TN 37874	62-0544855	3	23,052				ENROLLMENT GRANT
(6)	TROUSDALE MEDICAL CENTER 500 CHURCH STREET HARTSVILLE TN 37074	27-2618876	3	15,900				HCA HPS GRANT
(7)	UNITED REGIONAL MEDICAL CENTER 1001 MCARTHUR ST MANCHESTER TN 37355	46-0485169		11,076				ENROLLMENT GRANT
(8)	UNIVERSITY OF TN MEDICAL CENTER 1924 ALCOA HWY KNOXVILLE TN 37920	31-1626179		67,711				ENROLLMENT GRANT
(9)	VANDERBILT UNIV. MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE TN 37232	62-0476822		70,423				ENROLLMENT GRANT

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

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

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

DAA

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WELLMONT HANCOCK CO. HOSP. 1519 MAIN STREET SNEEDVILLE TN 37869	62-1636465	3	18,000				SKILLCARE IMPL
(2)	WELLMONT HEALTH SYSTEM 1905 AMERICAN WAY KINGSPORT TN 37660	62-1636464	3	151,646				ENROLLMENT GRANT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

Schedule I (Form 990) (2013)

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

62-0534232

☐ Yes ☐ No

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

IN ADDITION TO FEDERAL A-133 AUDIT REQUIREMENTS, THE STATE OF TENNESSEE HAS

A SUBRECIPIENT MONITORING PROGRAM IN WHICH THA IS AUDITED AGAINST SPECIFIC

DELIVERABLES WITHIN THE TERMS AND CONDITIONS OF THE GRANT. ANOTHER WAY THE

PROGRAM MANAGER MONITORS THESE REPORTS IS THROUGH THE RECEIPT OF PROGRAM

EVALUATIONS BY INDEPENDENT PARTIES AND ON-SITE VISITS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☒ 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

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

3 Indicate which, if any, of the following the filing organization uses 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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

N/A

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 in 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG BECKER PRESIDENT	(i) 535,776 (ii) 0	188,385 0	31,357 0	297,757 0	15,117 0	1,068,392 0	0 0
2 MARY LAYNE VAN CLEAVE SECRETARY	(i) 238,803 (ii) 0	81,600 0	10,952 0	16,500 15,124	26,734 0	374,589 15,124	0 0
3 DAVID NEIGER TREASURER	(i) 117,643 (ii) 0	22,935 0	4,702 0	0 0	25,874 0	171,154 0	0 0
4 MIKE HUGGINS SENIOR EXEC V.P.	(i) 62,423 (ii) 0	13,751 0	238,446 295,171	30,000 0	16,001 0	360,621 295,171	0 530,208
5 BETH BERRY SENIOR V.P.	(i) 142,369 (ii) 0	27,694 0	780 0	0 0	12,151 0	182,994 0	0 0
6 PATRICIA CLARKE SENIOR V.P.	(i) 134,450 (ii) 0	26,158 0	5,838 0	0 0	12,083 0	178,529 0	0 0
7 DAVID MCCLURE SENIOR VP OF FINANCE	(i) 120,000 (ii) 0	24,694 0	5,811 0	0 0	25,987 0	176,492 0	0 0
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Part III Supplemental Information

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

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

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
SOCIAL CLUB	Y-NT
PERSONAL SERVICE	Y-TAX

PART III - OTHER ADDITIONAL INFORMATION

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PARTICIPANTS - CRAIG BECKER, MIKE HUGGINS, MARY LAYNE VANCELEAVE

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

Part II 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.

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

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.

BALANCE ON THE DATE OF DEATH.

**UPON THE OCCURRENCE OF AN "UNFORESEEABLE EMERGENCY", THE EMPLOYEE MAY
REQUEST FROM THE COMMITTEE A HARDSHIP DISTRIBUTION.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

TENNESSEE HOSPITAL ASSOCIATION

62-0534232

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THA HAS A HOSPITAL MEMBERSHIP BASE OF APPROXIMATELY 145 MEMBER HOSPITALS
AND HUNDREDS OF CORPORATE AND PERSONAL MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

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

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

SUPERVISOR. IF A DIRECTOR, DISCLOSURE SHALL BE MADE TO THE THA BOARD OF DIRECTORS. ALL OTHER POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED TO THA'S GENERAL COUNSEL."

~~ENFORCEMENT OF THE POLICY IS BEST STATED BY THE POLICY ITSELF WHICH READS:~~

"IN THE EVENT A LEGAL OR ETHICAL VIOLATION DOES OCCUR, VIOLATORS SHOULD EXPECT DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION, IF AN EMPLOYEE; REMOVAL, SUSPENSION OR RESCISSION, IF A DIRECTOR OR MEMBER; AND FINES, CIVIL AND CRIMINAL PROSECUTION, AND/OR IMPRISONMENT."

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL CEO AND COO POSITIONS - THA CONTRACTS WITH AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPENSATION PACKAGE OF THE CEO AND COO POSITIONS. AS PART OF THE ANNUAL REVIEW, THE COMPENSATION OF THESE POSITIONS ARE COMPARED TO OTHER STATE HOSPITAL ASSOCIATION CEOS AND COOS IN THE TOP TWENTY-FIVE (25) ASSOCIATIONS ACROSS THE COUNTRY. THE COMPARISONS ARE BASED UPON TOTAL STATE ASSOCIATION REVENUES, CONSIDERING THE AGGREGATE ASSOCIATION REVENUES, AS WELL AS THEIR SUBSIDIARY CORPORATION REVENUES. THE RESULTS OF THIS REVIEW ARE SENT TO THE THA CHAIRMAN. THE COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN, THE CHAIR-ELECT, AND THE IMMEDIATE PAST CHAIR THEN MEET TO DISCUSS THE RESULTS AND APPROVE THE COMPENSATION AND BENEFITS FOR THESE POSITIONS FOR THE UP COMING YEAR. MINUTES FOR THESE MEETINGS ARE PREPARED BY THE CEO AND MAINTAINED BY HIS EXECUTIVE SECRETARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THA CONTRACTS WITH A DIFFERENT INDEPENDENT CONSULTANT TO EVALUATE THE SALARY OF OTHER OFFICERS ON A THREE YEAR BASIS. THE CONSULTANT MATCHES EACH POSITION TO COMPARABLE POSITIONS IN SEVERAL SALARY SURVEYS TO

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION BOTH THE THA BYLAWS AND CODE OF BUSINESS CONDUCT ARE PROVIDED TO BOARD DIRECTORS AT THE BEGINNING OF THEIR TERM. BOTH ARE PUBLICLY AVAILABLE BY REQUEST. FINANCIAL STATEMENTS ARE PRESENTED QUARTERLY TO THE BOARD OF DIRECTORS AND AUDITED BY AN INDEPENDENT CPA FIRM ANNUALLY. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE BY VISITING GUIDESTAR.ORG OR BY CONTACTING THA DIRECTLY.

FORM 990, PART VII - RELATED ORGANIZATIONS

CRAIG BECKER, THE PRESIDENT, SPENDS AN ESTIMATED AVERAGE OF 5 HOURS A WEEK ON THA SOLUTIONS GROUP, INC., A RELATED ORGANIZATION. HE SPENDS AN ESTIMATED AVERAGE OF 6 HOURS A WEEK ON TENNESSEE HOSPITAL EDUCATION AND RESEARCH FOUNDATION, ANOTHER RELATED ORGANIZATION.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER INCOME FROM THA SOLUTIONS GROUP, INC. & SUBSIDIARY, A NON-EXEMPT 100% OWNED SUBSIDIARY ACCOUNTED FOR BY THE EQUITY

METHOD	\$	122,436
REVENUE SHARE INCLUDED IN SCHEDULE D PART XII LINE 2D	\$	600,000

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number

62-0534232**REVENUE SHARE INCLUDED ON SCHEDULE D PART XI LINE 4B****\$ -600,000**

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

TENNESSEE HOSPITAL ASSOCIATION

Employer identification number
62-0534232

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

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 5201 VIRGINIA WAY BRENTWOOD TN 37027 62-0712345	HEALTHCARE	TN	3	9	THA	X
(2)	TENNESSEE RURAL HEALTH RECRUITMENT 5201 VIRGINIA WAY BRENTWOOD TN 37027 20-3037016	RECRUITMEN	TN	3	9	THA	X
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2013

DAA

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) Dispro- portionate alloc ?		(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	
(1)												
(2)												
(3)												
(4)												

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 SOLUTIONS GROUP, INC. 5201 VIRGINIA WAY BRENTWOOD TN 37027 62-1102328	CONSULTING	TN	THA	C	1,388,650	4,510,939	100.000000	X	
(2)									
(3)									
(4)									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes No	
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

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				Method of determining amount involved	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)		
(1) TENNESSEE HOSPITAL EDUCATION AND	M	203,500			
(2) THA SOLUTIONS GROUP, INC.	A	17,667			
(3) TENNESSEE RURAL HEALTH RECRUITMENT	A	26,097			
(4)					
(5)					
(6)					

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII Supplemental Information

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. TENNESSEE HOSPITAL ASSOCIATION	Employer identification number (EIN) or 62-0534232
	Number, street, and room or suite no. If a P O box, see instructions 5201 VIRGINIA WAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRENTWOOD TN 37027	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID NEIGER, CFO
5201 VIRGINIA WAY

- The books are in the care of ► **BRENTWOOD**

TN 37027

Telephone No ► **615-256-8240**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☒ calendar year **2013** or

► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.