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Form 990

Department of the TreasuryInternal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Tucson Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

5301 E Grant Road

City or town, state or province, country, and ZIP or foreign postal code

Tucson, AZ 85712

F Name and address of principal officer:

Judith Rich

5301 E Grant Road

Tucson, AZ 85712

D Employer identification number

86-0137567

E Telephone number

(520) 324-4461

G Gross receipts \$ 622,530,770

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) () ◀(insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ www.tmcaz.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1943

M State of legal domicile: AZ

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

Tucson Medical Center's mission is to deliver caring, personalized, quality healthcare to patients and their families in an environment that is supportive, education-focused and compassionate.

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)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

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

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

Expenses

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

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

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

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶311,175

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

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.

Signature of officer

Steve Bush CFO

Type or print name and title

2020-10-30

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

☐ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Tucson Medical Center's mission is to deliver caring, personalized, quality healthcare to patients and their families in an environment that is supportive, education-focused and compassionate.

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 \$ 500,206,403 including grants of \$) (Revenue \$ 615,071,455)
See Additional Data




















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

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

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

4e Total program service expenses ▶ 500,206,403

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|------------|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | No |
| 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 | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | No |
| 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | No |
| 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 | 33 | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 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 | 36 | Yes |
| 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 | 37 | No |
| 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. | 38 | Yes |

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 | 437 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 20 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 15 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 12 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AZ**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
► Steve Bush 5301 E Grant Road Tucson, AZ 85712 (520) 324-2113

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 ☐

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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|--|---|-----------|--|-----------|
| 1b Sub-Total | ▶ | | | |
| c Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d Total (add lines 1b and 1c) | ▶ | 8,596,825 | | 1,098,504 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 223

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Old Pueblo Anesthesia 2810 N Swan Road Suite 100 Tucson, AZ 85712 | Medical Services | 4,422,181 |
| Praxis Healthcare Solutions LLC, 5800 Tennyson Parkway Suite 350 Plano, TX 75024 | Consulting | 2,856,380 |
| Neurological Associates of Tucson 2450 E River Road Tucson, AZ 85718 | Medical Services | 1,812,897 |
| Arizona Inpatient Medicine Associates LLC 7383 E Tanque Verde Road Tucson, AZ 85715 | Medical Services | 1,595,083 |
| TOI SLA LLC 5301 E Gramt Rd Tucson, AZ 85712 | Medical Services | 1,571,770 |

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 ▶ 69

| | | | | | | | | | | | | | |
|---|--|-----|----------------|---------------|-------------|-------------|-------------|--|-----------|--------------------------|---|----------------------------------|---|
| Form 990 (2019) | | | | | | | | | | Page 9 | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | <input type="checkbox"/> | | | |
| | | | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | | 1a | | | | | | | | | | |
| | b Membership dues | | 1b | | | | | | | | | | |
| | c Fundraising events | | 1c | | | | | | | | | | |
| | d Related organizations | | 1d | | | | | | | | | | |
| | e Government grants (contributions) | | 1e | | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 85,633 | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | | 1g | | | | | | | | | | |
| | h Total. Add lines 1a-1f | | 85,633 | | | | | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | | | | | |
| | 2a Net Patient Services | | 900099 | 597,654,611 | | 597,654,611 | | | | | | | |
| | b | | | | | | | | | | | | |
| | c | | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| | e | | | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | | | |
| | g Total. Add lines 2a-2f | | 597,654,611 | | | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,794,686 | | 230,388 | | | | 3,564,298 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | | | | | | | |
| | 5 Royalties | | | 0 | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | |
| | 6a Gross rents | | 6a | 3,579,843 | | | | | | | | | |
| | b Less: rental expenses | | 6b | 2,195,247 | | | | | | | | | |
| | c Rental income or (loss) | | 6c | 1,384,596 | | | | | | | | | |
| | d Net rental income or (loss) | | | | 1,384,596 | | | | 1,384,596 | | | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 7a | | 4,000 | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | 7b | | 865,499 | | | | | | | | |
| | c Gain or (loss) | | 7c | | -861,499 | | | | | | | | |
| | d Net gain or (loss) | | | | -861,499 | | | | -861,499 | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | | | | | | | |
| | b Less: direct expenses | | 8b | | | | | | | | | | |
| | c Net income or (loss) from fundraising events | | | | 0 | | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | 5,270,140 | | | | | | | | | |
| | b Less: direct expenses | | 9b | 3,666,983 | | | | | | | | | |
| | c Net income or (loss) from gaming activities | | | | 1,603,157 | | | | 1,603,157 | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | 10a | | | | | | | | | | |
| b Less: cost of goods sold | | 10b | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | 0 | | | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | | | | | | |
| 11a Food Service | | | 722210 | | 3,378,676 | | 3,378,676 | | | | | | |
| b Misc Revenue | | | 900099 | | 5,444,420 | | 5,444,420 | | | | | | |
| c Pharmacy | | | 446110 | | 3,318,761 | | 3,318,761 | | | | | | |
| d All other revenue | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d | | | | | 12,141,857 | | | | | | | | |
| 12 Total revenue. See instructions | | | | | 615,803,041 | | 610,026,856 | | 5,690,552 | | | | |

Form 990 (2019)

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 ☐

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 7,615,542 | 7,615,542 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 8,264,913 | 4,425,465 | 3,528,273 | 311,175 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 220,266,993 | 185,621,251 | 34,645,742 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 5,105,074 | 4,302,098 | 802,976 | |
| 9 Other employee benefits | 18,070,794 | 15,229,585 | 2,841,209 | |
| 10 Payroll taxes | 16,106,976 | 13,573,513 | 2,533,463 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 5,500,963 | 4,635,718 | 865,245 | |
| b Legal | 996,423 | 847,577 | 148,846 | |
| c Accounting | 4,742,161 | | 4,742,161 | |
| d Lobbying | 11,700 | 11,700 | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 40,284,959 | 37,124,089 | 3,160,870 | |
| 12 Advertising and promotion | 3,559,664 | 2,996,887 | 562,777 | |
| 13 Office expenses | 7,176,486 | 2,839,984 | 4,336,502 | |
| 14 Information technology | 10,143,765 | 1,008,620 | 9,135,145 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 23,268,293 | 13,840,075 | 9,428,218 | |
| 17 Travel | 336,333 | 283,431 | 52,902 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 1,439,811 | 1,218,980 | 220,831 | |
| 20 Interest | 4,133,719 | | 4,133,719 | |
| 21 Payments to affiliates | 7,564,867 | 7,564,867 | | |
| 22 Depreciation, depletion, and amortization | 31,634,762 | 21,324,967 | 10,309,795 | |
| 23 Insurance | 6,604,862 | 5,565,985 | 1,038,877 | |
| 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 Medical Supplies | 141,904,151 | 141,904,151 | | |
| b Bad Debt | 15,368,255 | 15,368,255 | | |
| c Hospital Assessment | 12,903,663 | 12,903,663 | | |
| d | | | | |
| e All other expenses | 0 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 593,005,129 | 500,206,403 | 92,487,551 | 311,175 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | | 19,450,653 | 1 | 8,635,966 | |
| | 2 | Savings and temporary cash investments | | 9,504,590 | 2 | 25,408,914 | |
| | 3 | Pledges and grants receivable, net | | | 3 | 0 | |
| | 4 | Accounts receivable, net | | 75,573,905 | 4 | 79,373,860 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | 0 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | 0 | |
| | 7 | Notes and loans receivable, net | | | 7 | 0 | |
| | 8 | Inventories for sale or use | | 31,247,403 | 8 | 36,265,794 | |
| | 9 | Prepaid expenses and deferred charges | | 20,148,891 | 9 | 19,755,782 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 452,514,948 | | | |
| | b | Less: accumulated depreciation | 10b | 248,126,335 | 212,539,017 | 10c | 204,388,613 |
| | 11 | Investments—publicly traded securities | | 69,641,109 | 11 | 88,278,403 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | 0 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | 0 | |
| | 14 | Intangible assets | | | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | | 21,765,815 | 15 | 22,532,259 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 459,871,383 | 16 | 484,639,591 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 53,871,646 | 17 | 54,675,591 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 130,295,589 | 20 | 132,594,771 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 14,955,653 | 23 | 9,328,301 | |
| | 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 | | 5,619,271 | 25 | 6,895,611 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 204,742,159 | 26 | 203,494,274 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 255,129,224 | 27 | 281,145,317 | |
| | 28 | Net assets with donor restrictions | | | 28 | | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| 32 | Total net assets or fund balances | | 255,129,224 | 32 | 281,145,317 | | |
| 33 | Total liabilities and net assets/fund balances | | 459,871,383 | 33 | 484,639,591 | | |

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 | 615,803,041 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 593,005,129 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 22,797,912 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 255,129,224 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,450,598 |
| 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 | -232,417 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 281,145,317 |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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. | Yes | |
| 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? | | No |
| 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. | | |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 86-0137567
Name: Tucson Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

Governed by a volunteer community board of trustees, Tucson Medical Center is closely tied to and focused on the community. Tucson Medical Center is dedicated to delivering "caring, personalized, quality healthcare to patients and their families in an environment that is supportive, education-focused and compassionate." Improving the healthcare of the community is the core intent of all our efforts and the basis of our mission. Earnings are used to improve our facility, patient care, medical education, training and research. TMC provides care to those with acute health care needs regardless of their ability to pay for the services needed. Likewise, Tucson Medical Center provides extensive outpatient clinical services such as laboratory, radiology and therapies to name a few. Many of these services are provided to patients who are unable to pay for services. TMC also participates in the Pima Community Access Program that provides access to health services at significant discounts to low income families. Unpaid Costs: TMC provides services to patients covered by AHCCCS and other public programs for low income people. This is the shortfall created when a facility receives payments that are less than the cost of caring for public-program beneficiaries. Uncompensated Cost of Care for Charity Care and Bad Debt: Charity care is free or discounted health services provided to people who can demonstrate that they do not have the means to pay the full cost of care and who meet the organizations financial-assistance policy criteria. Bad debt consists of services for which the hospital anticipated but did not receive payment. For purposes of community benefit reporting, charity care and bad debt are reported in terms of costs, not charges. For more information about TMCs charity care policy, visit www.tmc.az.com. Outreach & Education: This figure includes community benefit programs and activities that provide treatment or promote health and healing as a response to identified community needs. These programs and activities help improve access to health care services, enhance the health of the community and advance medical knowledge. DISCOUNTS FOR UNINSURED PATIENTS Self-pay patients who do not have health insurance are not in the same position as insurance companies to negotiate reduced rates. In an effort to address this disparity, TMC reduces a patients bill by half if the patient is without any insurance coverage. Depending on a patients income, other discounts may apply as part of the TMC Community Care program. Please see our website to view our full Report to the Community: www.tmc.az.com

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Judith Rich CEO/Trustee | 40.00 1.00 | X | | X | | | | 1,489,238 | 0 | 56,579 |
| Karen Mlawsky Vice President | 40.00 0.00 | | | X | | | | 974,433 | 0 | 2,439 |
| Steve Bush CFO | 40.00 1.00 | | | X | | | | 651,238 | 0 | 115,795 |
| Rick Alan Anderson Vice President | 40.00 1.00 | | | X | | | | 636,921 | 0 | 90,341 |
| Timothy Alan Hartin CLO | 40.00 1.00 | | | X | | | | 490,965 | 0 | 96,961 |
| Frank Marini Vice President | 40.00 0.00 | | | X | | | | 529,518 | 0 | 46,902 |
| Maureen Coomler Vice President | 40.00 0.00 | | | X | | | | 381,685 | 0 | 113,276 |
| Iftequar Siddiqui Physician | 40.00 0.00 | | | | | | | 426,458 | 0 | 55,908 |
| Alexander Horvath Vice President | 40.00 1.00 | | | X | | | | 350,191 | 0 | 102,637 |
| Mohamed Amr Shahin Physician | 40.00 0.00 | | | | | | | 378,755 | 0 | 33,955 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joel Venderford | 40.00 | | | | | | | 355,509 | 0 | 28,539 |
| Physician | 0.00 | | | | | | | | | |
| Mufutau Akinbile | 40.00 | | | | | | | 346,142 | 0 | 36,710 |
| Physician | 0.00 | | | | | | | | | |
| Albert Wankel | 40.00 | | | | | | | 318,550 | 0 | 61,301 |
| Physician | 0.00 | | | | | | | | | |
| Julia Strange | 40.00 | | | X | | | | 298,636 | 0 | 64,226 |
| Vice President | 0.00 | | | | | | | | | |
| Richard Prevallet | 1.00 | | | X | | | | 262,173 | 0 | 63,939 |
| Vice President | 40.00 | | | | | | | | | |
| Michael Duran | 1.00 | | | X | | | | 258,643 | 0 | 20,216 |
| Vice President | 40.00 | | | | | | | | | |
| Susan Willis | 40.00 | | | X | | | | 227,374 | 0 | 43,941 |
| Vice President | 0.00 | | | | | | | | | |
| Joy Upshaw | 40.00 | | | X | | | | 138,665 | 0 | 35,005 |
| Vice President | 0.00 | | | | | | | | | |
| Amy Beiter | 40.00 | | | X | | | | 81,731 | 0 | 29,834 |
| Vice President | 0.00 | | | | | | | | | |
| Arnie Aros | 1.00 | X | | | | | | 0 | 0 | 0 |
| Trustee | 0.00 | | | | | | | | | |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Clifford Martin Trust/COS | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Dr Jay A Katz MD Trustee | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| Alan K Rogers MD Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Louise L Francesconi Trustee/Chair | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Gay Tosch Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Stephen G Eggen Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| John R Young Trustee | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| Eric Anctil MD Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| David Cohen Trustee | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| Ira H Rosenberg Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Steven Siwik MD Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Gayle Dean MD Trustee | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Beckie Torrey Trustee | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Tucson Medical Center

Employer identification number
86-0137567

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|--|----------|----------|----------|----------|----------|-----------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

| Section B. Total Support | | | | | | | |
|--|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|----|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 1 | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 2 | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 3a | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3b | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 3c | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 4a | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4b | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 4c | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5a | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5b | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 6 | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 7 | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9a | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10a | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| 10b | | |

Part IV

Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 86-0137567
Name: Tucson Medical Center

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|---|
| Name of the organization Tucson Medical Center | Employer identification number 86-0137567 |
|---|---|

Part I-A

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

| | | |
|----------|---|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | ▶ \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

Part I-B

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

| | | |
|-----------|---|---|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | |
| Not over \$500,000 | 20% of the amount on line 1e. | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | |
| Over \$17,000,000 | \$1,000,000. | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 11,700 |
| j | Total. Add lines 1c through 1i | | | 11,700 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| 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? | | No | |

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

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

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 | |
| 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 | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 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 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Part II-B, Line 1i - Other Activities Description | Membership in Arizona Hospital and Healthcare Association - a portion of the dues are designated as lobbying. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Tucson Medical Center

Employer identification number
86-0137567

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | 19,731,732 | | 19,731,732 |
| b | Buildings | 199,629,097 | 90,767,188 | 108,861,909 |
| c | Leasehold improvements | 11,250,338 | | 11,250,338 |
| d | Equipment | 215,574,567 | 153,372,546 | 62,202,021 |
| e | Other | 6,329,214 | 3,986,601 | 2,342,613 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | 204,388,613 |

Part VII

Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (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' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 6,895,611 |

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

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

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

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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

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

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 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 | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

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

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 86-0137567
Name: Tucson Medical Center

Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Part X : FIN48 Footnote | Income taxes: TMC Healthcare, TMC, TMC Medical Network, TMC One, the Foundation, SAHA, Benson Hospital and TMC Holdings, Inc. are tax-exempt corporations as described under Section 501 of the Internal Revenue Code; however, they are subject to federal and state income tax on any unrelated business taxable income. GLPIC is a foreign corporation organized under the laws of the Cayman Islands, British West Indies, and is, therefore, not subject to income tax. Security Services, SMH, AzCC and HCSDC are for-profit corporations but did not have taxable operations that were significant to the consolidated financial statements in 2019 or 2018. Certain taxable corporations have net operating loss carryforwards. At December 31, 2019 and 2018, the related deferred tax asset is fully allowed for due to the uncertainty regarding the ability of these corporations to realize such assets in future periods. Management has reviewed the Company's tax positions for all open tax years and has concluded that no material liabilities exist as of December 31, 2019 or 2018. Management files the Company's tax returns in the U.S. federal jurisdiction. The Company is no longer subject to U.S. federal examinations by tax authorities for years before 2015. |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|---|--|--|--|--|
| | | | | | |
| Direct Expenses | 1 Gross revenue | | | 5,270,140 | 5,270,140 |
| | 2 Cash prizes | | | 1,440,220 | 1,440,220 |
| | 3 Noncash prizes | | | 946,352 | 946,352 |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | 1,280,411 | 1,280,411 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 3,666,983 |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 1,603,157 |

9 Enter the state(s) in which the organization conducts gaming activities: AZ

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.000 % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ►

Address ► 1850 N Central Ave Suite 400 Phoenix, AZ 85004

16 Gaming manager information:

Name ► Eide Bailly

Gaming manager compensation ► \$

Description of services provided ► Ran entire event

☐ Director/officer

☐ Employee

☒ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Tucson Medical Center

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
86-0137567

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|----|--|-----|-----|
| | | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes |
| b | If "Yes," was it a written policy? | 1b | Yes |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a | Yes |
| | | 3b | Yes |
| | | 4 | Yes |
| | | 5a | Yes |
| | | 5b | No |
| | | 5c | No |
| | | 6a | Yes |
| | | 6b | Yes |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 7,450,802 | | 7,450,802 | 1.260 % |
| b Medicaid (from Worksheet 3, column a) | | | 55,197,637 | | 55,197,637 | 9.310 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 62,648,439 | | 62,648,439 | 10.570 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 1,624,512 | | 1,624,512 | 0.270 % |
| f Health professions education (from Worksheet 5) | | | 393,690 | | 393,690 | 0.070 % |
| g Subsidized health services (from Worksheet 6) | | | 136,411 | | 136,411 | 0.020 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 291,054 | | 291,054 | 0.050 % |
| j Total. Other Benefits | | | 2,445,667 | | 2,445,667 | 0.410 % |
| k Total. Add lines 7d and 7j | | | 65,094,106 | | 65,094,106 | 10.980 % |

Part II

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | 430,400 | | 430,400 | 0.070 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 1,454,789 | | 1,454,789 | 0.250 % |
| 9 Other | | | | | | |
| 10 Total | | | 1,885,189 | | 1,885,189 | 0.320 % |

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

1

Yes

No

2

37,098,998

3

5

145,903,890

6

131,334,654

7

14,569,236

9a

Yes

No

9b

Yes

No

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

6

Enter Medicare allowable costs of care relating to payments on line 5

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☒ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9a

Yes

No

9b

Yes

No

Part IV **Management Companies and Joint Ventures**

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------------------------|---|--|--|---|
| 1 TMC Cardiac & Cardiothoraci | Management of Cardiac Svcs | 32.143 % | | 67.857 % |
| 2 TMC Neuroscience Mgmt LLC | Manage Neuro Svcs | 32.500 % | | 67.500 % |
| 3 TMC Vascular Surgery Mgmt | Manage Vascular Services | 29.825 % | | 70.175 % |
| 4 TMC General Surgery & Urolo | Mge General Surg & Urology | 30.000 % | | 70.000 % |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
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| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Schedule H (Form 990) 2019

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

| | Yes | No |
|---|------------|-----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>tmcaz.com</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.tmcaz.com</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | Yes |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | | |
|---|---|----|-----|----|
| Name of hospital facility or letter of facility reporting group | | | Yes | No |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 % | | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c | <input checked="" type="checkbox"/> Asset level | | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | | |
| e | <input checked="" type="checkbox"/> Insurance status | | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g | <input type="checkbox"/> Residency | | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 | Yes | |
| a | <input type="checkbox"/> The FAP was widely available on a website (list url): | | | |
| b | <input type="checkbox"/> The FAP application form was widely available on a website (list url): | | | |
| c | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): | | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections****Name of hospital facility or letter of facility reporting group** _____

| | Yes | No |
|--|---------------|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): | | |
| a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | |
|--|---------------|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 Yes | |
| If "No," indicate why: | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | No |
| 24 | | No |

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part I, Line 6a - Related Organization Community Benefit Report | The 2018 Report to our Community is available on the organization's website. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense | Bad debt expense is based on our historical collection percentage of gross revenue less deductions for contractals, charity care and self pay accounts. The value for this line is from Form CMS-2552-10 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit | Bad debt expense is not included in our community benefit. Only the direct deductions for charity care are included. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | <p>Patients are interviewed on admission to see if they may qualify for financial assistance. There is a notice on our statements advising patients to call our Patient Financial Services department to see if they qualify and patients with past due balances are sent a letter advising them of the availability of assistance before they are sent to collections. Bad Debt policy states charity accounts are to be returned from Bad Debt and all the necessary financial information is reviewed and the appropriate adjustments are made according to the policy.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|------------------------------------|-------------------------------------|
| Part VI, Line 2 - Needs Assessment | Please see attached PDF titled CHNA |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 3 - Patient Education of Eligibility for Assistance | Patients are interviewed on admission to determine if they may qualify for financial assistance. There is a notice on our statements advising patients to call our Patient Financial Services department to see if they qualify and patients with past due balances are sent a letter advising them of the availability of assistance before they are sent to collections. |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 - Community Information | <p>I. PIMA COUNTY GEOGRAPHY, DEMOGRAPHICS AND SOCIAL STATISTICSNote: With the exception of the Primary Care Area Statistical Area data, much of the following geography, demographic and social statistics profile was provided for use in this assessment courtesy of the Pima County Health Department on Dec. 14, 2011.</p> <p>Geography and History:Pima County, located in Southern Arizona, is adjacent to six other Arizona counties and shares an international border with Mexico. The counties are Cochise to the east, Graham to the northeast, Maricopa to the north, Pinal to the north, Santa Cruz to the southeast, and Yuma to the west. The international border to the south is with the State of Sonora, Mexico. The border is approximately 123 miles long, with approximately 62 miles of that border located on Tohono Oodham Nation land. Ports of entry are Sasabe, AZ (Sasabe, Sonora Mexico) and Lukeville, AZ (Sonoyta, Sonora Mexico).Pima County, the second largest of the four original Arizona counties, was created in 1864 and included approximately all of Southern Arizona acquired from Mexico by the Gadsden Purchase.</p> <p>Settlement of the region goes back to the arrival of the Spanish, in the 1690s, who encountered indigenous people already living there.Around the middle of the 18th century, silver and gold were discovered and prospectors from Mexico entered the area in droves. The latter part of the century saw an expansion of mining and ranching in Pima County and an increase in population.The Royal Presidio de San Augustn del Tucson was completed by 1781, and it remained the northern-most outpost of Mexico until the arrival of American soldiers in 1856. From a population of 395 in 1820, Tucson has grown to become the second largest city in Arizona. It has always served as the Pima County seat and was the Arizona Territorial capital from 1867 to 1877. Just south of Tucson is the Mission of San Xavier del Bac, founded in 1697 by Father Kino and is still in use today.Although greatly reduced from its original size, Pima County still covers 9,184 square miles. It ranges in elevation from 1,200 feet to the 9,185-foot peak of Mount Lemmon. Within Pima County are two cactus forests Saguaro National Park to the northeast and Organ Pipe Cactus National Monument in the southwest.</p> <p>People:Pima County at a Glance, 2010Population: 980,263Unemployment (Tucson, December 2010): 8.7%Median household income: \$45,885Families living below poverty: 22.8%Individuals living below poverty: 18.9%Foreign born: 13.2%Speak language other than English at home: 28.0%Unemployment:According to 2010 Primary Care Area (PCA) Statistical Profiles, Pima County has an unemployment rate of 8.7 percent, lower than the state rate of 9.5 percent. The PCAs with the higher percentages of unemployment than the county are the following: Ajo, Arivaca, Pascua Yaqui, Tanque Verde, Tohono Oodham Nation, Tucson Central, Tucson East, Tucson North Central, Tucson Southeast, and Tucson Southwest.PCA Statistical Profiles also provide the percentage of population that falls below 200 percent of the Federal Poverty Level as reported by the U.S. Census American Community Survey from 2005-2009. The state percentage is 49.2, lower than the Pima County rate of 51.7. PCAs that had higher percentages of the population below 200 percent of the Federal Poverty Level are Ajo, Marana, Pascua Yaqui, Tohono Oodham Nation, Tucson Central, Tucson East Central, Tucson East, Tucson North Central, Tucson Southeast, Tucson Southwest and Tucson West.</p> <p>Pima County Population, 2010Race/EthnicityWhite: 87.6%Black American: 4.0%Native American : 3.6%Asian or Pacific Islander: 2.7%Other: 2.1%Hispanic Heritage: 33.7%AgeUnder 5 years: 6.9%5 to 9 years: 12.8%10 to 14 years: 6.5%15 to 19 years: 6.9%20 to 24 years: 6.9%25 to 34 years: 14.3%35 to 44 years: 12.5%45 to 54 years: 13.7%55 to 59 years: 6.1%60 to 64 years : 5.3%65 years or older: 14.7%Median age36.8Educational Attainment, among residents 25 years or olderHigh school graduate or higher: 86.4%Bachelors degree or higher: 29.0%Within Pima County, there are two American Indian Reservations the Tohono Oodham Nation and the Pascua Yaqui Tribe and Reservation. The Tohono Oodham Nation is located in the western portion of Pima County and has a total land mass of 4,453 square miles including the San Xavier Indian Reservation. The resident population of the entire Tohono Oodham Nation was 10,787 according to the Year 2000 Census. The San Xavier Indian Reservation is the smaller eastern section of the Tohono Oodham Indian Reservation, and it lies in the southwestern part of the Tucson metropolitan area and consists of 111 square miles of land area. San Xavier has a 2000 census resident population of 2,053 persons. Sells is the capital of the Nation with a population of 2,799, or 26 percent of the Tohono Oodham population. Total tribal enrollment is estimated to be 23,890.The Pascua Yaqui Tribe and Reservation is located in the southwestern part of the Tucson metropolitan area</p> |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 - Community Information | <p>ea and adjacent to San Xavier Indian Reservation. The Pascua Yaqui Reservation has a land area of less than 1.9 square miles, and a 2000 census resident population of 3,315 persons . Total tribal enrollment is estimated to be 6,136 members.Economics:The American Indian r eservations account for ownership of 42.1 percent of land located in Pima County. The stat e of Arizona owns 14.9 percent; the U.S. Forest Service and Bureau of Land Management, 12. 1 percent; other public lands, 17.1 percent; and individual or corporate ownership, 13.8 p ercent.Pima County has an Urban Enterprise Zone that includes all of the City of South Tuc son, central Tucson, portions of Marana, Sahuarita, parts of Pima County and parts of the Tohono Oodham Nation and Pascua Yaqui Indian Reservation. These Urban Enterprise Zones are designated to help encourage economic development in distressed neighborhoods through tax and regulatory relief to investors willing to launch businesses in the area. Pima County is also home to 15 designated Colonias. In Arizona, Colonias encompass all types of commun ities that meet the federal definition of lacking sewer, wastewater removal, decent housin g or other basic services.Davis-Monthan (D-M) Air Force Base borders the southeastern edge of the City of Tucson and falls within the city limits of Tucson. The Base occupies appro ximately 16.6 square miles of land. The land occupied by D-M is owned by the United States Air Force, the State of Arizona, the City of Tucson and several private owners. The 355th Fighter Wing is the host unit providing medical, logistical and operational support to al l D-M units. The wing's mission is to train A-10 and OA-10 pilots, and provide close suppo rt and forward air control to ground forces worldwide. D-M is also home to the 12th Air Fo rce, the 563rd Rescue Group, the Aerospace Maintenance and Regeneration Group also known a s the Aircraft Boneyard and a regional U.S. Immigration and Customs Enforcement complex. T hese units at D-M, along with tenet organizations, represent a workforce of 6,100 airmen a nd 1,700 civilian personnel.Pima County is also home of the University of Arizona, a large public research university. Founded in 1885, the mission of the University of Arizona is to provide a comprehensive, high-quality education that engages students in discovery thro ugh research and broad-based scholarship. Home to nearly 39,000 students, the University a lso employs more than 11,000 staff and faculty. The University brings in approximately \$53 0 million in research to the community and is ranked #16 among all public universities by the National Science Foundation. The University occupie s 387 acres in central Tucson, and is the oldest continually-maintained green space in Arizona.Pima County is home to eight c ommunity hospitals, an Institute for Mental Disease (IMD), Sonora Behavioral Health and th e Southern Arizona Veterans Affairs Health Care System. Banner University Medical Center U niversity Campus (BUMC) is the countys only Level I Trauma Center. Tucson Medical Center (TMC) and BUMC are the only in-patient pediatric facilities in the area. St. Josephs Hospit al, part of the Carondelet Health Network, is the newest neurological facility, joining TM C, BUMC and Northwest Medical Center that also offer this service. Carondelet also manages St. Marys and the Carondelet Heart & Vascular Institute. The other two hospitals serving Pima County are Banner University Medical Center South Campus, which holds a level III tra uma license working under the same leadership as the Level 1 Trauma Center and Northwest H ealthcare Oro Valley Hospital. Sells Hospital, run by the Indian Health Service, is also l ocated in Pima County but on the Tohono Oodham Nation Reservation and serves only tribal m embers. Pima County is also home to four Federally Qualified Health Centers, Desert Senita Community Health Center; El Rio Community Health Center; Marana Health Center and United Community Health Center.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 4 - Community Building Activities | <p>The amount reported in Part II line 3 column c represents our Senior Services Community Support and our Emergency Response Team training. We offer classes on topics relating to senior health to the community.</p> <p>The amount reported in Part II line 8 column c represents our contribution to recruiting physicians to practice in the areas which are underserved.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 5 - Promotion of Community Health | Our medical staff is open, our board is recruited from the community, we maintain a 24 hour 7 day emergency room where we treat everyone regardless of ability to pay, we use any surplus operational funds to improve the facility and operations. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|----------------------------------|---|
| Part VI - Additional Information | The Organization does not file a community benefit report with the state of Arizona other than to the extent to which community benefit information is included in other reporting requirements such as the information provided on the Arizona Hospital Association Annual Report. |

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 86-0137567

Name: Tucson Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | Tucson Medical Center 5301 East Grant Road Tucson, AZ 85712 tmcaz.com H0012 | X | X | X | | | | X | | | |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| Facility: - Part V, Section B, Line 5 | <p>Primary Data Collection and Community Input: Conducting primary data collection through key informant interviews, focus groups, surveys and community forums as part of the community health assessment process provides a deeper look into the health needs and strengths of the community and more engagement of the community in the process. Primary data can compliment and enrich the understanding and interpretation of data collected from existing published sources, otherwise known as secondary data, such as morbidity and mortality data. The collection and analysis of primary data can help to fill potential gaps in the secondary data sources. For example, the social context of a community is less straightforward to capture through secondary data. Likewise, the complexity of an individuals health needs and extent to which services are easy or difficult to reach is also challenging to demonstrate through published data alone. In addition to filling identified gaps, the primary data may highlight critical themes or issues that the secondary data does not. Perhaps as important as a thorough data set, gathering primary data provides opportunities for the community to be engaged through the community health needs assessment (CHNA) process and to ensure that the community members voices are heard. Engagement at this stage can lead to stronger community support and involvement throughout the community health improvement plans and processes effort. Community health improvement efforts are most effective when community members are active in addressing their own needs and visions for a healthy community. Particular attention to groups with unique health or social issues who are often underrepresented in community planning efforts can be accomplished through direct participation or through their proxies. For example, it may not be appropriate to directly collect information from victims of domestic abuse or people experiencing homelessness or drug addiction for the CHNA but working with proxies or service providers concerned about their welfare would be suitable.</p> <p>Initial Community Input & Final Forum: The Pima County CHNA gathered initial community input through a variety of methods. Analysis across all data sources sought to identify common themes and concerns. Results presented here are a synthesis of those themes. The following approaches were used to collect primary data through community input: Key Informant Interviews (n=18) 5 Focus Groups (n=48) 1st Community Forum (n=41) Community Survey (n=176)</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| Facility: - Part V, Section B, Line 6a | The 2018 Pima County CHNA consisted of a core planning committee that met regularly to help guide and support the process. Committee members provided input and direction regarding selection of data sources, development of primary data collection instruments such as key informant and survey questionnaires and helped identify opportunities to involve stakeholders. Committee members also played a key role in ensuring participants in the CHNA process reflected the broad and diverse demographics of the Pima County population. Community Health Centerso El Rio Community Health Center Nancy Johnson, CEOo Desert Senita Community Healh Center Jonathan Leonard, CEOo Marana Community Health Center Clinton Kuntz, CEO; Rose Skupeika, Director of Integrated Operationso Mariposa Community Health Center Ed Sicurello, CEOo United Community Health Center Rodolfo Jimenez, CEOHealth Departmentso Pascua Yaqui Tribe Apryl Krause, Diabetes Programo Pima County Health Department Marcy Flanagan, Director; Alan Bergen, Senior Program Managero Tohono Oodham Department of Health & Human Services Rosemary Lopez, DirectorHospitalso Banner University Medical Center Jim Elco, Senior Director of Strategy and Planning; Lori Taplin, Director of Strategy and Planningo Carondelet Health Network St. Marys Hospital and St. Josephs Hospital Kelly Raach, Market Director of Strategy; Melissa Shafer, Physician Relationship Managero Tucson Medical Center Julia Strange, VP Community Benefit; Mary Atkinson, Director of Wellness; Laurie Ledford, Wellness DieticianAlsoo Community Food Bank of Southern Arizona Michael McDonald, CEOo Healthy Pima (Pima County Health Department) Nic Cogdall, Senior Strategist; Mary Kinkade, Senior Advisoro Pima County Administrators Office Francisco Garca, Assistant County Administrator and CMOo Tohono Oodham Nation Executive Branch Verlon Jose, Vice Chairmano Consulting Team Emily Coyle, Rebecca Drummond, and Keely Bo Breedlove |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| Facility: - Part V, Section B, Line 11 | <p>Health Priority Area 1:Behavioral Health; including suicide and substance abuseServices TMC currently provides:TMC provides direct behavioral health treatment to the senior populationthrough the TMC Geropsychiatric Center, a 16-bed unit that opened inearly 2015 that foc uses on treating acute emotional and behavioral issues related to aging, including depress ion and dementia. TMC for the most part, however, serves the needs of the population by bu ilding coalitions and partnering with those organizations that provide expertise to those struggling with behavioral health needs. TMC works closely with Palo Verde Behavioral Heal th, which shares our campus. Palo Verde assists in evaluating patients who present to TMCs Emergency Department to ensure a safe disposition and treatment. They also work closely w ith TMC when needs are identified on the inpatient unit.In addition to screening for suici de and domestic violence in our inpatient areas, our outpatient areas similarly perform suicide screenings at access points for patients at high risk for suicide because of struggl es with wounds, pain or sleep.TMCOne has recently added a pediatric behaviorist to help ad dress theincreasing needs of our pediatric and adolescent patients. Additionally, all pati ents complete a PHQ-9 screening and receive follow up specific to any self-identified depr ession or suicide ideation. TMC Hospice offers bereavement services for those experiencing loss, aswell as a community grief group for those experiencing those emotions.While TMC d oes not have a specific addiction unit, we readily refer tocommunity addiction services an d provide patient education around opioidabuse.These services include: A consulting doctor who specializes in seeing patients with opioid abuse routinely works with TMC patients, a s needs are identified through case management. TMC has a partnership with Connections Ari zona in which patients andfamilies struggling with substance abuse are provided a liaison to assist with education and support to identify appropriate resources. The Newborn Intens ive Care Unit works closely with CODAC Health,Recovery and Wellness to provide substance a buse services on site forparents of babies born with drug exposure and we have a separate unitdesigned specifically to care for these babies with such unique needs. TMC is working with Old Pueblo to secure two medical respite bedsfor patients struggling with behavioral health, substance abuse andhomelessness so they have a place to recover from complex condi tions.TMC has been actively working to find alternate methods of pain controlthat does not include the use of opioids, offering services such asbiofeedback, interventional procedur es and injections. Patients can getaccess to these other services through the TMC Integrat ive Pain Centeras well as at the hospital. Just as one example, TMC routinely usesan On-Q pump for patients with hip fractures or who have had surgeryto immediately control pain th rough a catheter that feeds a</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| Facility: - Part V, Section B, Line 11 | <p>localizedanesthetic to the site without the use of opioids.TMC was at the forefront of eff orts to collectively address opioiddependency and substance abuse disorder. In addition to supporting acommunity visioning session with 75 community leaders, hosting a nationalexpe rt to share expertise on combating the epidemic, and collaborated with other medical profe ssionals to determine appropriate treatment guidelines for opioid usage for chronic pain i n emergency settings. The work around opioid work culminated in a lawsuit against opioid m anufacturers to hold them accountable for loss of lives and the broader cost of mitigating the epidemic.TMC is actively working on workplace violence strategies from providingde-es calation strategies to staff to establishing a contract with patients that shares expectat ions as well as their rights.In a unique project, TMC was proud to work with CODAC to open theConnie Hillman Family Foundation House, providing treatment for mothersrecovering from substance abuse. The 16-unit complex provides aftercaretreatment, pediatric and maternal care, life-skills training and other services to help women be successful in their recover y, to keep families together and to provide a bridge to independence.Health Priority Area 2:Obesity and related chronic diseaseServices TMC currently provides:TMC offers a comprehe nsive weight loss program ranging from surgicaloptions for those who have struggled to los e weight to a supervisedweight loss program for those who need support. Our bariatric prog ramis an accredited center through the American Society for Metabolic andBariatric Surgery .TMC provides comprehensive medical services for those grappling withheart disease, cancer and diabetes.TMC is an accredited Chest Pain Center and performs more cardiacprocedures t han any other hospital in Southern Arizona, from minimallyinvasive treatments to tradition al open heart surgery.TMCs transitional care unit ensures patients with complex conditions ,such as heart failure, have their best chance at avoiding readmissionsinto the hospital. TMC also assists patients with heart conditions get back to a healthy lifestyle through a cardiac rehabilitation program in a safe, supported environment.TMC employs chronic diseas e coordinators and patient navigators toensure patients have the information they need to manage their conditions and live their healthiest lives.TMCs outpatient nutrition provides nutrition therapy to patients dealing with chronic conditions that are affected by diet.C linical diabetes educators work closely with adult and pediatric patients in the hospital as well as post discharge to provide education about how to best manager their disease. We have employed additional specialists in endocrinology to better assist patients who are n ewly diagnosed or to assist those having difficulty managing their conditions.Patients wit h diabetes who lack insurance and cannot afford theirmedications are eligible for 30 days of medication, including insul</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Facility: - Part V, Section B, Line 11 | <p>in, test strips and lancets, or for gift cards at retail pharmacies.TMCOne, as well as aff iliated physicians at Arizona Community Physicians, also offer monthly educational visits with primary care providers so patients can receive the education they need to better mana ge their chronic conditions.The TMC Wound Care Center offers monthly campaigns designed to provide education for those whose chronic conditions exacerbate wounds,from heart-associat ed wounds to Love Your Feet month for patients withdiabetes. The Center also educates comm unity caregivers and homehealth providers to supplement the care we give our patients.Heal th Priority Area 3:Access to servicesServices TMC currently provides:As a locally governed nonprofit community hospital, TMC cares for themost vulnerable in our community. In 2018, TMC provided \$62.7 million incommunity benefit, including \$12.4 million in uncompensated care for those who could not afford to pay for the full cost of medical care.One of the wa ys TMC HealthCare is helping make care more convenientand more affordable is by expanding virtual avenues.TMC offers online scheduling for emergency appointments and offers aportal for patients to provide ready access to their medical record.In 2018, TMCNow launched, of ering virtual care for patients through anapp on their phone or computer. Patients can sp eak to a board-certifieddoctor anytime, anywhere, for a low cost of \$49 per session.TMCOne practices, along with many affiliated providers through ArizonaCommunity Physicians, are ensuring improved access to care throughsame-day appointments as well as offering extended and weekend hours.TMCOne offers dedicated patient ambassadors to assist patients withsche duling and giving them one point of contact. And they also offerassistance with co-pays.TM C Urgent Care, launching first on the TMC campus, further expandschoice for patients. For those patients with limited resources, TMC funds Lyft rides home from inpatient or clinic care, as determined by case management.It is indisputable that Arizona is facing a severe physician shortage that will be exacerbated in the coming decade as more physicians retire . In part because of the need for effective specialty care, but also because physicians of ten tend to practice where they train, TMC has built a panel of pediatric sub specialists to not only provide care to the community, but to help train new doctors. TMC has long bee n a training hospital for doctors, but has started a new pediatric residency program this year.TMC actively seeks out ways to expand care for patients in need bypartnering with oth er local organizations. Jewish Family & ChildrensServices, for example, is able to assist with affordable durable medicalequipment. Southwest Medical Aid helps provide equipment fo r homelesspopulations and case management similarly keeps a loan closet of donatedgoods fo r patients in need. TMC works closely with St Elizabeths HealthCenter to identify resource s for patients who have dental</p> |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Tucson Medical Center

Employer identification number
86-0137567

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20
- 3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| Grantmaker's Description of How Grants are Used | Members of the executive team determine which community grants will be issued from TMC. |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 86-0137567
Name: Tucson Medical Center

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Alzheimers Association PO Box 27352 Tucson, AZ 85726 | 86-0765832 | | 7,000 | 0 | FMV | | Healthcare |
| American Cancer Society 1636 N Swan Road Tucson, AZ 85712 | 13-1788491 | | 6,500 | 0 | FMV | | Cancer research and prevention |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| American Heart Association 2601 n Campbell Ave 204 Tucson, AZ 85719 | 13-5613797 | | 30,000 | 0 | FMV | | Heart Disease Research |
| Angel Charity for Children Po Box 14225 Tucson, AZ 85732 | 86-0472794 | | 75,000 | 0 | FMV | | Childrens Services |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Beyond Foundation 2102 N Country Club Rd Tucson, AZ 85716 | 81-3018534 | | 20,000 | 0 | FMV | | Community Support |
| Community Foundatin for S AZ 2250 E Broadway Blvd Tucson, AZ 85719 | 94-2681765 | | 21,000 | 0 | FMV | | Community Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Diaper Bank of Southern AZ 4500 E Speedway 75 Tucson, AZ 85712 | 43-1990345 | | 9,750 | 0 | FMV | | Pediatric Services |
| El Rio Foundation 839 W Congress St Tucson, AZ 85745 | 86-0816675 | | 12,000 | 0 | FMV | | Support El Rio Health Center |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Girl Scouts of Southern AZ 4300 E Broadway Blvd Tucson, AZ 85711 | 86-0098917 | | 10,000 | 0 | FMV | | Youth Services |
| Living Streets Alliance PO Box 2641 Tucson, AZ 85702 | 87-4678502 | | 7,500 | 0 | FMV | | Community Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Perimiter Bicycling 2609 E Broadway Blvd Tucson, AZ 85712 | 86-0830696 | | 30,000 | 0 | FMV | | Community Support |
| Pima Council on Aging 8467 E Boradway Blvd Tucson, AZ 85710 | 86-0251768 | | 10,000 | 0 | FMV | | Senior Services |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| St Lukes in the Desert 615 E Adams Street Tucson, AZ 85705 | 86-0098924 | | 7,500 | 0 | FMV | | Community Support |
| The Center for Neurosciences 2450 East River Road Tucson, AZ 85718 | 27-2783064 | | 16,000 | 0 | FMV | | Medical Research |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Tu Nudito 3922 N Mountain Ave Tucson, AZ 85719 | 86-0769031 | | 9,000 | 0 | FMV | | Child Wellness |
| Tucson Childrens Museum PO BOX 2609 Tucson, AZ 85702 | 86-0676237 | | 27,500 | 0 | FMV | | Health related exhibit |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Tucson Conquistadores 6450 E Broadway Tucson, AZ 85710 | 20-2132844 | | 18,000 | 0 | FMV | | Community Support |
| Tucson Jewish Community Cente 3800 E River Road Tucson, AZ 85718 | 86-0183578 | | 10,000 | 0 | FMV | | Community Health |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Tucson Metropolitan Chamber of Commerce Tucson, AZ 85712 | 86-0062660 | | 7,500 | 0 | FMV | | Education on Health Services |
| Tucson Nurses Week Foundation PO Box 65085 Tucson, AZ 85728 | 86-0771880 | | 25,000 | 0 | FMV | | Promote Nursing Careers |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| University of AZ Foundation 111 North Cherry Ave Tucson, AZ 85721 | 74-2652689 | | 6,000 | 0 | FMV | | Medical Education |
| YMCA of Southern AZ PO Box 1111 Tucson, AZ 85702 | 86-0101237 | | 10,000 | 0 | FMV | | Children's water safety |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization Tucson Medical Center | | Employer identification number 86-0137567 |

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

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

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

[illegible]

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|---|--|
| Part I, Line 1a: Relevant information in regards to selections on 1a. | First class travel is available to trustees on extended flights. |

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Tucson Medical Center

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
86-0137567

| Part I Bond Issues | | | | | | | | | | | |
|-----------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A Ind Devel Auth of Pima Co | 86-0445981 | | 12-16-2010 | 114,370,800 | Campus Development | | X | | X | | X |
| B Ind Devel Auth of Pima Co | 86-0445981 | | 03-11-2014 | 30,000,000 | Campus Development | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|-------------|----|------------|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 114,599,715 | | 30,000,000 | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 1,318,696 | | 277,062 | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 114,599,715 | | 30,000,000 | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | X | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

| Part III Private Business Use | | | | | | | | | |
|-------------------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | X | | X | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | X | | X | | | | |
| e Was the hedge terminated? | | X | | X | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

| Return Reference | Explanation |
|------------------|--|
| Part VI | Part II Proceeds6) There was no escrow because everything was paid off at closing.12) These are draw down bonds. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
Tucson Medical Center

Employer identification number

86-0137567

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et | David Cohen is a partner in a CPA firm in which another partner provides services to related joint ventures.Judith Rich is the CEO.Clifford Martin, M.D. is the Chief of Staff. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder | The organization's Member is the parent company, TMC HealthCare. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body | The Member's (TMC HealthCare) Board of Trustees elects the Board of Tucson Medical Center. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders | TMC HealthCare, the Member, must approve: - The amendment of the Corporation's Articles of Incorporation or Bylaws - The acquisition or creation of any subsidiary or controlled corporation - The merger or consolidation of this Corporation with another corporation, or the entering into any joint venture, partnership, limited liability company, or other business venture with a third party. - The dissolution or liquidation of this Corporation - The expenditure of any funds in excess of those previously approved in the capital and operating budgets of this Corporation - The entering into any loan, indebtedness, guaranty, security interest, mortgage, surety, hypothecation - The disposition of any of its assets in excess of such monetary sum as the Member may determine from time to time to any person other than to the Member or a subsidiary of the Member - The appointment of an independent auditor or hiring of independent counsel |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b: Form 990 Review Process | The Form 990 is prepared and reviewed by Financial Services. It is then reviewed by the Controller with input from the Chief Financial Officer and Chief Legal Officer. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts</p> | <p>TMC Conflict of Interest Policy Excerpt: Article V Disclosure and Process for Resolution</p> <p>1. Disclosure of Conflicts of Interest Annually, all trustees, officers, and members of board committee shall complete a disclosure form that lists various relationships that give rise to actual or potential conflicts of interest and return the same to the Chief Legal Officer of the Organization. In addition, they have a continuing duty to disclose potential conflicts and shall disclose any and all actual or potential conflicts of interest as they arise or are discovered during their tenure. The Chief Legal Officer is vested with the authority to bring conflicts or potential conflicts to the attention of the trustees, officers, committee members or applicable body, including the requirement that the person with the alleged conflict recuse himself from participation in the discussion and voting on any issue.</p> <p>2. Determining Whether a Conflict of Interest Exists The Chief Legal Officer has been vested with the authority to determine whether a conflict of interest exists. If there is a disagreement with the decision of the Chief Legal Officer, then the Governance Committee shall decide if a conflict of interest exists based on the information presented by the Chief Legal Officer. If a board member disagrees with the Governance Committee decision, the issue will be sent to all remaining board members of the TMC HealthCare board for a vote on the issue for the final resolution of the issue.</p> <p>3. Procedures for Decision Making when a Conflict of Interest Exists If it has been determined that a conflict of interest exists, the following process shall be followed regarding the matter for which a conflict exists:</p> <p>a. The interested person may, but is not required to, participate in the presentation of the matter at the governing board or committee meeting, but after the presentation, he may be asked to leave the meeting during the discussion of the matter, and in any event shall not participate in the vote on the transaction or arrangement involving the possible conflict of interest.</p> <p>b. If the board or committee believes that it needs additional information on alternatives to the proposed business arrangement, then the following process may be followed:</p> <p>a. The chairperson of the board or committee shall, if appropriate, direct management to obtain additional information and alternatives, or appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.</p> <p>b. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or business arrangement from a person or entity that would not give rise to a conflict of interest.</p> <p>c. If a more advantageous transaction or business arrangement is not reasonably possible or readily available under circumstances not producing a conflict of interest, the governing board or committee shall determine</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts | ne by a majority vote of the disinterested trustees whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and r easonable. In conformity with the above determination it shall make its decision as to whe ther to enter into the transaction or business arrangement. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management | <p>TMC is responsible for the payment of compensation and benefits as well as the process for reviewing and approving compensation and benefits for administrative leadership. For the Chief Executive Officer and Chief Financial Officer as well as other senior leadership positions the compensation committee contracts directly with Sullivan Cotter, an independent third-party compensation consultant, who periodically provides a written report containing a summary of relevant, contemporaneous benchmark information and makes recommendations regarding the level of compensation and benefits that would be reasonable. The compensation committee carefully reviews the information, discusses it directly with the consultant and makes recommendations based upon the information provided. The compensation committee then makes its final recommendation to the full board for their approval.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees | <p>TMC is responsible for the payment of compensation and benefits as well as the process for reviewing and approving compensation and benefits for administrative leadership. For the Chief Executive Officer and Chief Financial Officer as well as other senior leadership positions the compensation committee contracts directly with Sullivan Cotter, an independent third-party compensation consultant, who periodically provides a written report containing a summary of relevant, contemporaneous benchmark information and makes recommendations regarding the level of compensation and benefits that would be reasonable. The compensation committee carefully reviews the information, discusses it directly with the consultant and makes recommendations based upon the information provided. The compensation committee then makes its final recommendation to the full board for their approval.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 19: Other Organization Documents Publicly Available | This Form 990 is available on request. The organization's website is https://www.tmcaz.com/ and our mission, goals, directors and executives and other organizational information is available there. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Increases | TMC Cardiac and Cardiothoracic Surgery K-1 = \$15118 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Increases | TMC General Surgery and Urology K-1 = \$8110 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---------------------------------------|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | TMC Neuroscience Mgmt K-1 = -\$167714 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | TMC Vascular Surgery Mgmt K-1 = -\$87931 |

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DLN: 93493304018090

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Tucson Medical Center

Employer identification number
86-0137567

Part I

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

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

Part II

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--------------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1)Southern Arizona Hospital Alliance 5301 E Grant Road Tucson, AZ 85712 20-0385301 | Hospital Support | AZ | 501(c)3 | 3 | N/A | | No |
| (2)TMC Foundation 5301 E Grant Road Tucson, AZ 85712 86-0504015 | Supports Tucson Medical Center | AZ | 501(c)3 | 11 | N/A | | No |
| (3)TMC HealthCare 5301 E Grant Road Tucson, AZ 85712 20-2218975 | Parent Company | AZ | 501(c)3 | 11 | N/A | | No |
| (4)TMC Holdings Inc 5301 E Grant Rd Tucson, AZ 85712 86-0441785 | Holding Company | AZ | 501(c)2 | | N/A | | No |
| (5)Tucson Medical Center Auxiliary PO Box 42195 Tucson, AZ 85713 86-6050769 | Support to TMC | AZ | 501(c)(3) | 11 | N/A | | No |
| (6)TMC Medical Network 5301 E Grant Road Tucson, AZ 85712 81-1156192 | Physician Offices | AZ | 501(c)(3) | 11 | NA | | No |
| (7)TMCOne 5301 E Grant Road Tucson, AZ 85712 81-0686782 | Physician Offices | AZ | 501(c)(3) | 11 | NA | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) TMC Cardiac & Cardiothoracic Surgery 5301 E Grant Road Tucson, AZ 85712 27-0766398 | Service Line Mgmt | AZ | Tucson Medical Cente | | | | | No | | Yes | | 32.143 % |
| (2) TMC Neuroscience Mgmt LLC 5301 E Grant Road Tucson, AZ 85712 27-3027087 | Service Line Management | AZ | Tucson Medical Cente | | | | | No | | Yes | | 32.500 % |
| (3) Arizona Connected Care LLC 5301 E Grant Road Tucson, AZ 85712 80-0671408 | Accountable Care Org | AZ | TMC HealthCare | | | | | No | | | No | 25.000 % |
| (4) TMC Vascular Surgery Mgmt LLC 5301 E Grant Road Tucson, AZ 85712 47-4586127 | Service Line Management | AZ | N/A | | | | | No | | Yes | | 29.825 % |
| (5) TMC General Surgery & Urology Mgmt LLC 5301 E Grant Road Tucson, AZ 85712 81-1405660 | Service Line Management | AZ | N/A | | | | | No | | Yes | | 30.000 % |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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) Hospital Care Systems Development Corp 5301 E Grant Road Tucson, AZ 85712 20-3015545 | Hospital Management | AZ | N/A | c | | | | | No |
| (2) Medhold Inc 5301 East Grant Road Tucson, AZ 85712 86-0769548 | Holding Company | AZ | N/A | c | | | | | No |
| (3) Saguaro Medical Holdings Inc 5301 East Grant Road Tucson, AZ 85712 20-0614853 | Holding Company | AZ | N/A | C | | | | | No |
| (4) TMC de Mexico Ltd 5301 East Grant Road Tucson, AZ 85712 86-0769541 | Holding Company | AZ | N/A | c | | | | | No |
| (5) TMC Healthcare Security Services Inc 5301 East Grant Road Tucson, AZ 85712 52-2414943 | Security Services | AZ | N/A | c | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)TMC Foundation | o | 845,856 | FMV |
| (2)TMC Holdings Inc | k | 833,104 | FMV |
| | | | |
| | | | |
| | | | |
| | | | |

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.

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
| | |