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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2011</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | ▶ The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                 |                                                                                       |

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             | <b>D Employer identification number</b><br>62-1748601                                                                                                                                                                                                                                                                    |                                                 |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Fort Sanders Foundation<br><br>Doing Business As<br><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>1420 Centerpoint Blvd Bldg C<br><br>City or town, state or country, and ZIP + 4<br>Knoxville, TN 379321960 |                                                                                                                                                                                                                                                                                                                          | <b>E Telephone number</b><br><br>(865) 374-6864 |
|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             | <b>G</b> Gross receipts \$ 2,537,203                                                                                                                                                                                                                                                                                     |                                                 |
| <b>F</b> Name and address of principal officer<br>Jeff Elliott<br>280 Fort Sanders West Blvd Ste 100<br>Knoxville, TN 37922                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |                                                 |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                 |
| <b>J Website:</b> ▶ www.fortsandersfoundation.org                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                 |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                                                                                                                                                                                                             | <b>L</b> Year of formation 1998                                                                                                                                                                                                                                                                                          | <b>M</b> State of legal domicile TN             |

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|                                                                             |                                                                                                                                                                                                                              |            |                           |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------|
| Activities & Governance                                                     | 1 Briefly describe the organization's mission or most significant activities<br>Fort Sanders Foundation provides support through charitable contributions to the programs and services offered by the Covenant Health system |            |                           |
|                                                                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                     |            |                           |
|                                                                             | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                | 3          | 11                        |
|                                                                             | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                    | 4          | 10                        |
|                                                                             | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .                                                                                                                                     | 5          | 0                         |
|                                                                             | 6 Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                               | 6          | 156                       |
|                                                                             | 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                            | 7a         | 0                         |
| 7b Net unrelated business taxable income from Form 990-T, line 34 . . . . . | 7b                                                                                                                                                                                                                           | 0          |                           |
| Revenue                                                                     | 8 Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                    | Prior Year | Current Year              |
|                                                                             | 9 Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                     | 1,861,486  | 1,806,261                 |
|                                                                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                  | 0          | 0                         |
|                                                                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                  | 365,630    | 511,841                   |
|                                                                             | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                | 18,041     | 5,132                     |
|                                                                             |                                                                                                                                                                                                                              | 2,245,157  | 2,323,234                 |
| Expenses                                                                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                               | 1,695,129  | 1,414,884                 |
|                                                                             | 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                   | 0          | 0                         |
|                                                                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                         | 0          | 0                         |
|                                                                             | 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                  | 0          | 0                         |
|                                                                             | b Total fundraising expenses (Part IX, column (D), line 25) <u>129,552</u>                                                                                                                                                   |            |                           |
|                                                                             | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                    | 343,989    | 283,673                   |
|                                                                             | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                  | 2,039,118  | 1,698,557                 |
|                                                                             | 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                             | 206,039    | 624,677                   |
|                                                                             | Net Assets or Fund Balances                                                                                                                                                                                                  |            | Beginning of Current Year |
| 20 Total assets (Part X, line 16) . . . . .                                 |                                                                                                                                                                                                                              | 12,458,165 | 12,671,020                |
| 21 Total liabilities (Part X, line 26) . . . . .                            |                                                                                                                                                                                                                              | 151,810    | 38,192                    |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . .      |                                                                                                                                                                                                                              | 12,306,355 | 12,632,828                |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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.

|                                 |                                                               |               |      |                                                 |                                                              |
|---------------------------------|---------------------------------------------------------------|---------------|------|-------------------------------------------------|--------------------------------------------------------------|
| <b>Sign Here</b>                | *****<br>Signature of officer                                 |               |      | 2012-11-07<br>Date                              |                                                              |
|                                 | JOHN T GEPPI EVP/CFO<br>Type or print name and title          |               |      |                                                 |                                                              |
| <b>Paid Preparer's Use Only</b> | Preparer's signature                                          | Self-Prepared | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 |               |      |                                                 | EIN                                                          |
|                                 |                                                               |               |      |                                                 | Phone no                                                     |

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

Fort Sanders Foundation raises and distributes funds in support of patient care, equipment, programs, services and staff not otherwise funded by Covenant Health and its affiliates The Foundation’s mission is to provide charitable support for the mission of Covenant Health - to improve the health and quality of life in the communities we serve

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ 379,823 including grants of \$ 379,823 ) (Revenue \$ )

See Schedule O for additional details Expenses - \$379,823, Grants - \$379,823Fort Sanders Foundation supports a variety of departments and programs within Parkwest Medical Center \$333,333 of the distributions to Parkwest in 2011 were designated for construction and equipping of two specially designed and dedicated surgery suites for cardiopulmonary patients Additional capital equipment was funded for the Cardiopulmonary Rehab classroom where numerous patients receive valuable education from staff members Other distributions included support for continuing education for staff, including nurses recognized by their peers and physicians for excellence in patient care and therapists at outpatient clinics, and cardiopulmonary outpatient services, patient education, smoking cessation programs, and equipment In 2011, \$13,915 was distributed to support Peninsula Hospital, the behavioral health division of Parkwest This support was solely used for patient assistance Distributions to Parkwest Medical Center are made in support of the strategic goals and objectives as defined by hospital administration to improve the health of our patients and quality of service provided by the hospital

4b

(Code ) (Expenses \$ 264,991 including grants of \$ 264,991 ) (Revenue \$ )

See Schedule O for additional details Expenses - \$264,991, Grants - \$264,991Distributions to the Hope Center, a program of Covenant Health, support entirely the operations and services of the center The total distributions for 2011 include \$176,894 in cash and another \$88,097 in gifts-in-kind These gifts-in-kind include both items donated for use at an annual auction fundraiser as well as patient care/support items donated for direct use by Hope Center clients Since the program began, the Hope Center staff have provided patient support for more than 2,000 individuals and their families The Hope Center was established in 1996 to address the unmet needs of patients infected with HIV/AIDS in Knox and the surrounding 20 counties It provides consistent, practical, psychological and supportive care programs at no charge to inpatients, outpatients, and families affected by HIV/AIDS and other serious illnesses The Center relies entirely on charitable gifts and donations for its existence In the last 16 years, more than 2,000 adults and children have received supportive services at no charge

4c

(Code ) (Expenses \$ 205,677 including grants of \$ 205,677 ) (Revenue \$ )

See Schedule O for additional details Expenses - \$205,677, Grants - \$205,677The Patient Scholarship Program at Fort Sanders Regional Medical Center began in January 2006 with generous contributions from the Patricia Neal Golf Classic, a Fort Sanders Foundation Special Event, and private donations The program provides inpatient rehabilitation services and outpatient therapies at Patncia Neal Rehabilitation Center to individuals who otherwise would not have access to intensive rehabilitation Most beneficiaries were employed at the time of their injury or illness but did not have health insurance Since the program’s inception, scholarships have been extended to hundreds of individuals To date, 95% of scholarship patients have been able to return home This is a major accomplishment which greatly exceeds national standards In its final report the Commission on Accrediation of Rehabilitation Facilities cited the scholarship program for "exemplary conformance to the standards" saying, "This level of funding support is unique to the field and is outstanding "

(Code ) (Expenses \$ 564,393 including grants of \$ 564,393 ) (Revenue \$ )

Fort Sanders Foundation also supports a variety of other programs and services offered by the Covenant Health system

4d

Other program services (Describe in Schedule O )

(Expenses \$ 564,393 including grants of \$ 564,393 ) (Revenue \$ )

4e

Total program service expenses \$ 1,414,884

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.                                                                                                                                                                 | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                  | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.                                                                                                              |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> 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.                                                                                               |     | No |
| 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.                                                                       |     | 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.                                            |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.                                                                                     |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.                                                                                                                                                 |     | No |
| 9   | Did the organization report an amount in Part X, line 21, 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.                                               |     | 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.                                                                                              | Yes |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                    |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                               | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                             |     | 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.                                                                                             |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                              |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                             | 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.                                                    | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.                                                                                                                                           |     | 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, XII, and XIII is optional.                                                            | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                                                                                                                                                                                                 |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                        |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I. |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.                                                                                       |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.                                                                                           |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.                                                                                                        |     | 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.                                                                                                                    | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.                                                                                                                                              |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H.                                                                                                                                                                                                                 |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.                                                                                   |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  | Yes |    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

| Part V                                                                 |                                                                                                                                                                                                                                                                                                                                               | Statements Regarding Other IRS Filings and Tax Compliance |     |                          |    |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----|--------------------------|----|
| Check if Schedule O contains a response to any question in this Part V |                                                                                                                                                                                                                                                                                                                                               |                                                           |     | <input type="checkbox"/> |    |
|                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                           |     | Yes                      | No |
| 1a                                                                     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                                                                                                                                                            | 1a                                                        | 47  |                          |    |
| b                                                                      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                              | 1b                                                        | 0   |                          |    |
| c                                                                      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                      | 1c                                                        | Yes |                          |    |
| 2a                                                                     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.<br>.                                                                                                                                                            | 2a                                                        | 0   |                          |    |
| b                                                                      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | 2b                                                        |     |                          |    |
| 3a                                                                     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                 | 3a                                                        |     |                          | No |
| b                                                                      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                             | 3b                                                        |     |                          |    |
| 4a                                                                     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?                                                                                                                              | 4a                                                        |     |                          | No |
| b                                                                      | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                            |                                                           |     |                          |    |
| 5a                                                                     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                         | 5a                                                        |     |                          | No |
| b                                                                      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                              | 5b                                                        |     |                          | No |
| c                                                                      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                             | 5c                                                        |     |                          |    |
| 6a                                                                     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                                                                                   | 6a                                                        |     |                          | No |
| b                                                                      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                 | 6b                                                        |     |                          |    |
| 7                                                                      | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                 | 7a                                                        | Yes |                          |    |
| a                                                                      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                                                                               | 7b                                                        | Yes |                          |    |
| b                                                                      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                               | 7c                                                        |     |                          | No |
| c                                                                      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                                                                          | 7d                                                        |     |                          |    |
| d                                                                      | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                                                                            |                                                           |     |                          |    |
| e                                                                      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                               | 7e                                                        |     |                          | No |
| f                                                                      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                  | 7f                                                        |     |                          | No |
| g                                                                      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                              | 7g                                                        |     |                          |    |
| h                                                                      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                            | 7h                                                        |     |                          |    |
| 8                                                                      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                         | 8                                                         |     |                          |    |
| 9                                                                      | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                     | 9a                                                        |     |                          |    |
| a                                                                      | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                       | 9b                                                        |     |                          |    |
| b                                                                      | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                        |                                                           |     |                          |    |
| 10                                                                     | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                        | 10a                                                       |     |                          |    |
| a                                                                      | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                     | 10b                                                       |     |                          |    |
| b                                                                      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                  |                                                           |     |                          |    |
| 11                                                                     | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                                                                                       | 11a                                                       |     |                          |    |
| a                                                                      | Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                    | 11b                                                       |     |                          |    |
| b                                                                      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                  |                                                           |     |                          |    |
| 12a                                                                    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                    | 12a                                                       |     |                          |    |
| b                                                                      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                        | 12b                                                       |     |                          |    |
| 13                                                                     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                              | 13a                                                       |     |                          |    |
| a                                                                      | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13b                                                       |     |                          |    |
| b                                                                      | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                          | 13c                                                       |     |                          |    |
| c                                                                      | Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                               |                                                           |     |                          |    |
| 14a                                                                    | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                    | 14a                                                       |     |                          | No |
| b                                                                      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                    | 14b                                                       |     |                          |    |

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 to any question in this Part VI ☒

Section A. Governing Body and Management

|           |                                                                                                                                                                                                                               | Yes       | No  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 |           |     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  |           |     |
| <b>2</b>  | 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? . . . . .                                               | <b>2</b>  | No  |
| <b>3</b>  | 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? . . . . . | <b>3</b>  | No  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                              | <b>4</b>  | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | <b>5</b>  | No  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | <b>6</b>  | Yes |
| <b>7a</b> | 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? . . . . .                                                                  | <b>7a</b> | Yes |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | <b>7b</b> | Yes |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |           |     |
| <b>8a</b> | The governing body? . . . . .                                                                                                                                                                                                 | <b>8a</b> | Yes |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | <b>8b</b> | Yes |
| <b>9</b>  | 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 . . . . .        | <b>9</b>  | Yes |

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

|            |                                                                                                                                                                                                                                                                                                        | Yes        | No  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           | <b>10a</b> | No  |
| <b>10b</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? . . . . .                                                                   | <b>10b</b> |     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            | <b>11a</b> | Yes |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .                                                                                                                                                                                                  |            |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                      | <b>12a</b> | Yes |
| <b>12b</b> | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                           | <b>12b</b> | Yes |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> | Yes |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | <b>13</b>  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | <b>14</b>  | Yes |
| <b>15</b>  | 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?                                                                                   |            |     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>15b</b> | Other officers or key employees of the organization . . . . .<br>If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                   | <b>15b</b> | No  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | <b>16a</b> | No  |
| <b>16b</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? . . . . . | <b>16b</b> |     |

Section C. Disclosure

|           |                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> TN                                                                                                                                                                                                                                                  |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| <b>19</b> | 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. See Additional Data Table.                                                                                                                                                          |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/><br>Tina Robertson<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 379321960<br>(865) 374-6864                                                                                                    |

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                    |                                                                                        | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Virginia Morrow<br>Ex-officio/President of FSF | 14 00                                                                                  | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 242,023                                                                   | 24,861                                                                                        |
| (2) Robert Cathey<br>Secretary                     | 1 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Jed Dance<br>Chairman                          | 1 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Anthony L Spezia<br>Ex-officio/CEO of Covenant | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 2,492,642                                                                 | 25,707                                                                                        |
| (5) Dr Mary Dillon<br>Director                     | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 163,065                                                                   | 4,416                                                                                         |
| (6) Mary Child<br>Director                         | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Mary Ellen Brewington<br>Director              | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Ann Montgomery<br>Director                     | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Jerry Daves<br>Director                        | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Wayne Heatherly<br>Director                   | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Sidney Law<br>Director                        | 1 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                    |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

## Part VII

|           |                                                                        |   |           |        |
|-----------|------------------------------------------------------------------------|---|-----------|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |   |           |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |   |           |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 0 | 2,897,730 | 54,984 |

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 0

|          |                                                                                                                                                                                                                                               | Yes      | No  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No  |
| <b>4</b> | 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> . . . . . | <b>4</b> | Yes |
| <b>5</b> | 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> . . . . .                       | <b>5</b> | 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)<br>Name and business address                                       | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------|--------------------------------|---------------------|
| Covenant Health<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 37932 | Staffing Services              | 186,705             |
|                                                                        |                                |                     |
|                                                                        |                                |                     |
|                                                                        |                                |                     |
|                                                                        |                                |                     |

**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 ▶1

Part VIII

Statement of Revenue

|                                                           |                                           |                                                                                                                                           |                                                                                          | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                        | Federated campaigns . . .                                                                                                                 | 1a                                                                                       |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                 | 1b                                                                                       |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                              | 1c                                                                                       | 456,217              |                                                    |                                         |                                                                                 |
|                                                           | d                                         | Related organizations . . . .                                                                                                             | 1d                                                                                       | 134,903              |                                                    |                                         |                                                                                 |
|                                                           | e                                         | Government grants (contributions)                                                                                                         | 1e                                                                                       |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                         | 1f                                                                                       | 1,215,141            |                                                    |                                         |                                                                                 |
|                                                           | g                                         | Noncash contributions included in<br>lines 1a-1f \$ 146,346                                                                               |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                          |                                                                                          | 1,806,261            |                                                    |                                         |                                                                                 |
| Program Service Revenue                                   | 2a                                        |                                                                                                                                           | Business Code                                                                            |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                         |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                         |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                         |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                         |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                         | All other program service revenue                                                                                                         |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                          |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | Other Revenue                             | 3                                                                                                                                         | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                      | 511,841                                            |                                         |                                                                                 |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . .                                                                                    |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                       |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 6a                                                        |                                           | Gross rents                                                                                                                               | (i) Real                                                                                 | (ii) Personal        |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less rental expenses                                                                                                                      | 96,898                                                                                   |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Rental income or (loss)                                                                                                                   | 46,815                                                                                   |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net rental income or (loss) . . . . .                                                                                                     | 50,083                                                                                   |                      | 50,083                                             |                                         | 50,083                                                                          |
| 7a                                                        |                                           | Gross amount from sales of assets other than inventory                                                                                    | (i) Securities                                                                           | (ii) Other           |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less cost or other basis and sales expenses                                                                                               |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Gain or (loss)                                                                                                                            |                                                                                          |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net gain or (loss) . . . . .                                                                                                              |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 8a                                                        |                                           | Gross income from fundraising events (not including<br>\$ 456,217 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                                                          |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                            | a                                                                                        | 122,203              |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from fundraising events . .                                                                                          | b                                                                                        | 167,154              | -44,951                                            |                                         | -44,951                                                                         |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                     |                                                                                          |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                            |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from gaming activities . .                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 10a                                                       |                                           | Gross sales of inventory, less returns and allowances .                                                                                   |                                                                                          |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less cost of goods sold . . . . .                                                                                                         |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from sales of inventory . .                                                                                          |                                                                                          |                      |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                             |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 11a                                                       |                                           |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .               |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                           |                                                                                          |                      |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                           |                                                                                          | 2,323,234            | 0                                                  | 0                                       | 516,973                                                                         |

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) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 979,060               | 979,060                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 435,824               | 435,824                         |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                              |                       |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                         |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                         |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                            | 166,534               |                                 | 60,606                                 | 105,928                     |
| b                                                                              | Legal                                                                                                                                                                                                                                 | 4,193                 |                                 | 4,193                                  |                             |
| c                                                                              | Accounting                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| d                                                                              | Lobbying                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17                                                                                                                                                                                         |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| g                                                                              | Other                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                             | 7,928                 |                                 | 2,184                                  | 5,744                       |
| 13                                                                             | Office expenses                                                                                                                                                                                                                       | 5,528                 |                                 | 2,274                                  | 3,254                       |
| 14                                                                             | Information technology                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                             | 22,431                |                                 | 22,431                                 |                             |
| 17                                                                             | Travel                                                                                                                                                                                                                                | 1,028                 |                                 | 679                                    | 349                         |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                        |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                | 2,485                 |                                 | 2,240                                  | 245                         |
| 20                                                                             | Interest                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                             | 39,107                |                                 | 39,107                                 |                             |
| 23                                                                             | Insurance                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | Purchased Services                                                                                                                                                                                                                    | 15,689                |                                 | 7,667                                  | 8,022                       |
| b                                                                              | Bank Fees                                                                                                                                                                                                                             | 7,696                 |                                 | 7,696                                  |                             |
| c                                                                              | Meals & Entertainment                                                                                                                                                                                                                 | 4,552                 |                                 |                                        | 4,552                       |
| d                                                                              | Real Estate Taxes                                                                                                                                                                                                                     | 3,432                 |                                 | 3,432                                  |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    | 3,070                 |                                 | 1,612                                  | 1,458                       |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 1,698,557             | 1,414,884                       | 154,121                                | 129,552                     |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                           |                                                                                                                                                                                |     |            | (A)               |            | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|------------|-------------|
|                             |                                                                                                                                           |                                                                                                                                                                                |     |            | Beginning of year |            | End of year |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                            |     |            |                   | 1          |             |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                               |     |            | 206,228           | 2          | 487,931     |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                   |     |            | 6,199             | 3          | 10,790      |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                             |     |            |                   | 4          |             |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                   |     |            |                   | 5          |             |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .      |     |            |                   | 6          |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                      |     |            |                   | 7          |             |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                          |     |            |                   | 8          |             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                |     |            | 5,725             | 9          | 0           |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                              | 10a | 2,071,317  | 437,507           | 10c        | 743,399     |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                        | 10b | 1,327,918  |                   |            |             |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                               |     |            | 11,447,217        | 11         | 11,248,434  |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                    |     |            |                   | 12         |             |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                     |     |            |                   | 13         |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                    |     |            |                   | 14         |             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                    |     |            | 355,289           | 15         | 180,466     |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                                |     | 12,458,165 | 16                | 12,671,020 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                |     |            |                   | 17         | 2,198       |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                       |     |            |                   | 18         |             |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                     |     |            |                   | 19         | 12,500      |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                          |     |            |                   | 20         |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                 |     |            |                   | 21         |             |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |     |            |                   | 22         |             |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                       |     |            |                   | 23         |             |
|                             | 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 . . . . . |     |            | 151,810           | 25         | 23,494      |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                           |     |            | 151,810           | 26         | 38,192      |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                |     |            |                   |            |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                              |     |            | 6,949,854         | 27         | 7,002,585   |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                    |     |            | 5,194,169         | 28         | 5,444,077   |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                    |     |            | 162,332           | 29         | 186,166     |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                |     |            |                   |            |             |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                   |     |            |                   | 30         |             |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                      |     |            |                   | 31         |             |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                     |     |            |                   | 32         |             |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                    |     |            | 12,306,355        | 33         | 12,632,828  |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                       |     |            | 12,458,165        | 34         | 12,671,020  |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |            |
|---|---------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 2,323,234  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 1,698,557  |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 624,677    |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 12,306,355 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -298,204   |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 12,632,828 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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<br>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?                                                                                                                                                                                                                                                  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| c  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| 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                                                                                                                             |     |    |

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                     |                                                  |
|-----------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Fort Sanders Foundation | Employer identification number<br><br>62-1748601 |
|-----------------------------------------------------|--------------------------------------------------|

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | No |
| 11g(ii)  |     | No |
| 11g(iii) |     | No |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
| See Additional Data Table             |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    | 979,059                     |

Part II

Support Schedule for Organizations Described in IRC 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 fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year                                                                                                                                                                                         | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 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                                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 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 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                        |    |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|--|--|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    | 14 |  |  |  |  |  |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15 |  |  |  |  |  |
| 16a 33 1/3% support test—2011. 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                                                                                                                                                                         |    |  |  |  |  |  |
| b 33 1/3% support test—2010. If the organization did not check the 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                                                                                                                                                                    |    |  |  |  |  |  |
| 17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |    |  |  |  |  |  |
| b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |    |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                        |    |  |  |  |  |  |

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 IV.)                                                                      |          |          |          |          |          |           |
| 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 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |  |
|-----------------------------------------------------------------------------------------|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                             |    |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                       | 17 |  |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 |  |  |
| 19a 33 1/3% support tests—2011. 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—2010. 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

Additional Data

Software ID:  
Software Version:  
EIN: 62-1748601  
Name: Fort Sanders Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

| (i)<br>Name of<br>Supported<br>Organization    | (ii)<br>EIN | (iii)<br>Type of organization<br>(described on lines 1- 9<br>above or IRC section ) | (iv)<br>Is the<br>organization in<br>(i) listed in your<br>governing<br>document? |    | (v)<br>Did you notify<br>the organization<br>in (i) of your<br>support? |    | (vi)<br>Is the<br>organization in<br>(i) organized in<br>the U S ? |    | (vii)<br>Amount of support? |
|------------------------------------------------|-------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----|-------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|-----------------------------|
|                                                |             |                                                                                     | Yes                                                                               | No | Yes                                                                     | No | Yes                                                                | No |                             |
| (A) Fort Sanders<br>Regional Medical<br>Center | 620528340   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 175778                      |
| (B) Parkwest<br>Medical Center                 | 581897274   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 379823                      |
| (C) Covenant<br>Health                         | 621646734   | Line 11b                                                                            | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 264990                      |
| (D) Fort Loudoun<br>Medical Center             | 621373691   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 19731                       |
| (E) Thompson<br>Cancer Survival<br>Center      | 621250943   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 82873                       |
| (F) Covenant<br>Homecare                       | 621623114   | 9                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 25155                       |
| (G) Roane<br>Medical Center                    | 680673354   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 15006                       |
| (H) Methodist<br>Medical Center                | 620636239   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 15703                       |

Additional Data

Software ID:  
Software Version:  
EIN: 62-1748601  
Name: Fort Sanders Foundation

Form 990, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

|                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4d. Other program services                                                                                                                                                                          |
| (Code ) (Expenses \$ 564,393 including grants of \$ 564,393 ) (Revenue \$ )<br>Fort Sanders Foundation also supports a variety of other programs and services offered by the Covenant Health system |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

Name of the organization  
Fort Sanders Foundation

Employer identification number  
62-1748601

Part I

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

|   |                                                                                                                                                                                                                                                                    |                              |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                            | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                        |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                           |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                     |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                           |                              |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                           |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit |                              |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                           |                              |

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a–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                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

Part III

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

3

Using the organization's 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 XIV

5

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

☐ Yes

☐ No

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 5,356,503       | 5,692,066     | 5,718,818         | 6,314,530           |                    |
| b Contributions . . . . .                                  | 1,914,195       | 1,825,812     | 1,756,580         | 1,452,445           |                    |
| c Investment earnings or losses . . . . .                  | 24,342          | 21,403        | 16,176            | 15,945              |                    |
| d Grants or scholarships . . . . .                         | 1,389,062       | 1,657,984     | 1,492,723         | 1,409,381           |                    |
| e Other expenditures for facilities and programs . . . . . | 275,735         | 524,794       | 306,785           | 654,721             |                    |
| f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| g End of year balance . . . . .                            | 5,630,243       | 5,356,503     | 5,692,066         | 5,718,818           |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 3 310 %

c

Term endowment ▶ 96 690 %

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 . . . . .

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     | No |
| 3a(ii) |     | No |

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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 . . . . .                                                                                    |                                      | 132,822                         |                              | 132,822        |
| b Buildings . . . . .                                                                                |                                      | 1,754,670                       | 1,146,804                    | 607,866        |
| c Leasehold improvements . . . . .                                                                   |                                      | 5,583                           | 5,583                        | 0              |
| d Equipment . . . . .                                                                                |                                      | 178,242                         | 175,531                      | 2,711          |
| e Other . . . . .                                                                                    |                                      |                                 |                              |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 743,399        |



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

|    |                                                                                 |    |  |
|----|---------------------------------------------------------------------------------|----|--|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  |  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  |  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  |  |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |  |
| 5  | Donated services and use of facilities                                          | 5  |  |
| 6  | Investment expenses                                                             | 6  |  |
| 7  | Prior period adjustments                                                        | 7  |  |
| 8  | Other (Describe in Part XIV)                                                    | 8  |  |
| 9  | Total adjustments (net) Add lines 4 - 8                                         | 9  |  |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |  |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------|----|--|
| 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 on investments . . . . .                                              | 2a |  |
| b | Donated services and use of facilities . . . . .                                           | 2b |  |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |  |
| d | Other (Describe in Part XIV) . . . . .                                                     | 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 XIV) . . . . .                                                     | 4b |  |
| c | Add lines 4a and 4b . . . . .                                                              | 4c |  |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  |  |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |  |
|---|---------------------------------------------------------------------------------------------|----|--|
| 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 XIV) . . . . .                                                      | 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 XIV) . . . . .                                                      | 4b |  |
| c | Add lines 4a and 4b . . . . .                                                               | 4c |  |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  |  |

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Intended Use of Endowment Funds      | Part V, Line 4   | Fort Sanders Foundation maintains four permanent endowments for the purpose of providing a permanent source of income for programs at Fort Sanders Regional Medical Center, Parkwest Medical Center, and Fort Sanders School of Nursing at Tennessee Wesleyan. The Pastoral Care Fund, The Caroline Can'l Fund, The Ruth Crawely R N Scholarship Award Fund, and The Wayne Heatherly Excellence in Patient Care Fund. The principal of all four permanent endowments will be kept intact in perpetuity. Only the income generated will be distributed to Fort Sanders Regional Medical Center, Parkwest Medical Center, and Fort Sanders School of Nursing at TN Wesleyan to support programs at these institutions. |
| Description of Uncertain Tax Positions Under FIN 48 | Part X           | Note G to the consolidated audited financial statements of Covenant Health, parent company to Fort Sanders Foundation, reads in part: "At December 31, 2011, tax returns for 2008 through 2011 are subject to examination by the Internal Revenue Service. Covenant has no uncertain tax positions that would require financial statement recognition on disclosure under generally accepted accounting principles at December 31, 2011 or 2010."                                                                                                                                                                                                                                                                    |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
Fort Sanders Foundation

Employer identification number  
62-1748601

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |                                                 |                                                                        | (a) Event #1                  | (b) Event #2   | (c) Other Events | (d) Total Events                 |
|-----------------|-------------------------------------------------|------------------------------------------------------------------------|-------------------------------|----------------|------------------|----------------------------------|
|                 |                                                 |                                                                        | PATRICIA NEAL<br>GOLF CLASSIC | ARTSCLAMATION! | 1                | (Add col (a) through<br>col (c)) |
|                 |                                                 |                                                                        | (event type)                  | (event type)   | (total number)   |                                  |
|                 | 1                                               | Gross receipts . . . . .                                               | 456,414                       | 69,646         | 52,360           | 578,420                          |
|                 | 2                                               | Less Charitable<br>contributions . . . . .                             | 386,517                       | 34,590         | 35,110           | 456,217                          |
| 3               | Gross income (line 1<br>minus line 2) . . . . . | 69,897                                                                 | 35,056                        | 17,250         | 122,203          |                                  |
| Direct Expenses | 4                                               | Cash prizes . . . . .                                                  | 9,000                         | 0              | 0                | 9,000                            |
|                 | 5                                               | Non-cash prizes . . . . .                                              | 41,785                        | 0              | 7,856            | 49,641                           |
|                 | 6                                               | Rent/facility costs . . . . .                                          | 21,413                        | 700            | 11,288           | 33,401                           |
|                 | 7                                               | Food and beverages . . . . .                                           | 3,854                         | 9,631          | 835              | 14,320                           |
|                 | 8                                               | Entertainment . . . . .                                                | 600                           | 1,300          | 0                | 1,900                            |
|                 | 9                                               | Other direct expenses . . . . .                                        | 42,125                        | 13,875         | 2,892            | 58,892                           |
|                 | 10                                              | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                               |                |                  | ( 167,154 )                      |
|                 | 11                                              | Net income summary Combine lines 3 and 10 in column (d). . . . . ▶     |                               |                |                  | -44,951                          |

Part III Gaming.

Complete if the organization answered "Yes" to 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<br>bingo/progressive bingo                  | (c) Other gaming                                                  | (d) Total gaming                 |
|-----------------|---|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
|                 |   |                                                                           |                                                                   |                                                                   |                                                                   | (Add col (a) through<br>col (c)) |
| Direct Expenses | 1 | Gross revenue . . . . .                                                   |                                                                   |                                                                   |                                                                   |                                  |
|                 | 2 | Cash prizes . . . . .                                                     |                                                                   |                                                                   |                                                                   |                                  |
|                 | 3 | Non-cash prizes . . . .                                                   |                                                                   |                                                                   |                                                                   |                                  |
|                 | 4 | Rent/facility costs . . . .                                               |                                                                   |                                                                   |                                                                   |                                  |
|                 | 5 | Other direct expenses . . .                                               |                                                                   |                                                                   |                                                                   |                                  |
|                 | 6 | Volunteer labor . . . .                                                   | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No |                                  |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                   |                                                                   |                                                                   | ( )                              |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                   |                                                                   |                                                                   |                                  |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 operate 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 operated in

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

14

Provide 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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ 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

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

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As Filed Data -

DLN: 93493318003162

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Fort Sanders Foundation

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
62-1748601

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance                 | (h) Purpose of grant or assistance                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Covenant Health1420 Centerpoint Blvd Bldg C Knoxville,TN 37932                     | 62-1646734 | 501(c)(3)                          | 176,894                  | 88,097                            | Receipts provided by donor or FMV                     | Auction items and patient family gifts                 | Financial support for Hope Center and it's patients and patients' family members                                                                                                                                                                                       |
| (2) Fort Sanders Regional Medical Center1901 Clinch Ave Knoxville,TN 37916             | 62-0528340 | 501(c)(3)                          | 174,703                  | 1,075                             | Receipts provided by donor or FMV                     | Equipment for Patricia Neal IRC Program and gift cards | To help provide equipment, staff and patient education, rehabilitation programs and cardiopulmonary programs, CVA support programs, and Amputee Kids Camp Also helps provide activities for Patricia Neal Rehabilitation Center patients and the physically challenged |
| (3) Parkwest Medical Center9352 Park West Blvd Knoxville,TN 37923                      | 58-1897274 | 501(c)(3)                          | 379,823                  |                                   |                                                       |                                                        | To help support Pulmonary Rehab programs, as well as provide for equipment, staff and patient education, staff recognition rewards                                                                                                                                     |
| (4) Fort Loudoun Medical Center550 Fort Loudoun Medical Center Dr Lenoir City,TN 37772 | 62-1373691 | 501(c)(3)                          | 19,731                   |                                   |                                                       |                                                        | To help provide employee financial assistance as well as equipment for the hospital                                                                                                                                                                                    |
| (5) Thompson Cancer Survival Center Foundation1915 White Ave Knoxville,TN 37916        | 62-1250943 | 501(c)(3)                          | 75,880                   | 6,993                             | Receipts provided by donor or FMV                     | household items, food, cleaning supplies, gift cards   | To provide support for operation and materials and food for Fellowship Center                                                                                                                                                                                          |
| (6) Covenant Homecare3001 Lake Brook Blvd Suite 101 Knoxville,TN 37909                 | 62-1623114 | 501(c)(3)                          | 25,145                   | 10                                | Receipts provided by donor or FMV                     | gift card                                              | To help provide equipment and to support HomeCare Hospice Program as well as the Katerpillar Kids Camp program                                                                                                                                                         |
| (7) Methodist Medical Center990 Oak Ridge Turnpike Oak Ridge,TN 37830                  | 62-0636239 | 501(c)(3)                          | 15,703                   |                                   |                                                       |                                                        | To help provide funding for patient and staff education                                                                                                                                                                                                                |
| (8) Roane Medical Center412 Devonia Street Harriman,TN 37748                           | 68-0673354 | 501(c)(3)                          | 15,006                   |                                   |                                                       |                                                        | To help fund portable ultrasound machine                                                                                                                                                                                                                               |
|                                                                                        |            |                                    |                          |                                   |                                                       |                                                        |                                                                                                                                                                                                                                                                        |
|                                                                                        |            |                                    |                          |                                   |                                                       |                                                        |                                                                                                                                                                                                                                                                        |
|                                                                                        |            |                                    |                          |                                   |                                                       |                                                        |                                                                                                                                                                                                                                                                        |
|                                                                                        |            |                                    |                          |                                   |                                                       |                                                        |                                                                                                                                                                                                                                                                        |

2

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

8

3

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

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance                                             | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|----------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) Employee/Patient assistance                                            |                         | 128,265                 |                                  |                                                      |                                       |
| (2) Academic Scholarships                                                  |                         | 61,225                  |                                  |                                                      |                                       |
| (3) Patient medical assistance not covered by insurance or any other means |                         | 246,334                 |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier                                 | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure for Monitoring Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 Fort Sanders Foundation provided cash assistance to several funds throughout the Covenant Health system, which the Foundation supports While some cash assistance is intended for use of individual recipients, Fort Sanders Foundation neither selects them nor controls disbursement of assistance from the individual funds Due to the nature of this process, Fort Sanders Foundation is unable to complete Part III, column (b) Additionally, the amount of assistance given to the fund in 2011 may or may not be the same amount of assistance given to individual recipients In regards to how the funds are used they are to assist with the cost of medical treatment, housing, food, clothes, etc for patients/patient families as well as Covenant Health system employees who have fallen on hard times |

Software ID:  
Software Version:  
EIN: 62-1748601  
Name: Fort Sanders Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code 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                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Covenant Health<br>1420 Centerpoint Blvd Bldg C<br>Knoxville,TN 37932     | 62-1646734 | 501(c)(3)                          | 176,894                  | 88,097                            | Receipts provided by donor or FMV                     | Auction items and patient family gifts                 | Financial support for Hope Center and it's patients and patients' family members                                                                                                                                                                                       |
| Fort Sanders Regional Medical Center1901 Clinch Ave<br>Knoxville,TN 37916 | 62-0528340 | 501(c)(3)                          | 174,703                  | 1,075                             | Receipts provided by donor or FMV                     | Equipment for Patricia Neal IRC Program and gift cards | To help provide equipment, staff and patient education, rehabilitation programs and cardiopulmonary programs, CVA support programs, and Amputee Kids Camp Also helps provide activities for Patricia Neal Rehabilitation Center patients and the physically challenged |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                                                                          |
|-------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Parkwest Medical Center9352 Park West Blvd Knoxville, TN 37923                      | 58-1897274     | 501(c)(3)                                 | 379,823                         |                                          |                                                              |                                               | To help support Pulmonary Rehab programs, as well as provide for equipment, staff and patient education, staff recognition rewards |
| Fort Loudoun Medical Center550 Fort Loudoun Medical Center Dr Lenoir City, TN 37772 | 62-1373691     | 501(c)(3)                                 | 19,731                          |                                          |                                                              |                                               | To help provide employee financial assistance as well as equipment for the hospital                                                |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance        | <b>(h)</b> Purpose of grant or assistance                                                                      |
|------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Thompson Cancer Survival Center Foundation1915 White Ave Knoxville, TN 37916 | 62-1250943     | 501(c)(3)                                 | 75,880                          | 6,993                                    | Receipts provided by donor or FMV                            | household items, food, cleaning supplies, gift cards | To provide support for operation and materials and food for Fellowship Center                                  |
| Covenant Homecare3001 Lake Brook Blvd Suite 101 Knoxville, TN 37909          | 62-1623114     | 501(c)(3)                                 | 25,145                          | 10                                       | Receipts provided by donor or FMV                            | gift card                                            | To help provide equipment and to support HomeCare Hospice Program as well as the Katerpillar Kids Camp program |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance               |
|--------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| Methodist Medical Center990 Oak Ridge Turnpike Oak Ridge, TN 37830 | 62-0636239     | 501(c)(3)                                 | 15,703                          |                                          |                                                              |                                               | To help provide funding for patient and staff education |
| Roane Medical Center412 Devonia Street Harriman, TN 37748          | 68-0673354     | 501(c)(3)                                 | 15,006                          |                                          |                                                              |                                               | To help fund portable ultrasound machine                |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Fort Sanders Foundation | Employer identification number<br>62-1748601 |
|-----------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div> |     |    |
| <div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>                                                                                                                                                                                                                                                               |     |    |
| <div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <div>4a</div> <div>Receive a severance payment or change-of-control payment?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div>4b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |    |
| <div>4c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| <div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div>a</div> <div>The organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div>b</div> <div>Any related organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | No |
| <div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div>a</div> <div>The organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div>b</div> <div>Any related organization?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | No |
| <div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | No |
| <div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| <div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

| (A) Name             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| (1) Virginia Morrow  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                      | (ii) | 151,392                                            | 52,216                              | 38,415                              | 9,699                                          | 15,162                  | 266,884                         | 0                                                          |
| (2) Anthony L Spezia | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                      | (ii) | 924,445                                            | 326,250                             | 1,241,947                           | 9,800                                          | 15,907                  | 2,518,349                       | 759,468                                                    |
| (3) Dr Mary Dillon   | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                      | (ii) | 162,284                                            | 0                                   | 781                                 | 0                                              | 4,416                   | 167,481                         | 0                                                          |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**Part III**   **Supplemental Information**

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

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Part I, Line 4b  | Part II, Anthony L. Spezia (compensated by Covenant Health, parent organization) - Column (B)(iii). Other reportable compensation: \$1,010,702 of the total amount reported as "other reportable compensation" under Column (B)(iii) is the total amount accrued during years 2007, 2008, 2009, 2010, and 2011 under a 457(f) deferred compensation plan established for Mr. Spezia in year 2000. Amounts accrued in years 2007 through 2010 have been previously reported and included in compensation on Form 990 for the applicable year. Although all deferred amounts became fully vested and taxable in 2011, only 2007 accruals were distributed to Mr. Spezia in 2011. Accruals for 2008-2011 are distributable in future years. Consequently, the \$1,103,451 is comprised of the following: \$586,516 accrued and previously reported as income on Form 990 for years 2008, 2009, and 2010, which is fully vested but has not been distributed; \$235,299 distributed in 2011, of which \$172,952 was previously reported as income on Form 990 for year 2007, the remainder representing earnings on the deferred amount distributed; and \$188,887 accrued in 2011, which is fully vested but has not been distributed. |

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
Fort Sanders Foundation

Employer identification number  
62-1748601

Part I

Types of Property

|                                                                                                                                                                                        | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                                                                                                                                           | X                                | 29                                                     | 19,135                                                                        | Fair Market Value                                    |
| 2 Art—Historical treasures . . . . .                                                                                                                                                   |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                                                                                                                                   |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                                                                                                                                     | X                                |                                                        | 85                                                                            | Fair Market Value                                    |
| 5 Clothing and household<br>goods . . . . .                                                                                                                                            | X                                |                                                        | 67,482                                                                        | Fair Market Value                                    |
| 6 Cars and other vehicles . . . . .                                                                                                                                                    |                                  |                                                        |                                                                               |                                                      |
| 7 Boats and planes . . . . .                                                                                                                                                           |                                  |                                                        |                                                                               |                                                      |
| 8 Intellectual property . . . . .                                                                                                                                                      |                                  |                                                        |                                                                               |                                                      |
| 9 Securities—Publicly traded . . . . .                                                                                                                                                 | X                                | 2                                                      | 2,324                                                                         | Median Price per Share                               |
| 10 Securities—Closely held stock . . . . .                                                                                                                                             |                                  |                                                        |                                                                               |                                                      |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .                                                                                                                        |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                                                                                                                                  |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .                                                                                                             |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>contribution—Other . . . . .                                                                                                                              |                                  |                                                        |                                                                               |                                                      |
| 15 Real estate—Residential . . . . .                                                                                                                                                   |                                  |                                                        |                                                                               |                                                      |
| 16 Real estate—Commercial . . . . .                                                                                                                                                    |                                  |                                                        |                                                                               |                                                      |
| 17 Real estate—Other . . . . .                                                                                                                                                         |                                  |                                                        |                                                                               |                                                      |
| 18 Collectibles . . . . .                                                                                                                                                              | X                                | 18                                                     | 3,166                                                                         | Fair Market Value                                    |
| 19 Food inventory . . . . .                                                                                                                                                            | X                                | 69                                                     | 6,338                                                                         | Fair Market Value                                    |
| 20 Drugs and medical supplies . . . . .                                                                                                                                                |                                  |                                                        |                                                                               |                                                      |
| 21 Taxidermy . . . . .                                                                                                                                                                 |                                  |                                                        |                                                                               |                                                      |
| 22 Historical artifacts . . . . .                                                                                                                                                      |                                  |                                                        |                                                                               |                                                      |
| 23 Scientific specimens . . . . .                                                                                                                                                      |                                  |                                                        |                                                                               |                                                      |
| 24 Archeological artifacts . . . . .                                                                                                                                                   |                                  |                                                        |                                                                               |                                                      |
| Gift Cards,<br>certificates,<br>25 Other ► ( tickets ) . . . . .                                                                                                                       | X                                | 170                                                    | 47,816                                                                        | Fair Market Value                                    |
| 26 Other ► ( ) . . . . .                                                                                                                                                               |                                  |                                                        |                                                                               |                                                      |
| 27 Other ► ( ) . . . . .                                                                                                                                                               |                                  |                                                        |                                                                               |                                                      |
| 28 Other ► ( ) . . . . .                                                                                                                                                               |                                  |                                                        |                                                                               |                                                      |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . |                                  |                                                        | 29                                                                            | 0                                                    |

|     |                                                                                                                                                                                                                                                                                                   |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . | Yes | No |
| b   | If "Yes," describe the arrangement in Part II                                                                                                                                                                                                                                                     |     | No |
| 31  | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?                                                                                                                                                                                   | 31  | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .                                                                                                                                                           | 32a | No |
| b   | If "Yes," describe in Part II                                                                                                                                                                                                                                                                     |     |    |
| 33  | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II                                                                                                                                                             |     |    |

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

|                                                     |                                                  |
|-----------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Fort Sanders Foundation | Employer identification number<br><br>62-1748601 |
|-----------------------------------------------------|--------------------------------------------------|

| Identifier                                     | Return Reference                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | Form 990, Part VI, Section A, line 6    | Fort Sanders Foundation has one member, Covenant Health, a Tennessee nonprofit corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                | Form 990, Part VI, Section A, line 7a   | The sole member, Covenant Health, has the exclusive right to vote on the election, appointment of or removal of Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                | Form 990, Part VI, Section A, line 7b   | Fort Sanders Foundation has one member, Covenant Health, a Tennessee nonprofit corporation The sole member, Covenant Health, must obtain consent of its board of directors before any person or entity can become a board member of Fort Sanders Foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | Form 990, Part VI, Section B, line 11   | Fort Sanders Foundation's 2011 Form 990 w as prepared and made available to Fort Sanders Foundation Board of Directors prior to filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                | Form 990, Part VI, Section B, line 12c  | Board members, officers and employees are required to adhere to rules and policies regarding conflicts of interest Covenant Health, the parent company of the organization, distributes a board approved employee handbook to all employees The handbook covers among other subjects, conflicts of interest Additionally, managers are required to complete and sign an annual management certification that addresses conflicts of interest Board members' conflicts of interests are dealt with in the corporate bylaws and board members are required to complete and sign a conflict of interest questionnaire on an annual basis The Integrity Compliance Office of the parent company maintains records that contain conflict of interest information obtained from board members, officers and employees These records are available to be queried prior to engaging in business transactions The Integrity Compliance Officer initially reviews all conflict of interest data Based on this information, the officer determines what conflicts of interest exist at that point in time Between times when surveys are collected board members are expected to disclose any new conflicts that have arisen that affect pending board decisions As well, managers and other employees are expected to report conflicts to the Integrity Compliance Officer as they arise Depending on the nature of the conflict and the circumstances surrounding the conflict and transaction, the Integrity Compliance Officer, Senior Leadership, or the Board of Directors may review the conflict of interest Where appropriate these bodies may also consult legal counsel Restrictions imposed on persons with a conflict of interest are determined on a case by case basis For Covenant Health employees, the Integrity Compliance Officer, in consultation with Senior Leadership at the facility and if necessary executive leadership at Covenant Health determines how to appropriately handle the conflict Any conflicted board member is expected to excuse himself or herself from voting on matters that give rise to the conflict |
|                                                | Form 990, Part VI, Section B, line 15a  | Base salary for Virginia Morrow, President of Fort Sanders Foundation, SVP of Covenant Health, was established according to an executive salary structure developed by the consultant and approved by Covenant Health leadership Each salary grade has a minimum, a midpoint, and a maximum Midpoints are established by the consultant based upon contemporary market data for various positions in a tax exempt health system Initial salary offers are made by the EVP-Human Resources with review and approval by the CEO As long as the offer is between the lower and upper levels of the mid range of the approved salary grade, no other oversight is required However, if the offer exceeds the mid-range, then the EVP-Human Resources in conjunction with the consultant determines reasonable compensation Annual bonuses are determined according to the performance-based incentive compensation policy and the evaluation of the performance level of each executive The Executive Leadership Team (comprised of the CEO, CFO, EVP-Human Resources, and EVP-Hospital operations of Covenant Health) determines each bonus award predicated on the performance of the individual on predefined, measurable annual goals Adjustments to the salary structure and individual executive salary increases reflect information provided by the consultant An executive's tenure, experience, and performance are also factors utilized in providing salary increases, if any Salary increases are approved by the Executive Leadership Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                | Form 990, Part VI, Section C, line 19   | Form 990, Part VI, Section C, Line 19 Fort Sanders Foundation makes its governing documents and financial statements available to the public upon request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Changes in Net Assets or Fund Balances         | Form 990, Part XI, line 5               | Net unrealized losses on investments -468,108 Prior period adjustments 172,500 Change in Value of Trusts - 2,596 Total to Form 990, Part XI, Line 5 -298,204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                | Form 990, Part XII, Line 2c             | The Finance Committee of the Board of Directors for Covenant Health (sole member to Fort Sanders Foundation) assumes responsibility for oversight of the audit of the consolidated financial statements and selection of an independent accountant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Contact Addresses for Officers, Directors, Etc | Form 990, Part VI, Line 11 and Part VII | Anthony L. Spezia Covenant Health 100 Fort Sanders West Blvd Knoxville, TN 37922 Mary Dillon Fort Sanders Regional Medical Center 1901 Clinch Ave Knoxville, TN 37916 All other persons listed in Part VII, Section A may be contacted at the organization's address, which is Fort Sanders Foundation 280 Fort Sanders West Blvd , Suite 100 Knoxville, TN 37922                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Fort Sanders Foundation

Employer identification number  
62-1748601

Part I

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |

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)<br>Name, address, and EIN of<br>related organization                                                                    | (b)<br>Primary activity     | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                             |                             |                                                              |                                     |                                                                                                       |                                 |                                           | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1) Endoscopy Center of Oak Ridge LLC<br><br>988 Oak Ridge Turnpike Ste 200<br>Oak Ridge, TN 37830<br>62-1667358            | Outpatient medical facility | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (2) Fort Sanders West OP Surgery Ctr LLC<br><br>210 Fort Sanders West Blvd Ste 106<br>Knoxville, TN 37922<br>62-1366907     | Outpatient surgery Center   | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (3) Fort Sanders West Associates<br><br>280 Fort Sanders West Blvd Ste 214<br>Knoxville, TN 37922<br>62-1384171             | Building ownership          | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (4) Assoc of the Mendenian Health Outpatient Surgery Ctr LLC<br><br>908 W 4th North St<br>Mornstown, TN 37814<br>86-1167487 | Outpatient surgery center   | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (5) Tellico Senior Living LLC<br><br>PO Box 308<br>Caryville, TN 37714<br>36-4353505                                        | Retirement village          | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (6) KOSC Properties LLC<br><br>260 Fort Sanders West Blvd Ste 200<br>Knoxville, TN 37922<br>26-2444076                      | Building ownership          | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |
| (7) Knoxville Orthopaedic Surgery Ctr LLC<br><br>260 Fort Sanders West Blvd Ste 200<br>Knoxville, TN 37922<br>26-2437385    | Orthopaedic surgery         | TN                                                           | N/A                                 |                                                                                                       |                                 |                                           |                                         |    |                                                                         |                                           |    |                                |

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)<br>Name, address, and EIN of related organization                                                       | (b)<br>Primary activity          | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| (1) Fortress Corporation<br>280 Fort Sanders West Blvd Suite 21<br>Knoxville, TN 37922<br>62-1308885        | Management Company               | TN                                                        | N/A                                 | C                                                      |                                 |                                          |                                |
| (2) Covenant Medical Management<br>280 Fort Sanders West Blvd Suite 20<br>Knoxville, TN 37922<br>62-1282917 | Physician practice management    | TN                                                        | N/A                                 | C                                                      |                                 |                                          |                                |
| (3) KASC Acquistion Company<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 37932<br>26-3400984            | Real estate holdings             | TN                                                        | N/A                                 | C                                                      |                                 |                                          |                                |
| (4) Knoxville Heart Group<br>1819 Clinch Avenue Suite 108<br>Knoxville, TN 37916<br>27-1528941              | Cardiology medical practice      | TN                                                        | N/A                                 | C                                                      |                                 |                                          |                                |
| (5) Mornistown-Hamblen Health Services Inc<br>908 W 4th North St<br>Mornstown, TN 37814<br>62-1588521       | Inactive - dissolved<br>2/5/2011 | TN                                                        | N/A                                 | C                                                      |                                 |                                          |                                |
|                                                                                                             |                                  |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                             |                                  |                                                           |                                     |                                                        |                                 |                                          |                                |

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

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)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1)                               |                                 |                        |                                                 |
| (2)                               |                                 |                        |                                                 |
| (3)                               |                                 |                        |                                                 |
| (4)                               |                                 |                        |                                                 |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

Schedule R (Form 990) 2011

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

Software ID:

Software Version:

EIN: 62-1748601

Name: Fort Sanders Foundation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization                                                                       | (b)<br>Primary Activity                   | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity        | (g)<br>Section 512 (b)(13) controlled organization |    |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------|----------------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------------|----|
| Covenant Health<br><br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 37932<br>62-1646734                                    | Supporting Organization                   | TN                                               | 501(c)(3)                  | Line 11b, II                                | N/A                                     |                                                    | No |
| LeConte Medical Center<br><br>742 Middle Creek Road<br>Sevierville, TN 37862<br>62-1114867                                  | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Fort Sanders Regional Medical Center<br><br>1901 W Clinch Avenue<br>Knoxville, TN 37916<br>62-0528340                       | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Parkwest Medical Center<br><br>9352 Park West Blvd<br>Knoxville, TN 37923<br>58-1897274                                     | Acute care hospital & behavioral services | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Methodist Medical Center<br><br>990 Oak Ridge Turnpike<br>Oak Ridge, TN 37830<br>62-0636239                                 | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Roane County Medical Center dba Roane Medical Center<br><br>412 Devonia Street<br>Harriman, TN 37748<br>68-0673354          | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Fort Loudoun Medical Center<br><br>550 Fort Loudoun Medical Ctr<br>Loudon, TN 37772<br>62-1373691                           | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Thompson Cancer Survival Center<br><br>1915 White Avenue<br>Knoxville, TN 37916<br>62-1250943                               | Cancer treatment facility                 | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Thompson Oncology Group<br><br>1915 White Avenue<br>Knoxville, TN 37916<br>62-1619239                                       | Oncology services                         | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Covenant Homecare<br><br>3001 Lake Brook Blvd Suite 101<br>Knoxville, TN 37916<br>62-1623114                                | Home health services                      | TN                                               | 501(c)(3)                  | Line 9                                      | Covenant Health                         |                                                    | No |
| Fort Sanders Perinatal Center<br><br>501 19th St Suite 304<br>Knoxville, TN 37916<br>04-3760551                             | High risk obstetrical services            | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Morristown-Hamblen Hospital Assoc dba M-H Healthcare System<br><br>908 W 4th North St<br>Morristown, TN 37814<br>62-0545814 | Acute care hospital                       | TN                                               | 501(c)(3)                  | Line 3                                      | Covenant Health                         |                                                    | No |
| Thompson Cancer Survival Center Foundation<br><br>1915 White Avenue<br>Knoxville, TN 37916<br>58-2130450                    | Fundraising and patient outreach          | TN                                               | 501(c)(3)                  | Line 11a, I                                 | Thompson Cancer Survival Center         |                                                    | No |
| Morristown Regional Cancer Center LLC<br><br>908 W 4th North St<br>Morristown, TN 37814<br>20-0916364                       | Cancer treatment facility                 | TN                                               | 501(c)(3)                  | Line 3                                      | Morristown-Hamblen Hospital Association |                                                    | No |

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

[illegible]