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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin: 0;">Return of Organization Exempt From Income Tax</h2> <p style="margin: 5px 0;"><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p style="margin: 5px 0;">▶ Do not enter social security numbers on this form as it may be made public.</p> <p style="margin: 5px 0;">▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p> | OMB No 1545-0047<br><div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2015</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Open to Public Inspection</div> |
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|                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                                                  |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                  |                                                           |
| <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"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Fort Sanders Foundation                                                  |                                                                                                                                                  | <b>D</b> Employer identification number<br><br>62-1748601 |
|                                                                                                                                                                                                                                                                                                           | Doing business as                                                                                         |                                                                                                                                                  | <b>E</b> Telephone number<br><br>(865) 374-6864           |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)<br>1420 Centerpoint Blvd Bldg C | Room/suite                                                                                                                                       |                                                           |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>Knoxville, TN 379321960       |                                                                                                                                                  | <b>G</b> Gross receipts \$ 1,599,716                      |
| <b>F</b> Name and address of principal officer<br>Mike Swift<br>280 Ft Sanders West Ste 202<br>Knoxville, TN 37922                                                                                                                                                                                        |                                                                                                           | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                                           |
| <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>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |
| <b>J</b> Website: ▶ www.fortsandersfoundation.org                                                                                                                                                                                                                                                         |                                                                                                           | <b>H(c)</b> Group exemption number ▶                                                                                                             |                                                           |
| <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                                                           | <b>1</b> 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 |                   |                                  |
|                                                                                   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                     |                   |                                  |
|                                                                                   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                | <b>3</b>          | 16                               |
|                                                                                   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                    | <b>4</b>          | 13                               |
|                                                                                   | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .                                                                                                                                     | <b>5</b>          | 0                                |
|                                                                                   | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                               | <b>6</b>          | 160                              |
|                                                                                   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                            | <b>7a</b>         | 0                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . | <b>7b</b>                                                                                                                                                                                                                           |                   |                                  |
| Revenue                                                                           |                                                                                                                                                                                                                                     | <b>Prior Year</b> | <b>Current Year</b>              |
|                                                                                   | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                    | 1,151,923         | 1,050,463                        |
|                                                                                   | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                     | 0                 | 0                                |
|                                                                                   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                  | 577,173           | 372,653                          |
|                                                                                   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .                                                                                                                                        | 9,319             | 24,159                           |
|                                                                                   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                | 1,738,415         | 1,447,275                        |
| Expenses                                                                          | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                               | 1,179,123         | 929,843                          |
|                                                                                   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                   | 0                 | 0                                |
|                                                                                   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .                                                                                                                               | 0                 | 0                                |
|                                                                                   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                  | 0                 | 0                                |
|                                                                                   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>78,416</b> . . . . .                                                                                                                                          |                   |                                  |
|                                                                                   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                    | 223,611           | 209,409                          |
|                                                                                   | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .                                                                                                                                        | 1,402,734         | 1,139,252                        |
|                                                                                   | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                             | 335,681           | 308,023                          |
|                                                                                   | Net Assets or Fund Balances                                                                                                                                                                                                         |                   | <b>Beginning of Current Year</b> |
| <b>20</b> Total assets (Part X, line 16) . . . . .                                |                                                                                                                                                                                                                                     | 14,714,340        | 14,718,963                       |
| <b>21</b> Total liabilities (Part X, line 26) . . . . .                           |                                                                                                                                                                                                                                     | 115,072           | 172,004                          |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .     |                                                                                                                                                                                                                                     | 14,599,268        | 14,546,959                       |

|                |                        |
|----------------|------------------------|
| <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                        |  |                      | 2016-11-09<br>Date |                                                                               |
|                               | JOHN T GEPPI EVP/CFO<br>Type or print name and title |  |                      |                    |                                                                               |
| <b>Paid Preparer Use Only</b> | Prnt/Type preparer's name                            |  | Preparer's signature |                    | Date                                                                          |
|                               |                                                      |  |                      |                    | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN |
|                               | Firm's name ▶                                        |  |                      |                    | Firm's EIN ▶                                                                  |
|                               | Firm's address ▶                                     |  |                      |                    | Phone no                                                                      |

**Part III**   **Statement of Program Service Accomplishments**

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

**1**   Briefly describe the organization's mission

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 Covenant Health's mission to serve the community by improving the quality of life through better health.

**2**   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes   ☒ No  
If "Yes," describe these new services on Schedule O

**3**   Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes   ☒ No  
If "Yes," describe these changes on Schedule O

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Code ) (Expenses \$ 248,292 including grants of \$ 248,292 ) (Revenue \$ ) |
| Fort Sanders Regional Medical Center. See Schedule O for details. Expenses - \$248,292, Grants - \$248,292. Fort Sanders Foundation supports a variety of departments and programs within Fort Sanders Regional Medical Center. Approximately \$222,098 of the reported total supported needs at Patricia Neal Rehabilitation Center, including patient care scholarships for uninsured patients in need of physical rehabilitation, adaptive recreation outreach efforts, patient care equipment, and staff continuing education. Distributions totaling \$16,583 benefited pulmonary care efforts, including specialized equipment for patients with pulmonary complications and staff education regarding pulmonary disease. Distributions of \$3,857 to Fort Sanders Regional Medical Center supported neurovascular research studies. Training for a hospital chaplain and a volunteer chaplain in Stephen Ministry was supported by a \$3,914 distribution. An additional \$1,840 provided for continuing education for Clinical Excellence Award winners in stroke care. |                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |
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| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Code ) (Expenses \$ 152,478 including grants of \$ 152,478 ) (Revenue \$ ) |
| Covenant Health Hope Center. See Schedule O for details. Expenses - \$152,478, Grants - \$152,478. Distributions to the Hope Center, a program of Covenant Health, support entirely the operations and services of the center. Total distributions for 2015 included \$82,842 in cash and \$69,636 in gifts-in-kind. These gifts-in-kind included 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. The Hope Center was established in 1996 to address the unmet needs of patients infected with HIV/AIDS in Knox and the surrounding counties. It provides supportive care programs at no charge to inpatients, outpatients, and families affected by HIV. The Center relies entirely on charitable gifts and donations for its existence. In the last 20 years, close to 3,000 individuals and their families have received supportive services at no charge. |                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |
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| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Code ) (Expenses \$ 123,951 including grants of \$ 123,951 ) (Revenue \$ ) |
| Covenant Health Pulmonary Care Services. See Schedule O for details. Expenses - \$123,951, Grants - \$123,951. An annual grant from the Will Rogers Institute is managed by Fort Sanders Foundation for the benefit of pulmonary health programs across Covenant Health. In 2015, \$6,000 was distributed to cover the expenses of the annual Will Rogers Respiratory Care Seminar, a continuing education event offering 6 CEUs to health care professionals and students from Covenant Health facilities and the surrounding area. The remaining approximately \$118,000 provided patient scholarships for outpatient pulmonary rehabilitation care and pulmonary disease management education to 363 patients receiving care at one of these Covenant facilities: Fort Loudoun Medical Center, Fort Sanders Regional Medical Center, LeConte Medical Center, Morristown Healthcare System, Parkwest Medical Center, and Roane Medical Center. |                                                                             |
| See Additional Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |

|                                                                     |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------|
| <b>4d</b>                                                           | Other program services (Describe in Schedule O ) |
| (Expenses \$ 405,124 including grants of \$ 405,124 ) (Revenue \$ ) |                                                  |

|           |                                                 |
|-----------|-------------------------------------------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> 929,845 |
|-----------|-------------------------------------------------|

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 Section 501(c)(3) organizations.<br>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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             |     | 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 and XII                                                                                                                                                        |     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        |     | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             |     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                           |     | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                     |     | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            |     | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           | 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 hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             |     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              |     |    |

**Part IV** Checklist of Required Schedules (continued)

|            |                                                                                                                                                                                                                                                                                                                            |            |     |    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | <b>22</b>  | Yes |    |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b>  | Yes |    |
| <b>24a</b> | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .                                                                                      | <b>25a</b> |     | No |
| <b>b</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> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)                                                                                                                               |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>  | Yes |    |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .                                                                                                                                                                      | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .                                                                                                                      | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | <b>35a</b> |     | No |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | <b>35b</b> |     |    |
| <b>36</b>  | <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> . . . . .                                                                                                                           | <b>36</b>  |     | No |
| <b>37</b>  | 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> . . . . .                                                                             | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                            |     |     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|     |                                                                                                                                                                                                                                            | Yes | No  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1a  | 38  |
| 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.                                                             | 2a  | 0   |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<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" to line 3b, 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, securities account, or other financial account)? | 4a  | No  |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |     |     |
| 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 as charitable contributions?                                    | 6a  | No  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |     |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                              |     |     |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | 7a  | Yes |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  | Yes |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  | No  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  | 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.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 | 8   |     |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |     |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |     |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |     |     |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |     |     |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                 | 12a |     |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |     |     |
| a   | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.                                                     | 13a |     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |     |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | 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 or note to any line 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<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 16  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                      | 13  |    |
| <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?                                                                                                                                   |     | 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?                                                                                     |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                        |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                              |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                      | 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?                                                                                                                                                      | Yes |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                               | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                        |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                                                                                                     | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                   | 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                                                                                            |     | No |

**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?                                                                                                                                                                                                                           |     | No |
| <b>b</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>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 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>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       |     | No |
| <b>b</b>   | Other officers or key employees of the organization                                                                                                                                                                                                                                          |     | No |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |     |    |
| <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?                                                                                                                                        |     | No |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

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

**18** 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.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ Nancy Beck 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 (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 or note to any line in this Part VII

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

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

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

| (A)<br>Name and Title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (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) Mike Swift<br>Chairman             | 1 00<br>0 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Ann Montgomery<br>Secretary        | 1 00<br>0 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Linda Gay Blanc<br>Vice-Chairman   | 1 00<br>0 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Jim Atchley<br>Director            | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Rob Del Moro<br>Director           | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Mary E Dillon MD<br>Director       | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 240,376                                                                   | 3,056                                                                                         |
| (7) Richard T Fox<br>Director          | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Shohreh Nazy Hashemian<br>Director | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Andy Johnson<br>Director           | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Sidney Law<br>Director            | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Kathy May-Martin<br>Director      | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Joe Petre<br>Director             | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) Scott Seaman<br>Director          | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) Helen Vaughn<br>Director          | 1 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
|                                        |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (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 |                                                                       |                                                                            |                                                                                               |
| (15) Anthony L Spezia                                          | 1 00                                                                                       |                                                                                                           |                       |         |              |                              |        | 0                                                                     | 1,660,333                                                                  | 230,699                                                                                       |
| Ex Officio/CEO of Covenant Health                              | 50 00                                                                                      | X                                                                                                         |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| (16) Jeff Elliott                                              | 15 00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| Ex Officio/VP of Philanthropy                                  | 30 00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 140,203                                                                    | 8,879                                                                                         |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              | 0      | 2,040,912                                                             |                                                                            | 242,634                                                                                       |

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

## Section B. Independent Contractors

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

| (A)                                                                    | (B)                     | (C)          |
|------------------------------------------------------------------------|-------------------------|--------------|
| Name and business address                                              | Description of services | Compensation |
| Covenant Health<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 37932 | Staffing Services       | 302,280      |
|                                                                        |                         |              |
|                                                                        |                         |              |
|                                                                        |                         |              |

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**

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

|                                                                   |                                                  |                                                                                                                                                 |                                                                                           | (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>512-514 |         |  |
|-------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|---------|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                        | Federated campaigns . . . . .                                                                                                                   | <b>1a</b> _____                                                                           | 1,050,461            |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>b</b>                                         | Membership dues . . . . .                                                                                                                       | <b>1b</b> _____                                                                           |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>c</b>                                         | Fundraising events . . . . .                                                                                                                    | <b>1c</b> 296,571                                                                         |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>d</b>                                         | Related organizations . . . . .                                                                                                                 | <b>1d</b> 108,110                                                                         |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>e</b>                                         | Government grants (contributions)                                                                                                               | <b>1e</b> _____                                                                           |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>f</b>                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                               | <b>1f</b> 645,780                                                                         |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>g</b>                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                             | 97,029                                                                                    |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>h</b>                                         | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                         | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
| <b>Program Service Revenue</b>                                    | <b>2a</b>                                        | _____                                                                                                                                           | Business Code _____                                                                       |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>b</b>                                         | _____                                                                                                                                           | _____                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>c</b>                                         | _____                                                                                                                                           | _____                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>d</b>                                         | _____                                                                                                                                           | _____                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>e</b>                                         | _____                                                                                                                                           | _____                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>f</b>                                         | All other program service revenue                                                                                                               | _____                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>g</b>                                         | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                         | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   | <b>Other Revenue</b>                             | <b>3</b>                                                                                                                                        | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . | ▶                    | 371,267                                            |                                         |                                                                     | 371,267 |  |
| <b>4</b>                                                          |                                                  | Income from investment of tax-exempt bond proceeds . . . . .                                                                                    | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
| <b>5</b>                                                          |                                                  | Royalties . . . . .                                                                                                                             | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
| <b>6a</b>                                                         |                                                  | Gross rents                                                                                                                                     | (i) Real                                                                                  | (ii) Personal        | 27,000                                             |                                         |                                                                     | 27,000  |  |
|                                                                   |                                                  |                                                                                                                                                 | 31,200                                                                                    |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>b</b> Less rental expenses                                                             | 4,200                |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>c</b> Rental income or (loss)                                                          | 27,000               |                                                    |                                         |                                                                     |         |  |
| <b>d</b>                                                          |                                                  | Net rental income or (loss) . . . . .                                                                                                           | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
| <b>7a</b>                                                         |                                                  | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                 | (i) Securities                                                                            | (ii) Other           | 1,391                                              |                                         |                                                                     | 1,391   |  |
|                                                                   |                                                  |                                                                                                                                                 | 8,917                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                | 7,526                |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>c</b> Gain or (loss)                                                                   | 1,391                |                                                    |                                         |                                                                     |         |  |
| <b>d</b>                                                          |                                                  | Net gain or (loss) . . . . .                                                                                                                    | ▶                                                                                         |                      |                                                    |                                         |                                                                     |         |  |
| <b>8a</b>                                                         |                                                  | Gross income from fundraising<br>events (not including<br>\$ 296,571<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>                                                                                  | 135,103              | -5,609                                             |                                         |                                                                     | -5,609  |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>b</b> Less direct expenses . . . . .                                                   | <b>b</b> 140,712     |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>c</b> Net income or (loss) from fundraising events . . . . .                           | ▶                    |                                                    |                                         |                                                                     |         |  |
| <b>9a</b>                                                         |                                                  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                           | <b>a</b>                                                                                  |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>b</b> Less direct expenses . . . . .                                                   | <b>b</b>             |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>c</b> Net income or (loss) from gaming activities . . . . .                            | ▶                    |                                                    |                                         |                                                                     |         |  |
| <b>10a</b>                                                        |                                                  | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                              | <b>a</b>                                                                                  |                      |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>b</b> Less cost of goods sold . . . . .                                                | <b>b</b>             |                                                    |                                         |                                                                     |         |  |
|                                                                   |                                                  |                                                                                                                                                 | <b>c</b> Net income or (loss) from sales of inventory . . . . .                           | ▶                    |                                                    |                                         |                                                                     |         |  |
| Miscellaneous Revenue                                             |                                                  | Business Code                                                                                                                                   |                                                                                           |                      |                                                    |                                         |                                                                     |         |  |
| <b>11a</b>                                                        | Commission Income                                | 900099                                                                                                                                          | 2,768                                                                                     |                      |                                                    | 2,768                                   |                                                                     |         |  |
| <b>b</b>                                                          | _____                                            | _____                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |         |  |
| <b>c</b>                                                          | _____                                            | _____                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |         |  |
| <b>d</b>                                                          | All other revenue . . . . .                      | _____                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |         |  |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . .        | ▶                                                                                                                                               | 2,768                                                                                     |                      |                                                    |                                         |                                                                     |         |  |
| <b>12</b>                                                         | <b>Total revenue.</b> See Instructions . . . . . | ▶                                                                                                                                               | 1,447,278                                                                                 | 0                    | 0                                                  | 396,817                                 |                                                                     |         |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                               | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                | 594,324               | 594,324                         |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                           | 335,521               | 335,521                         |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                    |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                            |                       |                                 |                                        |                             |
| 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                  |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                          | 119,962               |                                 | 52,308                                 | 67,654                      |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                          |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                           | 5,585                 |                                 | 520                                    | 5,065                       |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                                     | 6,258                 |                                 | 4,668                                  | 1,590                       |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                           | 18,019                |                                 | 18,019                                 |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                              | 2,612                 |                                 | 2,612                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                      |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                              | 1,968                 |                                 | 1,968                                  |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                           | 43,312                |                                 | 43,312                                 |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                             |                       |                                 |                                        |                             |
| a                                                                              | Purchased Services                                                                                                                                                                                                                            | 5,106                 |                                 | 2,695                                  | 2,411                       |
| b                                                                              | Bank Fees                                                                                                                                                                                                                                     | 3,457                 |                                 | 3,457                                  |                             |
| c                                                                              | Telephone                                                                                                                                                                                                                                     | 1,331                 |                                 | 466                                    | 865                         |
| d                                                                              | Meals & Entertainment                                                                                                                                                                                                                         | 831                   |                                 |                                        | 831                         |
| e                                                                              | All other expenses                                                                                                                                                                                                                            | 968                   |                                 | 968                                    |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 1,139,254             | 929,845                         | 130,993                                | 78,416                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☐

|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |            | (A)               |            | (B)         |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|------------|-------------|
|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |            | Beginning of year |            | End of year |
| Assets                                                                                                                     | 1                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |     |            |                   | 1          |             |
|                                                                                                                            | 2                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |     |            | 316,805           | 2          | 296,687     |
|                                                                                                                            | 3                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |     |            | 33,479            | 3          | 79,179      |
|                                                                                                                            | 4                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |     |            |                   | 4          |             |
|                                                                                                                            | 5                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |            |                   | 5          |             |
|                                                                                                                            | 6                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |     |            |                   | 6          |             |
|                                                                                                                            | 7                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |     |            |                   | 7          |             |
|                                                                                                                            | 8                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |     |            |                   | 8          |             |
|                                                                                                                            | 9                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |     |            | 17,288            | 9          | 1,250       |
|                                                                                                                            | 10a                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a | 2,029,290  |                   |            |             |
|                                                                                                                            | b                                                                   | Less—accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                 | 10b | 1,462,907  | 609,695           | 10c        | 566,383     |
|                                                                                                                            | 11                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |     |            | 13,651,872        | 11         | 13,686,890  |
|                                                                                                                            | 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 . . . . .                                                                                                                                                                                                                                                                                            |     |            | 85,201            | 15         | 88,580      |
| 16                                                                                                                         | Total assets. Add lines 1 through 15 (must equal line 34) . . . . . |                                                                                                                                                                                                                                                                                                                                         |     | 14,714,340 | 16                | 14,718,969 |             |
| Liabilities                                                                                                                | 17                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |     |            | 1,167             | 17         | 6,367       |
|                                                                                                                            | 18                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |     |            |                   | 18         |             |
|                                                                                                                            | 19                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |     |            |                   | 19         |             |
|                                                                                                                            | 20                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |     |            |                   | 20         |             |
|                                                                                                                            | 21                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |            |                   | 21         |             |
|                                                                                                                            | 22                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                          |     |            |                   | 22         |             |
|                                                                                                                            | 23                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |     |            |                   | 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 . . . . .                                                                                                                                                         |     |            | 113,905           | 25         | 165,637     |
|                                                                                                                            | 26                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |     |            | 115,072           | 26         | 172,004     |
|                                                                                                                            | Net Assets or Fund Balances                                         | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                                     |     |            |                   |            |             |
| 27                                                                                                                         |                                                                     | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |     |            | 8,249,702         | 27         | 8,142,349   |
| 28                                                                                                                         |                                                                     | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |            | 6,135,767         | 28         | 6,186,722   |
| 29                                                                                                                         |                                                                     | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |            | 213,799           | 29         | 217,894     |
| Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .                                                                                                                                                                                                                                                                                             |     |            | 14,599,268        | 33         | 14,546,965  |
| 34                                                                                                                         |                                                                     | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                                |     |            | 14,714,340        | 34         | 14,718,969  |

**Part XI**   **Reconciliation of Net Assets**

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

|           |                                                                                                               |           |            |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | <b>1</b>  | 1,447,278  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | <b>2</b>  | 1,139,254  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | <b>3</b>  | 308,024    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 14,599,268 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                        | <b>5</b>  | -355,905   |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                              | <b>6</b>  |            |
| <b>7</b>  | Investment expenses . . . . .                                                                                 | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments . . . . .                                                                            | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | -4,422     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 14,546,965 |

**Part XII**   **Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | 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                                                                                                                                        |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| <b>3a</b> | 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>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     |     |    |

**Additional Data**

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

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

|                                                                                                                      |                |         |                        |                       |   |
|----------------------------------------------------------------------------------------------------------------------|----------------|---------|------------------------|-----------------------|---|
| (Code                                                                                                                | ) (Expenses \$ | 405,124 | including grants of \$ | 405,124 ) (Revenue \$ | ) |
| Fort Sanders Foundation also supports a variety of other programs and services offered by the Covenant Health system |                |         |                        |                       |   |

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Fort Sanders Foundation | Employer identification number<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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☒

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

9

g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|----|------------------------------------------------------|----------------------------------------------------|
|                                       |         |                                                                                     | Yes                                                            | No |                                                      |                                                    |
| See Additional Data Table             |         |                                                                                     |                                                                |    |                                                      |                                                    |
| Total                                 | 9       |                                                                                     |                                                                |    | 441,845                                              |                                                    |

Part II

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

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►                                                                                 | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|----------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| 7 Amounts from line 4                                                                                                            |         |         |         |         |         |          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |         |         |         |         |         |          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                               |         |         |         |         |         |          |
| 11 Total support. Add lines 7 through 10                                                                                         |         |         |         |         |         |          |

12 Gross receipts from related activities, etc. (see instructions)

12

13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                        | 15 |

16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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 III Support Schedule for Organizations Described in Section 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6</b> <b>Total.</b> Add lines 1 through 5                                                                                                                                      |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                                                    | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                        |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                           |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                                    |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                                      |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                               |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                           |         |         |         |         |         |          |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |         |         |         |         |         |          |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                                                                                    | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                                                                                                                                                                                                                                                           | <b>18</b> |  |
| <b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>        |           |  |
| <b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span> |           |  |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>                                                                                                                                                |           |  |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         |     | No |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      |     | No |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       |     | No |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         |     | No |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                        |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     | No |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     |     | No |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              |     | No |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       |     | No |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              |     | No |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                |     | No |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     |     | No |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             |     | No |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        |     | No |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | No |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b>                         | Average monthly value of securities                                                                                            | <b>1a</b>      |                             |
| <b>b</b>                         | Average monthly cash balances                                                                                                  | <b>1b</b>      |                             |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                               | <b>1c</b>      |                             |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | <b>1d</b>      |                             |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>       |                             |
| <b>3</b>                         | Subtract line 2 from line 1d                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                             |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>       |                             |
| <b>6</b>                         | Multiply line 5 by .035                                                                                                        | <b>6</b>       |                             |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                         | <b>7</b>       |                             |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | <b>8</b>       |                             |

| Section C - Distributable Amount |                                                                                                                                                                          | Current Year |  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | <b>1</b>     |  |
| <b>2</b>                         | Enter 85% of line 1                                                                                                                                                      | <b>2</b>     |  |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | <b>3</b>     |  |
| <b>4</b>                         | Enter greater of line 2 or line 3                                                                                                                                        | <b>4</b>     |  |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                         | <b>5</b>     |  |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | <b>6</b>     |  |
| <b>7</b>                         | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |              |  |

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

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2015 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2015 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2015                                                                                                   |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b                                                                                                                                                   |                             |                                        |                                           |
| c                                                                                                                                                   |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2010 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2015 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b                                                                                                                                                   |                             |                                        |                                           |
| c Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| d From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2015. . . . .                                                                                                                                |                             |                                        |                                           |

**Part VI**   **Supplemental Information.**

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV, Section A, Line 1 | The Charter of Fort Sanders Foundation designates its supported organizations by class. They include organizations that are specifically named in the Charter of its Member, which is Covenant Health, that are exempt from Federal income taxation under Section 501(c)(3) of the Code and described in Section 509(a)(1) or (2) of the Code. The Foundation's supported organizations also include any other organizations of which Covenant Health is the sole member and that are (i) organized and operated exclusively for religious, charitable, educational and scientific purposes and (ii) qualified as exempt from Federal income taxation under Section 501(c)(3) of the Code and described in Section 509(a)(1) or (2) of the Code. |
| Part IV, Section C, Line 1 | Covenant Health is the sole member of Fort Sanders Foundation. The supported organizations of the Foundation are governed by Covenant Health's board of directors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Additional Data****Software ID:****Software Version:****EIN:** 62-1748601**Name:** Fort Sanders Foundation**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

| (i)<br>Name of supported organization    | (ii)EIN   | (iii)<br>Type of organization<br>(described on lines<br>1- 9 above or IRC<br>section (see<br>instructions)) | (iv)<br>Is the organization<br>listed in your<br>governing<br>document? |    | (v)<br>Amount of monetary<br>support (see<br>instructions) | Amount of other<br>support (see<br>(vi) instructions) |
|------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------|-------------------------------------------------------|
|                                          |           |                                                                                                             | Yes                                                                     | No |                                                            |                                                       |
| (A) Fort Sanders Regional Medical Center | 620528340 |                                                                                                             | Yes                                                                     |    | 248,292                                                    | 0                                                     |
| (A) Parkwest Medical Center              | 581897274 |                                                                                                             | Yes                                                                     |    | 42,447                                                     | 0                                                     |
| (B) Fort Loudoun Medical Center          | 621373691 |                                                                                                             | Yes                                                                     |    | 11,552                                                     | 0                                                     |
| (C) Thompson Cancer Survival Center      | 621250943 |                                                                                                             | Yes                                                                     |    | 69,427                                                     | 0                                                     |
| (D) Covenant Homecare                    | 621623114 |                                                                                                             | Yes                                                                     |    | 39,930                                                     | 0                                                     |
| (E) Roane County Medical Center          | 680673354 |                                                                                                             | Yes                                                                     |    | 30,197                                                     | 0                                                     |
| (F) Methodist Medical Center             | 620636239 |                                                                                                             | Yes                                                                     |    | 0                                                          | 0                                                     |
| (G) Cumberland Medical Center            | 620790132 |                                                                                                             | Yes                                                                     |    | 0                                                          | 0                                                     |
| (H) Claiborne Medical Center             | 464420358 |                                                                                                             | Yes                                                                     |    | 0                                                          | 0                                                     |

SCHEDULE D

(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

Part II Conservation Easements.

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> |    |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year                                                                                                                                                                                                                                                                                                    |    |
| a | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                | 2a |
| b | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                    | 2b |
| c | Number of conservation easements on a certified historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                                                    | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register                                                                                                                                                                                                                                                                                                                              | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____                                                                                                                                                                                                                                                                                                                         |    |
| 4 | Number of states where property subject to conservation easement is located ▶ _____                                                                                                                                                                                                                                                                                                                                                                                   |    |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                        |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ _____                                                                                                                                                                                                                                                                                                                  |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ \$ _____                                                                                                                                                                                                                                                                                                                     |    |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                     |    |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements                                                                                                                                                           |    |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

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, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 6,349,566       | 6,405,806     | 6,364,159           | 5,630,243           | 5,356,503          |
| b Contributions . . . . .                                  | 1,200,424       | 1,275,016     | 1,518,156           | 2,015,564           | 1,914,195          |
| c Net investment earnings, gains, and losses . . . . .     | 23,100          | 42,985        | 27,552              | 25,357              | 24,342             |
| d Grants or scholarships . . . . .                         | 959,407         | 1,140,226     | 1,347,547           | 1,143,646           | 1,389,062          |
| e Other expenditures for facilities and programs . . . . . | 209,067         | 234,015       | 156,514             | 163,359             | 275,735            |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 6,404,616       | 6,349,566     | 6,405,806           | 6,364,159           | 5,630,243          |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 3 400 %

c

Temporarily restricted endowment ▶ 96 600 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

3b

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                                      | (a)Cost or other basis (investment) | (b)Cost or other basis (other) | (c)Accumulated depreciation | (d)Book value |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land . . . . .                                                                                            |                                     | 132,822                        |                             | 132,822       |
| b Buildings . . . . .                                                                                        |                                     | 1,754,670                      | 1,321,264                   | 433,406       |
| c Leasehold improvements . . . . .                                                                           |                                     | 5,583                          | 5,583                       | 0             |
| d Equipment . . . . .                                                                                        |                                     | 136,215                        | 136,060                     | 155           |
| e Other . . . . .                                                                                            |                                     |                                |                             |               |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶ |                                     |                                |                             | 566,383       |

Schedule D (Form 990) 2015



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 the Fort Sanders School of Nursing at Tennessee Wesleyan. The Pastoral Care Fund and the Caroline Canl Fund were established for the benefit of Fort Sanders Regional, the Wayne Heatherly Excellence in Patient Care Fund for Parkwest, and the Ruth Crawley R.N. Scholarship Award Fund for Tennessee Wesleyan Fort Sanders School of Nursing. The principal of all four permanent endowments will be kept intact in perpetuity and only the income generated will be distributed to support programs at these institutions. |

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

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

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" on 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email 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.

| (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 |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total                                                     |               |                                                                |    |                                   |                                                                  |                                                   |

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

Part II Fundraising Events.

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

|                 |                                                                            | (a)Event #1                                   | (b)Event #2                    | (c)Other events     | (d)                                              |
|-----------------|----------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|---------------------|--------------------------------------------------|
|                 |                                                                            | PATRICIA NEAL<br>GOLF CLASSIC<br>(event type) | ARTSCLAMATION!<br>(event type) | 0<br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1 Gross receipts . . . . .                                                 | 310,499                                       | 121,175                        |                     | 431,674                                          |
|                 | 2 Less Contributions . . . . .                                             | 254,409                                       | 42,162                         |                     | 296,571                                          |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 56,090                                        | 79,013                         |                     | 135,103                                          |
|                 |                                                                            |                                               |                                |                     |                                                  |
| Direct Expenses | 4 Cash prizes . . . . .                                                    | 9,300                                         |                                |                     | 9,300                                            |
|                 | 5 Noncash prizes . . . . .                                                 | 13,573                                        |                                |                     | 13,573                                           |
|                 | 6 Rent/facility costs . . . . .                                            | 23,148                                        | 4,848                          |                     | 27,996                                           |
|                 | 7 Food and beverages . . . . .                                             | 3,419                                         | 9,604                          |                     | 13,023                                           |
|                 | 8 Entertainment . . . . .                                                  | 785                                           | 400                            |                     | 1,185                                            |
|                 | 9 Other direct expenses . . . . .                                          | 21,316                                        | 54,319                         |                     | 75,635                                           |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                               |                                |                     | 140,712                                          |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                               |                                |                     | -5,609                                           |

Part III Gaming.

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

|                 |                                                                                | (a)Bingo                                                            | (b)Pull tabs/Instant<br>bingo/progressive bingo                     | (c)Other gaming                                                     | (d)                                           |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|
|                 |                                                                                |                                                                     |                                                                     |                                                                     | Total gaming (add col<br>(a) through col (c)) |
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                               |
|                 |                                                                                |                                                                     |                                                                     |                                                                     |                                               |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                               |
|                 | 3 Noncash 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 Subtract line 7 from line 1, column (d). . . . . ▶ |                                                                     |                                                                     |                                                                     |                                               |

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

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

|                                          |                |   |
|------------------------------------------|----------------|---|
| <div>a</div> The organization's facility | <div>13a</div> | % |
| <div>b</div> An outside facility         | <div>13b</div> | % |

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

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

Name ▶

Address ▶

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?

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 ▶ \$

☐ Yes ☐ No

Part IV

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

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

OMB No 1545-0047

# 2015

**Open to Public Inspection**

Name of the organization  
Fort Sanders Foundation

62-1748601

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

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

☒ Yes      ☐ No[illegible]

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **7**

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

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

| (a)Type of grant or assistance                                             | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|----------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) Employee/Patient assistance                                            |                         | 107,167                 |                                  |                                                      |                                       |
| (2) Academic Scholarships                                                  |                         | 31,650                  |                                  |                                                      |                                       |
| (3) Patient medical assistance not covered by insurance or any other means |                         | 196,703                 |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |
|                                                                            |                         |                         |                                  |                                                      |                                       |

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

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 2              | 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 2015 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 and their families as well as Covenant Health system employees who have fallen on hard times. |
| Part II, Line 1, Column (h) | Name of Organization or Government: Fort Sanders Regional Medical Center (h) Purpose of Grant or Assistance: 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. Name of Organization or Government: Parkwest Medical Center (h) Purpose of Grant or Assistance: To help support Pulmonary Rehab programs, as well as provide for equipment, staff and patient education, staff recognition rewards, provide Peninsula patients support and clothing as needed.                                                                                                                                          |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-1748601

**Name:** Fort Sanders Foundation

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC 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                                       |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|
| Covenant Health<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 37932         | 62-1646734     | 501(c)(3)                            | 82,842                          | 69,637                                   | Receipts provided by donor or FMV                            | Auction items and patient family gifts                 | Financial support for Hope Center and its patients and patients' family members |
| Fort Sanders Regional Medical Center<br>1901 Clinch Ave<br>Knoxville, TN 37916 | 62-0528340     | 501(c)(3)                            | 239,750                         | 8,542                                    | Receipts provided by donor or FMV                            | Equipment for Patricia Neal IRC Program and gift cards | See Part IV                                                                     |
| Parkwest Medical Center<br>9352 Park West Blvd<br>Knoxville, TN 37923          | 58-1897274     | 501(c)(3)                            | 41,834                          | 613                                      | Receipts provided by donor or FMV                            | Gift cards and clothing                                | See Part IV                                                                     |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC 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                                                       |
|--------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Fort Loudoun Medical Center<br>550 Fort Loudoun Medical Center Dr<br>Lenoir City, TN 37772 | 62-1373691     | 501(c)(3)                            | 11,452                          | 100                                      | Receipts provided by donor or FMV                            | Gift cards                                          | To help provide employee financial assistance as well as equipment for the hospital             |
| Thompson Cancer Survival Center<br>1915 White Ave<br>Knoxville, TN 37916                   | 62-1250943     | 501(c)(3)                            | 62,951                          | 6,476                                    | Receipts provided by donor or FMV                            | Household items, food, cleaning supplies, gift card | To provide support for operation and materials and food for Fellowship Center                   |
| Covenant Homecare<br>3001 Lake Brook Blvd Suite 101<br>Knoxville, TN 37909                 | 62-1623114     | 501(c)(3)                            | 39,930                          |                                          |                                                              |                                                     | To help provide equipment and to support HomeCare Hospice Program and the Katerpillar Kids Camp |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC 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                                       |
|--------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------|
| Roane County Medical Center<br>8045 Roane Medical Center<br>Dr<br>Harriman, TN 37748 | 68-0673354     | 501(c)(3)                            | 30,197                          |                                          |                                                              |                                               | To help fund<br>Cardiopulmonary Rehab<br>fitness equipment &<br>staff education |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Fort Sanders Foundation

Employer identification number  
62-1748601

Part I

Questions Regarding Compensation

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

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

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

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

| (A) Name and Title                                      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                                                         |      | Base (i) compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| 1 Mary E Dillon MDDirector                              | (i)  | 0<br>-----                                         | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----                                                           |
|                                                         | (ii) | 239,228                                            | 0                                   | 1,148                               | 0                                              | 3,056                   | 243,432                         | 0                                                                    |
| 2 Anthony L Spezia<br>Ex Officio/CEO of Covenant Health | (i)  | 0<br>-----                                         | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----                                                           |
|                                                         | (ii) | 1,003,236                                          | 503,500                             | 153,597                             | 214,400                                        | 16,299                  | 1,891,032                       | 0                                                                    |

**Part III Supplemental Information**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 3   | Covenant Health, the parent company of Fort Sanders Foundation, used one or more of the methods listed in establishing the compensation of Anthony L. Spezia. Compensation policies for Mr. Spezia are reported on the 2015 Form 990 of Covenant Health, EIN 62-1646734.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Part I, Line 4b  | Anthony L. Spezia was a participant in two nonqualified deferred compensation plans, which will be referred to as Plan A and Plan B. In 2011, Mr. Spezia vested in Plan A, and the accumulated balance as of August 1, 2011, was included in his 2011 taxable income. An Amendment to Plan A was adopted effective August 1, 2011, which terminated further accruals (contributions) to the plan. However, the Amendment does allow the accrual of interest on undistributed amounts which will be subject to risk of forfeiture until such time as indicated in the Amendment. Interest earned by Plan A in 2015 amounted to \$90,424 and is not required to be reported in Part II, as Mr. Spezia is not substantially vested in earnings accumulated after July 31, 2011. Plan B was established in 2011. Employer contributions to Plan B during 2015 totaled \$204,000, which is reported in Column C of Schedule J, Part II. Interest earned by Plan B during 2015 of \$57,620 is not required to be reported in compensation in Part II, as Mr. Spezia is not substantially vested in Plan B. |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

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>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               | X                                | 35                                                     | 20,545                                                                                | Fair market value                                            |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         | X                                |                                                        | 1,183                                                                                 | Fair market value                                            |
| 5 Clothing and household<br>goods . . . . .                                | X                                |                                                        | 19,947                                                                                | Fair market value                                            |
| 6 Cars and other vehicles . . . . .                                        | X                                | 1                                                      | 5,500                                                                                 | Fair market value                                            |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 2                                                      | 11,163                                                                                | Fair market value                                            |
| 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                                | 2                                                      | 4,900                                                                                 | Fair market value                                            |
| 19 Food inventory . . . . .                                                | X                                | 22                                                     | 1,229                                                                                 | Fair market value                                            |
| 20 Drugs and medical supplies . . . . .                                    | X                                | 3                                                      | 1,541                                                                                 | Fair market value                                            |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ► ( Gift cards, certificates,<br>tickets )                        | X                                | 76                                                     | 19,592                                                                                | Fair market value                                            |
| 26 Other ► ( Auction items )                                               | X                                | 8                                                      | 11,429                                                                                | Fair market value                                            |
| 27 Other ► ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ► ( )                                                             |                                  |                                                        |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

30aNo

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32aNo

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**   **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
Fort Sanders Foundation**Employer identification number**

62-1748601

**990 Schedule O, Supplemental Information**

| 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 |

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation                                                                                                                                                                                                                                                   |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 2015 Form 990 was presented and made available to its Board of Directors prior to filing.                                                                                                                                           |

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                    |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. The conflict of interest policy is presented before the full Board for review on an annual basis. It is part of orientation for new Fort Sanders Foundation Board Members. |
| Form 990, Part VI, Section C, line 19  | Fort Sanders Foundation makes its governing documents and financial statements available to the public upon request.                                                                                                                                                                           |

990 Schedule O, Supplemental Information

| Return Reference          | Explanation                                                                                                                                                                                                                                                                                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 9 | Contact Addresses for Officers, Directors, Etc Anthony L Spezia Covenant Health 100 Fort Sanders West Blvd Knoxville, TN 37922 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 202 Knoxville, TN 37922 |
| Form 990, Part XI, line 9 | Change in Value of Trusts -4,422                                                                                                                                                                                                                                                                                           |

**990 Schedule O, Supplemental Information**

| Return<br>Reference            | Explanation                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part<br>XII, Line 2c | The Audit Committee of the Board of Directors annually selects the external auditors for Covenant Health. There is a joint meeting of the Finance Committee and Audit Committee of the Board of Directors where the audit of the consolidated financial statements are presented. Covenant Health is the sole member of Fort Sanders Foundation. |

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 (if applicable) 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 entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | 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<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>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<br>medical facility | TN                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (2) Fort Sanders West OP Surgery Center LLC<br><br>210 Fort Sanders West Blvd Ste 200<br>Knoxville, TN 37922<br>62-1366907  | Outpatient<br>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<br>ownership          | TN                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (4) KOSC Properties LLC<br><br>256 Fort Sanders West Blvd Ste 200<br>Knoxville, TN 37922<br>26-2444076                      | Building<br>ownership          | TN                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (5) Knoxville Orthopaedic Surgery Center LLC<br><br>256 Fort Sanders West Blvd Ste 200<br>Knoxville, TN 37922<br>26-2437385 | Orthopaedic<br>surgery         | TN                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
| (6) KOC 260 Bldg LLC<br><br>260 Fort Sanders West Blvd<br>Knoxville, TN 37922<br>46-5228440                                 | Land and building<br>ownership | 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<br>related organization                                                                    | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or 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 end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                             |                                     |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1)Fortress Corporation<br><br>280 Fort Sanders West Blvd<br>Ste 214<br>Knoxville, TN 37922<br>62-1308885                   | Management company                  | TN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| (2) Covenant Medical Group Inc<br><br>1400 Centerpoint Blvd Ste<br>100 Bldg<br>Knoxville, TN 37932<br>62-1282917            | Physician practice<br>management    | TN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| (3)Knoxville Heart Group<br><br>1819 Clinch Ave Ste 108<br>Knoxville, TN 37916<br>27-1528941                                | Cardiology medical practice         | TN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| East TN Cardiovascular<br>(4)Surgery Group Inc<br><br>9125 Cross Park Drnve Ste<br>200<br>Knoxville, TN 37923<br>62-1018541 | Cardiovascular surgical<br>practice | TN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
|                                                                                                                             |                                     |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                             |                                     |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                             |                                     |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

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

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

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

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

Yes

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

1k

Yes

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

1l

Yes

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

No

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

1s

No

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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

[illegible]

**Part VII**   **Supplemental Information**

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

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

Additional Data

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<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity     | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|----|
|                                                                                                          |                                                          |                                                        |                               |                                                               |                                         | Yes                                                    | No |
| Covenant Health<br>1420 Centerpoint Blvd Bldg C<br>Knoxville, TN 379321960<br>62-1646734                 | Supporting<br>organization                               | TN                                                     | 501(c)(3)                     | Line 11 b, II                                                 | N/A                                     |                                                        | No |
| LeConte Medical Center<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>1901 W Clinch Ave<br>Knoxville, TN 37916<br>62-0528340           | Acute care hospital                                      | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Parkwest Medical Center<br>9352 Park West Blvd<br>Knoxville, TN 37923<br>58-1897274                      | Acute care hospital<br>and behavioral health<br>services | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Methodist Medical Center<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<br>8045 Roane Medical Center Dr<br>Harriman, TN 37748<br>68-0673354          | Acute care hospital                                      | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Fort Loudoun Medical Center<br>550 Fort Loudoun Medical Center Dr<br>Lenoir City, TN 37772<br>62-1373691 | Acute care hospital                                      | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Thompson Cancer Survival Center<br>1915 White Ave<br>Knoxville, TN 37916<br>62-1250943                   | Cancer support center                                    | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Thompson Oncology Group<br>1915 White Ave<br>Knoxville, TN 37916<br>62-1619239                           | Oncology services                                        | TN                                                     | 501(c)(3)                     | Line 3                                                        | Thompson Cancer<br>Survival Center      |                                                        | No |
| Covenant Homecare<br>3001 Lake Brook Blvd Ste 101<br>Knoxville, TN 37909<br>62-1623114                   | Home health services                                     | TN                                                     | 501(c)(3)                     | Line 9                                                        | Covenant Health                         |                                                        | No |
| Fort Sanders Perinatal Center<br>Trustees Tower 501 19th St Ste 304<br>Knoxville, TN 37916<br>04-3760551 | High risk obstetrical<br>services                        | TN                                                     | 501(c)(3)                     | Line 3                                                        | Fort Sanders Regional<br>Medical Center |                                                        | No |
| Morristown-Hamblen Hospital Association<br>908 W 4th N 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>1915 White Ave<br>Knoxville, TN 37916<br>58-2130450        | Fundraising and<br>patient outreach                      | TN                                                     | 501(c)(3)                     | Line 11 b, II                                                 | Covenant Health                         |                                                        | No |
| Cumberland Medical Center<br>421 S Main St<br>Crossville, TN 385555048<br>62-0790132                     | Acute care hospital                                      | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |
| Claiborne Medical Center<br>1850 Old Knoxville Rd<br>Tazewell, TN 378793625<br>46-4420358                | Acute care hospital                                      | TN                                                     | 501(c)(3)                     | Line 3                                                        | Covenant Health                         |                                                        | No |