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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
Covenant Homecare

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1420 Centerpoint Blvd Bldg C | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Knoxville, TN 379321960

D Employer identification number
62-1623114

E Telephone number
(865) 374-6864

G Gross receipts $ 18,190,769

F Name and address of principal officer
James D VanderSteeg
100 Ft Sanders W Blvd
Knoxville, TN 37922

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www covenanthomecareandhospice com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of Covenant HomeCare is to help people live with comfort, dignity and independence Since 1995, Covenant HomeCare has been providing the highest quality home care services to help patients maintain their independence and stay at home As a member of Covenant Health, Covenant HomeCare is not-for-profit, community-owned, and based in East Tennessee

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	236
6	Total number of volunteers (estimate if necessary)	**6**	48
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,635	44,857
9	Program service revenue (Part VIII, line 2g)	16,667,832	17,905,376
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,717	13,099
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,988	227,437
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,000,172	18,190,769
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,170,964	11,653,400
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,414,962	5,414,973
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,585,926	17,068,373
19	Revenue less expenses Subtract line 18 from line 12	-585,754	1,122,396

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,819,138	2,639,851
21	Total liabilities (Part X, line 26)	22,065,145	4,249,193
22	Net assets or fund balances Subtract line 21 from line 20	-19,246,007	-1,609,342

Part II Signature Block

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

Sign Here

****** Signature of officer — 2017-11-01 Date

JOHN T GEPPI EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

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

Covenant Homecare provides quality healthcare, in alignment with Covenant Health's mission to serve the community by improving the quality of life through better health, regardless of the patient's ability to pay

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 10,384,784 including grants of $) (Revenue $ 12,112,627)

See Additional Data

4b (Code) (Expenses $ 3,389,277 including grants of $) (Revenue $ 3,318,279)

See Additional Data

4c (Code) (Expenses $ 2,296,481 including grants of $) (Revenue $ 2,701,768)

See Additional Data

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

Covenant Homecare manages the day to day operations of Hope Center, a department of Covenant Health The Hope Center provides a context for hope through advocating, educating and addressing the individual needs of those affected by HIV and other life-altering illnesses The Hope Center provides at no charge, caring support and assistance to all individuals and families living with HIV Inpatients, outpatients, people relocating to this area, or newly diagnosed individuals have a safe, non-stigmatizing place to feel encouraged, valued, and also have a voice The Hope Center receives and accepts calls made by patients, physicians, staff, community hospitals, or agencies

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 16,070,542

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax 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**	50		
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**	236		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
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 ▶ _____ 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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
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.** 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		Yes	

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								179,202	6,366,139	312,749

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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) Name and business address	(B) Description of services	(C) Compensation
McKesson Information Solutions PO Box 98347 Chicago, IL 60693	Service & Maintenance	120,486

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d	43,996			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	861			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	44,857			
Program Service Revenue		Business Code			
	2a Medical Services	621610	16,351,865	16,351,865	
	b Durable Medical Equipment Sales	446199	1,465,560	1,465,560	
	c Rent - Exempt Affiliate	531120	87,951	87,951	
	d _____				
	e _____				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f . . . . ▶	17,905,376			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	13,099			13,099
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Management Fees	900099	227,298	227,298	
	b Vending	454210	139		139
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d . . . . . ▶		227,437		
	12 **Total revenue.** See Instructions . . . . . ▶		18,190,769	18,132,674	0 13,238

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	209,219		209,219	
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	9,216,863	9,089,308	127,555	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	333,692	313,342	20,350	
9 Other employee benefits	1,222,209	1,195,497	26,712	
10 Payroll taxes	671,417	649,497	21,920	
11 Fees for services (non-employees)				
a Management	1,164,977	1,090,347	74,630	
b Legal	35,915		35,915	
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)	293,506	270,417	23,089	
12 Advertising and promotion	3,661	1,791	1,870	
13 Office expenses	291,198	240,057	51,141	
14 Information technology				
15 Royalties				
16 Occupancy	168,694	18,616	150,078	
17 Travel	1,092,858	1,088,848	4,010	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,129	17,039	2,090	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	350,915	350,915		
23 Insurance	14,951	9,746	5,205	
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 Supplies & Equipment	1,511,283	1,287,964	223,319	
b Charity care	240,528	240,528		
c Bad Debts	105,402	105,402		
d Dues and Licenses	30,853	29,904	949	
e All other expenses	91,103	71,324	19,779	
25 **Total functional expenses.** Add lines 1 through 24e	17,068,373	16,070,542	997,831	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-25,052	1	-25,488
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,245,611	4	1,187,159
	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		297,191	8	298,908
	9	Prepaid expenses and deferred charges		52,532	9	62,323
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,852,164			
	b	Less accumulated depreciation	10b 5,986,827	1,023,534	10c	865,337
	11	Investments—publicly traded securities			11	
	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		225,322	15	251,612
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,819,138	16	2,639,851
Liabilities	17	Accounts payable and accrued expenses		2,344,104	17	2,414,026
	18	Grants payable			18	
	19	Deferred revenue		927,063	19	935,008
	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		18,793,978	25	900,159
	26	**Total liabilities.** Add lines 17 through 25		22,065,145	26	4,249,193
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-19,246,007	27	-1,609,342
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-19,246,007	33	-1,609,342
	34	Total liabilities and net assets/fund balances		2,819,138	34	2,639,851

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,190,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,068,373
3	Revenue less expenses Subtract line 2 from line 1	3	1,122,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-19,246,007
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16,514,269
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,609,342

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 62-1623114

Name: Covenant Homecare

Form 990 (2016)

Form 990, Part III, Line 4a:

Home Health Services See Schedule O Home Health Services Expenses - $10,384,784, Revenue - $12,112,627Home health services aim to continue treatment at home when another option is not viable or available Services consist of nursing, physical therapy, occupational therapy, speech therapy, social services and care given by certified nursing assistants Patients include those covered by Medicare, TennCare and commercial insurance, as well as self-pay patients No patient is denied care due to an inability to pay Applications for financial assistance are provided to patients who need them, and financial counselors are available to assist with the application process Covenant Homecare served 4,697 patients in 2016 in the course of 58,280 patient visits

Form 990, Part III, Line 4b:

Hospice Services See Schedule O Hospice Services Expenses - $3,389,277, Revenue - $3,318,279Hospice services provide patient care and family support during the patient's end stages of life Services are provided to terminally ill patients whose physicians have diagnosed them with a terminal disease that is expected to result in death within six months of being taken under care The objective is to allow these patients to die at home with dignity Hospice services are provided in the home and consist of nursing, therapy, nursing assistants, spiritual services and social services Patients include those covered by Medicare, TennCare and commercial insurance, as well as self-pay patients No patient is denied care due to an inability to pay Applications for financial assistance are provided to patients who need them, and financial counselors are available to assist with the application process Covenant Homecare served 633 hospice patients in 2016 over the course of 18,384 visits

Form 990, Part III, Line 4c:

Home Medical Equipment See Schedule O Home Medical Equipment Expenses - $2,296,481, Revenue - $2,701,768The Covenant Home Medical Equipment division of Covenant Homecare operates to meet the durable medical equipment needs of home health and hospice patients as well as patients of hospitals and other health care facilities throughout the Covenant Health system Service is provided regardless of the ability to pay, and recipients of the equipment are eligible for charity care assistance consistent with other services provided by Covenant Homecare Covenant Home Medical Equipment offers exceptional, personalized patient care for the full range of products and services provided Dedicated staff members are experienced, knowledgeable, and highly motivated to assure the best possible patient outcomes Striving to provide excellent customer service, Covenant Home Medical Equipment can assist with the following * Timely, reliable delivery and pickup of products * 24-hour emergency service * Billing of primary and secondary payer sources * Follow-up with physicians (progress and compliance) * Patient instruction * Equipment operation and careCovenant Home Medical Equipment offers a complete line of equipment and supplies for home use Trained staff are available to answer questions and offer solutions concerning home medical equipment and supplies The Covenant Homecare Triage Department is staffed with registered nurses 24 hours a day, 7 days a week Covenant Home Medical Equipment offers a full range of respiratory products and services A registered respiratory therapist is available on-site to provide patient education and 24-hour on-call clinical support

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James D VanderSteeg President & CEO	0 00 50 00	X		X				0	1,250,463	134,588
Anthony L Spezia CEO - Emeritus	0 00 40 00	X		X				0	3,938,085	60,444
Ed Anderson Director	0 00 1 00	X						0	1,442	0
Dr Willard Campbell Director	0 00 1 00	X						0	0	0
Dr Michael Casey Director	0 00 1 00	X						0	2,003	0
Dr Mitchell Dickson Director	0 00 1 00	X						0	2,060	0
Pamela P Fansler Director	0 00 1 00	X						0	0	0
Homer Fisher Director	0 00 1 00	X						0	0	0
James Fitzsimmons Director	0 00 1 00	X						0	1,603	0
Jim Johnson Jr Director	0 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amber Krupacs Director	0 00 1 00	X						0	0	0
Eddie Mannis Director	0 00 1 00	X						0	0	0
Timothy Matthews Director	0 00 1 00	X						0	2,357	0
Larry Mauldin Chairman	0 00 1 00	X						0	1,254	0
Dr Joseph Metcalf Director	0 00 1 00	X						0	14,546	0
Roger Osborne Director	0 00 1 00	X						0	1,268	0
Carl Storms Director	0 00 1 00	X						0	1,599	0
Joseph E Sutter Director	0 00 1 00	X						0	1,415	0
Richard Swanson Director	0 00 1 00	X						0	0	0
David C Verble Director	0 00 1 00	X						0	1,369	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alvin Nance Director	0 00 1 00	X						0	1,464	0
Gerald Boyd Director	0 00 1 00	X						0	1,449	0
John T Geppi EVP/CFO	0 00 50 00			X				0	831,637	27,957
John Huskey President	50 00 0 00			X				179,202	0	30,017
Mitzi Anderson VP Financial Services	25 00 25 00			X				0	107,085	24,540
David B Wooten Medical Director	5 00 35 00					X		0	205,040	35,203

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Covenant Homecare

Employer identification number
62-1623114

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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 (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	25,362	39,229	45,063	40,635	44,857	195,146
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,826,772	13,411,804	18,413,518	16,667,832	17,905,376	81,225,302
3 Gross receipts from activities that are not an unrelated trade or business under section 513	22	128	576	283,988	227,437	512,151
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	14,852,156	13,451,161	18,459,157	16,992,455	18,177,670	81,932,599
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						81,932,599

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	14,852,156	13,451,161	18,459,157	16,992,455	18,177,670	81,932,599
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,572	-1,199	13,545	7,717	13,099	44,734
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,572	-1,199	13,545	7,717	13,099	44,734
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	250					250
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	14,863,978	13,449,962	18,472,702	17,000,172	18,190,769	81,977,583

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99 950 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99 950 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0 050 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	0 040 %

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	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*	3b		

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Covenant Homecare

Employer identification number
62-1623114

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		145,290		145,290
b Buildings		2,215,839	1,867,585	348,254
c Leasehold improvements		200,077	198,685	1,392
d Equipment		4,290,958	3,920,557	370,401
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				865,337

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) Deferred Compensation	251,612
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	251,612

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates, Net	565
Long-term Deferred Compensation	251,612
Other Liabilities	647,982
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	900,159

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-1623114
Name: Covenant Homecare

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Note B to the consolidated audited financial statements of Covenant Health, parent company to Covenant Homecare, reads in part "Income Taxes Covenant and certain of its subsidiar ies or controlled entities are exempt from income taxes pursuant to Section 501(c)(3) of t he Internal Revenue Code Accordingly, no provision for income taxes on qualifying activit ies has been made for these entities in the accompanying consolidated financial statements However, certain entities and operations are subject to income taxes (see Note G) Note G reads in part "Covenant had no unrecognized tax benefits at December 31, 2016 and 2015 As such, no interest or penalties were recognized in the Consolidated Statements of Opera tions and Changes in Net Assets related to unrecognized tax benefits At December 31, 2016 , tax returns for 2013 through 2016 are subject to examination by the Internal Revenue Ser vice Covenant has no uncertain tax positions that would require financial statement recog nition or disclosure under GAAP at December 31, 2016 or 2015 "

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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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Covenant Homecare

Employer identification number
62-1623114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James D VanderSteeg President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	782,820	358,750	108,893	111,850	22,738	1,385,051	0
2 Anthony L Spezia CEO - Emeritus	(i)	0	0	0	0	0	0	0
	(ii)	440,698	1,513,578	1,983,809	44,600	15,844	3,998,529	0
3 John T GeppiEVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	508,448	236,250	86,939	10,600	17,357	859,594	0
4 John HuskeyPresident	(i)	129,915	38,000	11,287	7,254	22,763	209,219	0
	(ii)	0	0	0	0	0	0	0
5 David B Wooten Medical Director	(i)	0	0	0	0	0	0	0
	(ii)	201,319	0	3,721	12,960	22,243	240,243	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 1a	Reimbursement of fees for personal services for legal and financial planning are provided to certain executives and managers These are treated as taxable compensation to the recipients
Part I, Line 3	Covenant Health, the parent company of Covenant Homecare, used one or more of the methods listed in establishing the compensation of James D VanderSteeg and Anthony L Spezia Please see the statement to Core Part VI, Section B, Line 15a on Schedule O
Part I, Line 4b	Anthony Spezia was a participant in two nonqualified deferred compensation plans, which are 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 allowed the accrual of interest on undistributed amounts which were subject to risk of forfeiture until such time as indicated in the Amendment Interest earned by Plan A during 2016 was $67,140 and is not required to be reported in compensation in Part II as Mr Spezia is not vested in the 2016 earnings on Plan A However, in 2016 Mr Spezia vested in the Plan A previously untaxed earnings accumulated after July 31, 2011 through 2015 The total amount of $352,567 has been reported in Col B(iii) of Schedule J, Part II as it became fully vested and taxable in 2016 Plan B was established in 2011 Employer contributions to Plan B during 2016 totalled $34,000, which is reported in Col C of Schedule J, Part II Interest earned by Plan B during 2016 was $67,349 and is not required to be reported in compensation in Part II as Mr Spezia is not vested in the 2016 additions to Plan B However, in 2016 he vested in the employer contributions and earnings that occurred from 2011 through 2015, for Plan B The total amount of $1,190,535 has been reported in Col B(iii) of Schedule J, Part II as it became fully vested and taxable in 2016 James VanderSteeg was a participant in a nonqualified deferred compensation plan, which will be referred to as Plan A Plan A was established in 2016 Employer contributions to Plan A during 2016 totalled $101,250, which is reported in Col C of Schedule J, Part II Interest earned by Plan A during 2016 of $2,349 is not required to be reported in compensation in Part II, as Mr VanderSteeg is not vested in Plan A

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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.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Covenant Homecare

Employer identification number

62-1623114

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	2016 Report to the Community Covenant Health is a comprehensive, community-owned, not-for- profit health system serving 23 counties in East Tennessee Nine acute care hospitals loca ted in Knoxville and surrounding areas comprise the foundation of the health system Addit ional outpatient and specialty care departments are located throughout the region providin g diagnostic and surgery services, mental health and cancer treatments, and therapy and ho me health services Over 10,000 employees and 1,500 affiliated physicians are dedicated to improving the quality of life for the more than one million patients and families served each year Established in 1996, Covenant Health is celebrating 20 years of service and acc omplishment Recognized for excellence in many areas - quality of care, integrity of opera tions, financial strength, expertise and dedication of physicians, employees and volunteer s, it continues a legacy of reinvestment in the counties where the facilities are located and dedication to improving the quality of life through better health for our patients and community Covenant Health Board members and administrative leaders serve our communities through strategic planning and successful operation of these member organizations Hospit als Claiborne Medical Center Cumberland Medical Center Fort Loudoun Medical Center Fort Sa nders Regional Medical Center LeConte Medical Center Methodist Medical Center of Oak Ridge Morristown-Hamblen Healthcare System Parkwest Medical Center Peninsula Hospital, a divisi on of Parkwest Medical Center Roane County Medical Center Outpatient and Specialty Care Co venant HomeCare and Hospice Covenant and Methodist Therapy Centers Fort Sanders West Diagn ostic Center Fort Sanders West Outpatient Surgery Center Morristown Regional Diagnostic Ce nter Patricia Neal Rehabilitation Center Peninsula Outpatient Centers Thompson Cancer Surv ival Centers Covenant Breast Centers Covenant Joint Centers Covenant Sleep Centers Claibor ne Nursing Home Fort Sanders Sevier Nursing Home Physician Services Covenant Medical Group , Inc Covenant Health is also a partner in joint ventures with physicians that provide su rgical and other services Other Programs and Services Fortress Corporation Fort Sanders H ealth and Fitness Center Nanny's Nursery Covenant Staffing Services Tennessee Wesleyan Uni versity - Fort Sanders Nursing Foundations Fort Sanders Foundation Methodist Medical Cente r Foundation Morristown-Hamblen Hospital Foundation Thompson Cancer Survival Center Founda tion Introducing Covenant Health's Executive Leadership Team "Continuing the Legacy" is th e theme of the 2016 annual report, recognizing both the 20th anniversary of Covenant Healt h and an executive leadership transition for the health system In November 2015, Anthony L (Tony) Spezia announced that he would transition from president and CEO of Covenant Hea lth to CEO Emeritus Jim VanderSteeg was named as his successor, effective April 1, 2016 Spezia served as president and

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	CEO of Covenant Health for more than 15 years During that time he oversaw the health sys tem's geographic expansion, the addition of new member hospitals investment of more $1 2 b illion in facilities, technology and services, and growth in the number of employees and a ffiliated physicians Spezia now focuses his efforts on the healthcare industry, legislati ve issues and public policy initiatives Jim VanderSteeg joined Covenant Health in 2007 af ter nearly 20 years in administrative and executive leadership roles at Baptist Memorial H ealthcare Corp , a healthcare delivery system with 13 hospitals in Tennessee and Mississip pi He is "continuing the legacy," focusing on the health system's vision of putting the p atient first, the highest standards of excellence, and assuring that Covenant Health is th e first and best choice for healthcare services in our communities With VanderSteeg as CE O, Covenant's new Executive Leadership Team includes John Geppi, who continues to serve a s the organization's executive vice president and chief financial officer Geppi has been with Covenant Health since 2000 He has been named to a national list of "Hospital and Hea lth System CFOs to Know and was named the area's CFO of the Year by FEI and the Greater Kn oxville Business Journal in 2012 Mike Belbeck, executive vice president of operations, wh o previously served as president and chief administrative officer of Methodist Medical Cen ter of Oak Ridge He joined Covenant Health in 2007 Luke Johnson joined the health system in April 2016 as executive vice president, physician enterprise/ambulatory services John son has leadership responsibilities for Thompson Cancer Survival Center, ambulatory retail and urgent care services, physician engagement and alignment strategies, and Covenant Med ical Group, along with all other employed physician enterprises Patient Care Highlights P atient Care Summary Population of 23-County Service Area 1,427,213 (2010 Census) 2013 2014 2015 Admissions 58,411 67,235 68,193 (Excludes nursing home) Inpatient surgeries 15,669 1 6,908 16,585 Outpatient Surgeries 27,042 29,644 29,265 ED Visits 275,259 317,575 328,360 O utpatient Visits 960,128 1,040,593 1,061,082 Physician Office Visits 489,056 499,881 548,2 10 Covenant Health Named Among "America's Best Employers" Covenant Health was one of only 44 hospitals and health systems named to the Forbes 2016 list of "America's Best Employers " This year's lists included a total of 750 large and mid-size U S businesses of all typ es In the list of 250 mid-size companies, Covenant was listed seventh among hospitals and health organizations and 50th in the overall list It was the only healthcare organizatio n in East Tennessee to be included in the list Forbes partnered with statistics firm Stat ista to compile data from a survey of more than 30,000 U S employees Survey participants were asked if they would recommend their employer to a potential new hire, and they were asked their views about other

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	companies in their industry Employees were contacted anonymously online without the involvement of their employers, and respondents represented the U S workforce by gender, age, region, education, and ethnicity Covenant Health has a broad-based approach to being an employer of choice It is nationally recognized for organizational ethics and offers many opportunities for leadership development and professional advancement In addition, the employee recognition programs celebrate individual performance, team collaboration and best practices These attributes help create an outstanding work environment

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	New Nurse Residency Program Supports School-to-Work Transition for Recent Grads Program Re ceives $15,000 Grant in First Year of Operation Covenant Health implemented a nurse reside ncy program to support newly graduated nurses as they transition into new responsibilities in a fast-paced hospital environment Covenant adopted the Vizient/AACN Nurse Residency P rogram, used by more than 200 hospitals and health systems nationwide The program emphasi zes evidence-based practices and is designed to empower new nurses with increased competen ce, more confident decision making, stronger leadership and critical-thinking skills, and greater work satisfaction Hospitals that have implemented the program have seen reduction s in nursing turnover, and a positive impact on patient safety and quality of care It is important for new nursing graduates to have a group of peers and mentors who assist them i n enhancing their skills and becoming comfortable with the challenges of practice The pos itive clinical outcomes helps not only the participating nurses, but also patients The ne w initiative recently received a $15,000 grant from The Promise of Nursing for Tennessee N ursing School Grant Program administered by the Foundation of the National Student Nurses' Association Funds for the grant program were contributed by several hospitals and health care agencies in the Tennessee area, by Johnson & Johnson, and by national companies with an interest in supporting nursing education, and were raised at a gala event sponsored by Johnson & Johnson Covenant Health Partners with LMU in New Medical Student Program Coven ant Health has launched a medical student program in partnership with DeBusk College of Os teopathic Medicine at Lincoln Memorial University in Harrogate, Tennessee The medical stu dent program provides clinical experiences for aspiring physicians and mid-level providers Students are assigned to one of several participating Covenant Health hospitals for thei r clinical training They may also participate in elective experiences at other Covenant f acilities in specialty areas such as primary care, neurology, perinatology, radiology and orthopedics Working under the direct supervision of physicians, students interview and ex amine patients, review clinical information, make hospital rounds, participate in interdis ciplinary team meetings, practice appropriate documentation, and perform procedures There is a shortage of medical professionals in the area, and the medical student program helps address the need Convenient Care for Downtown Knoxville Knoxvillians who work or live do wntown now have a convenient location to receive medical care when they need it In early 2016 Covenant Health opened Convenient Care Downtown, a clinic designed to meet the immedi ate medical needs of downtown employees, residents and visitors Located in the Phoenix Bu ilding at 418 South Gay Street, Convenient Care Downtown offers treatment for minor illnes ses and injuries such as cold,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	allergies, and sprains Sports and camp physicals are available, as well as flu shots and new-hire drug screenings No appointment is needed and most insurance plans are accepted With the new clinic Covenant Health is able to offer quality walk-in care for people who live, work, and visit downtown Covenant Health Solutions Covenant Health works with local businesses and organizations to develop strategies and programs for improving their emplo yees' health 2016 Summary * 10 business clients, comprising approximately 750 employees * Worksite clinics at Jewelry Television and Sevier County Wellness Clinic * Services offer ed biometric screenings, health risk assessments and personal health reports, aggregate h ealth analysis, newsletters, educational and diabetes classes, weight loss programs, healt h coaching Clinical Accomplishments In addition to its nine acute care hospitals, Covenant Health provides services including Covenant HomeCare, inpatient and outpatient behavioral care through Peninsula, a division of Parkwest Medical Center, a comprehensive system-wid e cancer network, and rehabilitation/therapy services Fort Sanders Regional Medical Cente r is the hub of Covenant's stroke hospital network The medical center is an accredited St roke Center of Excellence and also is home to the Patricia Neal Rehabilitation Center The se programs and others assure that all aspects of a patient's healthcare needs can be met in Knoxville and surrounding communities, and patients do not have to leave the area to fi nd specialized services Major service lines include cardiology, inpatient medicine, neuro /stroke, oncology, and orthopedics/spine services Each service line has active leadership and participation from the medical staff, and we cooperatively focus on patient-centered, quality care and the development of new programs and initiatives to serve our communities Service Line Summary Cardiac - Covenant Health was the first area health system to pione er TAVR (pronounced "Tav-R"), a minimally invasive treatment for a life-threatening heart condition called aortic stenosis The program continues to improve patient outcomes and de crease length of hospital stay for TAVR patients The cardiac service line also is impleme nting new technologies such as mitraclip (non-surgical heart valve repair) and subcutaneou s implantable defibrillators (heart rhythm defibrillators that are implanted under the ski n) at selected facilities Inpatient Medicine - Covenant Health has aggressive initiatives underway throughout the system to exceed national standards for eliminating infections th at can be acquired in healthcare settings Covenant's goal is "zero harm and the highest s tandards of patient safety Neuro/Stroke - Covenant Health has increased appropriate use o f tPA ("clot-busting" medication) for stroke patients in emergency rooms at hospitals thro ughout the surrounding area (both Covenant and non-Covenant facilities) "Code Stroke" rap id response teams are in place

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	throughout the health system to assure that patients receive the fastest evaluations and advanced treatment when a stroke occurs Oncology - Many Covenant Health breast centers no w offer 3D mammography (tomosynthesis), which allows the radiologist to better detect smal ler cancers, even in women with dense breast tissue Covenant Health also has implemented low-dose CT lung cancer screening at several facilities The process uses lower levels of radiation while identifying lung cancer earlier among patients at high risk for the diseas e Oncology services also has expanded its nurse navigation program, which assigns an onco logy nursing professional to each cancer patient The nurse navigator provides clinical in formation and coordination of medical and community resources to support cancer patients a nd their families Orthopedic - Covenant Health facilities have reduced incidences of surg ical site infections and post-surgery readmission rates for hip and knee procedures This service line also has a special focus on excellence in spine surgery Covenant Health cont inually seeks feedback from patients regarding their hospital experiences and focuses on p atient satisfaction and perception of overall quality of care More than 95 percent of pat ients rate their outpatient and outpatient surgery experiences as "very good or "excellent " The health system has recently established multiple Patient/Family Partnership Councils , bringing former patients and staff members together to determine ways to enhance patient s' overall care experience

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	From Our Member Organizations In 2016 the S&P Global Ratings raised the long-term rating a nd underlying rating to "A" from "A-" on the health system's series 2006A-1, 2011C and 201 2A bonds and assigned an "A" rating to the system's 2016A bonds Ratings services assign b ond ratings based on an organization's financial strength and performance outlook The 'A' rating from S&P Global gives Covenant Health the highest bond rating among healthcare org anizations in the East Tennessee area A higher bond rating enables Covenant to fund facil ity expansions or major projects at continued lower interest rates and overall cost of cap ital, enhancing the health system's ability to provide excellent care Covenant Health sel ected Cerner, a worldwide provider of health information technologies, to provide a compre hensive suite of integrated solutions to support Covenant's clinical, financial and popula tion health management initiatives The implementation will include initiatives such as an upgraded electronic health record, a revenue cycle platform, clinical support systems and an expanded patient portal Cerner's IT solutions will support Covenant Health as it cont inues to improve patient outcomes and population health, and positively impact the quality of life in our communities Covenant Homecare has earned four-star quality ratings based on outcome measures and patient satisfaction data collected by the Centers for Medicare an d Medicaid Services (CMS) Covenant Hospice has received Level II designation in We Honor Veterans, a national awareness action campaign that encourages partnerships between commun ity hospices, state hospice organizations and VA facilities for veterans' end-of-life care Claiborne Medical Center has continued to upgrade facilities in 2016 A major project in cluded the purchase of new nuclear medicine equipment to perform both general and cardiac nuclear medicine testing The renovation also included the development of a "hot lab" (whe re radioactive diagnostic tracers are prepared) and reorganized other areas for improved p atient flow Other facility upgrades included purchase of new pulmonary function equipment for the respiratory department and installation of exterior signage using the hospital's new logo and Covenant Health branding Cumberland Medical Center opened its new $6 3 milli on Emergency Department in early October The hospital also welcomed its first full-time i nterventional cardiologist, enabling the hospital to offer expanded cardiology services F ort Sanders Regional Medical Center's cardiology department received the 2016 American Col lege of Cardiology Foundation's NCDR ACTION Registry - 2016 GWTG Gold Plus Performance Ach ievement Award with Honor Roll status for Elite Stroke Care The award honors hospitals th at have maintained a 90% or better performance of care guidelines for eight consecutive qu arters Fort Sanders has been recertified by The Joint Commission as a Comprehensive Strok e Center The stroke program's

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	capabilities and outreach efforts were expanded by the addition of neurohospitalists to t he medical staff Fort Sanders Regional was recognized in Becker's Hospital Review as one of "100 Hospitals and Health Systems with Great Oncology Programs " Hospital renovations i ncluded a new 5,000-square-foot cardiac and pulmonary rehab facility, a new hybrid operati ng room and in-hospital MRI LeConte Medical Center was included on the 2016 list of "100 Great Community Hospitals" in the U S compiled by Becker's Hospital Review The Becker's editorial team selected community hospitals around the country based on rankings and award s from a variety of healthcare organizations, including iVantage Health Analytics, Truven Health Analytics, Healthgrades, CareChex, the American Nurses Credentialing Center and the Leapfrog Group Methodist Medical Center piloted the health system's new low-dose CT scre ening for those at high risk for lung cancer Studies have shown that early detection thro ugh yearly low-dose CT lung screenings can lower the risk of death from lung cancer by 20 percent among people who are at high risk Without LDCT screening, lung cancer is usually not found until a person develops symptoms Parkwest Medical Center was ranked by the Tenn essee Hospital Association as number one in our region and second in the state in 2016 for number of joint replacements performed The medical center also became certified as a NIC HE hospital, recognizing its capabilities in providing care for elderly patients Peninsul a, the behavioral health division of Parkwest Medical Center, received the Optum ACE Award for clinical excellence in 2016 The organization has designated a staff member as a liai son with Knox Area Rescue Ministries (KARM) to assist with patient transitions and follow- up Community Outreach Covenant Health Knoxville Marathon Celebrates 12th Year Nearly 8,00 0 runners took to the streets of Knoxville on April 2 and 3, 2016, for the 12th annual Cov enant Health Knoxville Marathon The two-day event included the Covenant Kids Run and 5k r ace on Saturday evening and the half-marathon, four-person relay and full marathon on Sund ay, April 3 The marathon helps promote fitness and good health, and has a positive impact on tourism and quality of life in East Tennessee The 2016 event also included a Fittest Company Challenge and a Corporate Challenge Team of individuals representing 14 area busin esses who trained together in pursuit of healthier lifestyles while preparing for marathon events Dogwood Patch Program Encourages Community to Enjoy Local Outdoor Beauty As the f lowering dogwood trees began showing the pink and white blossoms this past spring, Covenan t Health announced a new initiative as part of its health and fitness sponsorship of the D ogwood Arts Festival The health system offered a limited-edition patch for anyone who hik ed 25 miles on featured Dogwood Trails Miles had to be completed between April 1 and May 31 Led by Missy Kane, Covenan

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	t's health promotions coordinator, the patch program inspires people of all fitness levels to get moving and enjoy the benefits of a more active lifestyle, along with the natural b eauty of East Tennessee More than 300 people qualified to receive a patch during the prog ram's initial year Katerpillar Kids Supports Children Grieving Loss of a Loved One Covena nt HomeCare Hospice continues to offer Katerpillar Kids Camp, a free event offered with th e support of Variety-The Children's Charity Held annually at Camp Wesley Woods in Townsen d, the weekend day camp helps children in grades 1-12 express feelings of loss in a suppor tive environment, while enjoying new friendships, crafts and outdoor activities Covenant Health Provides Ongoing Support for HonorAir Knoxville Covenant Health is a major sponsor of Knoxville's HonorAir program, which takes WWII, Korean and Vietnam veterans from East T ennessee (at no charge to them) to Washington, D C , to visit the memorials built to honor their sacrifice In spring 2016, for the first time the program included a flight that wa s solely for Vietnam veterans In addition to financial support, Covenant Health has provi ded a staff physician for the majority of the flights, with Mitch Dickson, MD (also a Cove nant board member), and Mike Ayres, MD, serving in that role Covenant Health also has sen t a volunteer escort on every HonorAir Knoxville flight Under the leadership of Drs Dick son and Ayres, the medical team that travels on each flight is well prepared to meet any n eeds the veterans may have

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Philanthropy Builds a Legacy Throughout the years, fundraising efforts across Covenant Hea lth have brought generous individuals and businesses together to make an impact on the hea lth of our communities In the last year, there have been many opportunities to celebrate and grow Covenant Health's legacy of excellence through fundraising SUBWAY Race Against C ancer Thompson Cancer Survival Center was established with the help of many generous donor s and has a long tradition of charitable support The Smothers family and BUDDY's bar-b-q had great vision in establishing the Race Against Cancer to benefit the center 22 years ag o All funds raised by the race have stayed in East Tennessee to provide cancer screenings , education and outreach to our communities In 2015 Covenant health announced the next st ep for this signature event with the lead corporate sponsorship of SUBWAY The partnership with local franchises brings opportunities to expand the reach and success of the race H ope Center The Hope Center's journey began in 1996 for people who are affected by HIV Ori ginally based at Fort Sanders Regional Medical Center, the program has adapted to the chan ging needs of the HIV community Last year the program transitioned to be a part of Covena nt HomeCare with a new medical director and program coordinator The hope-focused care mod el created in 1996 continues to be the essence of care for the Center's services The Hope Center provides, at no charge, caring support and assistance to individuals and families living with HIV Inpatients, outpatients and newly diagnosed individuals have a safe, non- stigmatizing place to feel encouraged and valued The Hope Center is completely funded thr ough philanthropic donations and grants, and generous volunteers help provide many of its services Hospitality Houses In 2016, 211 guests spent 1,787 nights at two Hospitality Hou ses for patients and families receiving care at Methodist Medical Center in Oak Ridge Eac h house has private suites, a fully stocked kitchen, a shared family room and laundry faci lities The two houses are increasingly at 100% occupancy An additional house is owned by Methodist but needs renovation in order to become the third Hospitality House, at an esti mated cost of $400,000 Earlier this year, a fundraising campaign began under the leadersh ip of MMC Foundation board member Steve Whitson to raise both financial and in-kind contri butions of material and labor Oak Ridge businesses UT-Battelle and Pro2Serve have committ ed the lead charitable gifts to the campaign As a result of their generosity, the third h ouse will be named the UT-Battelle/Pro2Serve House Covenant Health's Office of Philanthro py also supports the Fellowship Center, which provides housing for patients and families r eceiving care at Covenant locations in downtown Knoxville The Covenant Health Office of P hilanthropy coordinates these fund raising efforts of the boards of directors and staff at four foundations * Fort Sand

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	ers Foundation (serving Fort Sanders Regional, Fort Loudoun, Parkwest, Roane, and Cumberla nd Medical Centers, Peninsula, Covenant HomeCare/Hospice, Hope Center, and Patricia Neal R ehabilitation Center) * Methodist Medical Center * Morristown-Hamblen Hospital Foundation * Thompson Cancer Survival Center Foundation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 3	Palliative Care services moved to Thompson Oncology Group effective 01/01/2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	On December 5, 2016, Covenant Health, parent company of the organization, changed its corporate bylaws as follows While the organization has in prior periods maintained a robust internal audit function, the organization amended its bylaws to create the position of "internal audit officer " The internal audit officer is appointed by the president and is to be invited to all meetings of the existing Audit Committee to provide information and answer questions posed by the Audit Committee The internal audit officer shall also be responsible for preparing and reporting information necessary for the Audit Committee to carry out its functions and shall make an annual report to the Audit Committee on the status and effectiveness of the internal audit function Direct access to the Audit Committee and the Board of Directors shall be afforded the internal audit officer when the officer deems necessary Amendments were made to the bylaws to delegate to the Integrity Compliance Committee the authority to approve contracts or other arrangements involving or relating to transactions in which a director or officer has a conflict of interest, except where such authority is retained by the Board of Directors or delegated to another committee The purpose of this amendment is to ensure that the committee of the board charged with leading the organization's compliance effort reviews all potential conflict of interest transactions consistent with the organization's previously adopted and expansive conflict of interest policies and procedures

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Covenant Health is a large integrated health system which files fourteen Forms 990 Covenant Homecare is one of these fourteen entities Annually, at the September Finance Committee meeting, one of the fourteen 990s is selected (a different entity each year) for distribution to each member of the Committee Management then reviews in detail each of the Form 990 schedules and describes variances between entities, if any The remaining thirteen Forms are made available for review by any committee member The same presentation is made to the Covenant Health Board of Directors at the October meeting All fourteen Form 990s are then made available to all Board members for their review throughout the month of October

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 Covenant Health, the parent company of the organization, distributes a board-approved Code of Conduct to all employees The Code covers among other subjects, conflicts of interest Additionally, managers are required to complete and sign a bi-annual management certification that addresses conflicts of interest Board members' conflicts of interests are dealt within the corporate bylaws, and board members are required to complete and sign a conflict of interest questionnaire on an annual basis The Integrity Compliance Office maintains records that contain conflict of interest information obtained from board members, officers and employees These records are available to be queried prior to engaging in business transactions The Integrity Compliance Officer initially reviews all conflict of interest data Based on this information, the officer determines what conflicts of interest exist at that point in time Between times when surveys are collected board members are expected to disclose any new conflicts that have arisen that affect pending board decisions As well, managers and other employees are expected to report conflicts to the Integrity Compliance Officer as they arise Depending on the nature of the conflict and the circumstances surrounding the conflict and transaction, the Integrity Compliance Officer, Senior Leadership, or the Board of Directors may review the conflict of interest Where appropriate these bodies may also consult legal counsel Restrictions imposed on persons with a conflict of interest are determined on a case by case basis For Covenant Health employees, the Integrity Compliance Officer, in conjunction with Executive Leadership determines how to appropriately handle the conflict In any conflict involving a board member, such member is expected to excuse himself or herself from voting on matters that give rise to the conflict

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Form 990, Part VI, Section B, Line 15a Overall compensation policies for Covenant Homecare, Covenant Health (Parent Company), and affiliates are set by the Compensation Committee of the Board of Directors ("the Committee"), which is comprised of independent members of the board The Committee is guided in its decision-making process by an independent, nationally-recognized executive compensation consultant experienced in advising nonprofit hospital boards Compensation policies for James VanderSteeg, Anthony Spezia, and John Geppi are reported on the 2016 Form 990 of Covenant Health, EIN 62-1646734 Form 990, Part VI, Section B, Line 15b Base salary and annual bonus opportunities for John Huskey, President, are set by the Covenant Health CEO in consultation with the Senior Vice President-Human Resources, subject to approval of the Compensation Committee of the Covenant Health Board of Directors ("the Committee"), after review by and discussion with the executive compensation consultant ("the Consultant") to ensure that total compensation is reasonable and within a fair market value range Salary ranges are based upon the recommendations of the Consultant made after comparison with similar jobs in similar size health systems across the nation Bonuses are recommended by the CEO and approved by the Committee conditioned upon receipt of a written opinion from the Consultant that total compensation for the executive is reasonable and consistent with fair market value Base salary is initially targeted at midpoint and may vary according to market conditions, performance, tenure, experience, special skills or qualifications, recruitment and retention challenges, and other relevant factors Annual bonuses are designed to award 0-35% of base salary based upon system performance and accomplishment of certain targets established by the CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Covenant Homecare files a Joint Annual Report containing financial information with the Tennessee Department of Health Per its tax-exempt bond provisions, Covenant Health, the parent company of the organization, is required to file quarterly and annual consolidated and obligated group financial statements in addition to other documentation, with various bond insurers and other agencies, including the Electronic Municipal Market Access (EMMA) service of the Municipal Securities Rulemaking Board (MSRB) Any member of such a repository has access to these financial statements The organization's governing documents and conflict of interest policy are not made publicly available

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 9	Contact Addresses for Officers, Directors, Etc James D VanderSteeg Covenant Health 100 Fort Sanders West Blvd Knoxville, TN 37922 Anthony L Spezia Covenant Health 1324 Centerpoint Blvd , Bldg D Knoxville, TN 37932 John T Geppi, Larry Mauldin, and all Directors Covenant Health 1420 Centerpoint Blvd , Bldg C Knoxville, TN 37932 All other persons listed in Part VII, Section A may be contacted at the organization's address, which is Covenant Homecare 3001 Lake Brook Blvd , Suite 101 Knoxville, TN 37909

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Contributed capital - affiliates 16,514,269

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Covenant Homecare

Employer identification number
62-1623114

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Fort Sanders West OP Surgery Center LLC 210 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 62-1366907	Outpatient surgery center	TN	N/A									
(2) Fort Sanders West Associates 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1384171	Building ownership	TN	N/A									
(3) KOSC Properties LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2444076	Building ownership	TN	N/A									
(4) Knoxville Orthopaedic Surgery Center LLC 256 Fort Sanders West Blvd Ste 200 Knoxville, TN 37922 26-2437385	Orthopaedic surgery	TN	N/A									
(5) KOC 260 Bldg LLC 260 Fort Sanders West Blvd Knoxville, TN 37922 46-5228440	Land and building ownership	TN	N/A									
(6) CovenantUSP Surgery Centers LLC 15305 Dallas Parkway Ste 1600 Addison, TX 75001 36-4828197	Holding Company	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Fortress Corporation 280 Fort Sanders West Blvd Ste 214 Knoxville, TN 37922 62-1308885	Management company	TN	N/A	C					No
(2) Covenant Medical Group Inc 1400 Centerpoint Blvd Ste 100 Bldg Knoxville, TN 37932 62-1282917	Physician practice management	TN	N/A	C					No
(3) Knoxville Heart Group 1819 Clinch Ave Ste 108 Knoxville, TN 37916 27-1528941	Cardiology medical practice	TN	N/A	C					No
(4) East TN Cardiovascular Surgery Group Inc 9125 Cross Park Drive Ste 200 Knoxville, TN 37923 62-1018541	Cardiovascular surgical 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

		Yes	No
1 During the tax year, did the orgranization 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		No
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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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: 62-1623114
Name: Covenant Homecare

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1420 Centerpoint Blvd Bldg C Knoxville, TN 379321960 62-1646734	Supporting organization	TN	501(C)(3)	Line 12b, II	N/A		No
(1) 550 Fort Loudoun Medical Center Dr Lenoir City, TN 37772 62-1373691	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(2) 1901 W Clinch Ave Knoxville, TN 37916 62-0528340	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(3) 280 Fort Sanders West Blvd Ste 202 Knoxville, TN 37922 62-1748601	Fundraising and patient outreach	TN	501(C)(3)	Line 12b, II	Covenant Health		No
(4) Trustees Tower 501 19th St Ste 304 Knoxville, TN 37916 04-3760551	High risk obstetrical services	TN	501(C)(3)	Line 3	Fort Sanders Regional Medical Center		No
(5) 742 Middle Creek Road Sevierville, TN 37862 62-1114867	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(6) 990 Oak Ridge Turnpike Oak Ridge, TN 37830 62-0636239	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(7) 908 W 4th N St Morristown, TN 37814 62-0545814	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(8) 9352 Park West Blvd Knoxville, TN 37923 58-1897274	Acute care hospital and behavioral health services	TN	501(C)(3)	Line 3	Covenant Health		No
(9) 8045 Roane Medical Center Dr Harriman, TN 37748 68-0673354	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(10) 1915 White Ave Knoxville, TN 37916 62-1250943	Cancer support center	TN	501(C)(3)	Line 3	Covenant Health		No
(11) 1915 White Ave Knoxville, TN 37916 62-1619239	Oncology services	TN	501(C)(3)	Line 3	Thompson Cancer Survival Center		No
(12) 1915 White Ave Knoxville, TN 37916 58-2130450	Fundraising and patient outreach	TN	501(C)(3)	Line 12b, II	Covenant Health		No
(13) 421 S Main St Crossville, TN 385555048 62-0790132	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No
(14) 1850 Old Knoxville Rd Tazewell, TN 378793625 46-4420358	Acute care hospital	TN	501(C)(3)	Line 3	Covenant Health		No