Form 990

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public

	ernal Re vice	venue								-
		2005 ca	alendar yea	r, or tax year beginning	01-01-2005 and endin	g 12-31-20	05			
	heck if a		_	C Name of organization					•	dentification number
_	ddress ch		Please use IRS	Covenant Health				62-	16467	′ 34
_ N	lame cha	nae	label or print or		box if mail is not delivered	to street addr	ress) Room/suite			
	nıtıal retu	_	type. See Specific	1410 Centerpoint Blvd Bld	<b>у</b> В			L		
			Instruc-	City or town, state or cour	ntry, and ZIP + 4		L		-	<b>number</b> I-3000
	ınal retur		tions.	Knoxville, TN 37932				,		
_	mended									ethod Cash Accrual
Α	pplication	pending							other (sp	pecify) 🕨
				501(c)(3) organizations						section 527 organizations
			trusts n	nust attach a completed S	chedule A (Form 990 or 99	90-EZ).				or affiliates? Yes V No
G I	Web sit	e: ► ww	w covenant	health com			_ <b>H(c)</b> Are a			of affiliates
1			- /	one) ► 🔽 🕏 501(c) (3)	<b>1</b> (	O F 535				See instructions )
						•	'   ` `	•		n filed by an organization
K	Check he	re ► 🗀 ıf on need n	the organization the organization	tion's gross receipts are normand with the IRS, but if the organize	ally not more than \$25,000 T	he Dackage in		ed by a g		· <u>-</u> -
				ithout financial data <b>Some s</b>			I Grou	ıp Exem	ption N	Number ►
					40.4 70.406.006		M Chec	<b>(▶</b> [	f the or	ganization is <b>not</b> required to
				5b, 8b, 9b, and 10b to li						90, 990-EZ, or 990-PF)
P	art I			penses, and Chang		Fund Ba	alances (Se	e the ir	nstruc	tions.)
	1			s, grants, and similar an		1 1				
	a   .			oort		1a				
	b			pport		1b	1:	52,012		
	С			ributions (grants)		1c				452042
	d			a through 1c) (cash $\$$ $\frac{10}{2}$	_			)	1d	152,012
	2			evenue including govern		(from Part	t VII, line 93)		2	55,494,149
	3			and assessments .				•	3	
	4		_	gs and temporary cash ir				•	4	
	5	Divider	nds and inte	erest from securities .					5	17,490,106
	6a	Gross	rents			6a				
	b		•	nses		6b				
	С			or (loss) (subtract line 6					6с	
典	7			ıncome (describe ► 📆		<u> </u>			7	50,719
Revenue	8a			n sales of assets	(A) Securities		(B) O ther			
άÜ				ory		8a				
	b			sis and sales expenses		8b	_	28,466		
	С			ach schedule)		8c 🐔		-28,466		
	d	-		(combine line 8c, colum					8d	-28,466
	9	Specia	l events an	d activities (attach sche	dule) If any amount is f	rom <b>gamin</b>	<b>g</b> , check here <b>i</b>	<b>-</b> □		
	а		•		of	1 1				
			•	orted on line 1a)		9a				
	Ь			nses other than fundrais		9b				
	C			ss) from special events (		1 1			9c	
	10a			entory, less returns and		10a				
	Ь		-	ds sold		10b			4.0	
	c		, ,	rom sales of inventory (attack	, ,		,		10c	
	11		•	om Part VII, line 103)					11	300,000
	12			d lines 1d, 2, 3, 4, 5, 6c					12	73,458,520
,n	13			(from line 44, column (B				•	13	62,589,507
Expenses	14			general (from line 44, co				•	14	9,719,552
쓮	15			line 44, column (D))				• •	15	
ш	16			ates (attach schedule)					16	72 200 050
	17			dd lines 16 and 44, colu					17	72,309,059
<u>约</u> 数	18			) for the year (subtract li					18	1,149,461
Net Assets	19			d balances at beginning o					19	98,379,780
₹	20		_	net assets or fund balan I balances at end of year					20	13,626,490
	21	mer as:	sers of trunc	a parances at end or year	(combine lines 18, 19,	aliu∠U) .		•	21	113,155,731

## Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22	Grants and allocations (attach schedule) (cash \$ 712,261 noncash \$)  If this amount includes foreign grants, check here	22	712,261	712,261		
23	Specific assistance to individuals (attach schedule)	23	712,201	712,201		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	1,324,931	1,156,507	168,424	
26	Other salaries and wages	26	21,567,911	18,826,230	2,741,681	
27	Pension plan contributions	27	,	,,	_,: :=,::=	
28	Other employee benefits	28	3,049,196	2,661,585	387,611	
29	Payroll taxes	29	1,485,783	1,296,912	188,871	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	4,742,712	1,532,902	3,209,810	
33	Supplies	33	475,367	436,866	38,501	_
34	Telephone	34	1,629,790	1,574,471	55,319	
35	Postage and shipping	35	217,253	208,988	8,265	
36	Occupancy	36	2,079,826	1,898,262	181,564	
37	Equipment rental and maintenance	37	6,829,338	6,821,251	8,087	
38	Printing and publications	38				
39	Travel	39	105,260	97,045	8,215	
40	Conferences, conventions, and meetings	40	618,344	440,625	177,719	
41	Interest	41	10,841,963	10,841,963		
42	Depreciation, depletion, etc (attach schedule)	42	3,666,036	3,082,696	583,340	
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	72,309,059	62,589,507	9,719,552	0

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 

Yes 
No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$

Part III	Statement of	Program	Service	Accomplishments	(See the	instructions.
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ublications issued, etc. Discuss achievements that are not r	ements in a clear and concise manner State the number of clients served, neasurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexemp	Program Service Expenses (Required for 501(c)(3) an (4) orgs , and 4947(a)(1) trusts, but optional for
naritable trusts must also enter the amount of grants and a	llocations to others )	others )
life through better health. Covenant Health has Services may come through the implementation establishment of facilities. In addition, finance not directly affiliated with Covenant Health, be area's foremost healthcare systems, Covenand to enrich the health and quality of life in it healthcare needs, particularly the segments of Covenant Health combines effective leadership the residents of the area. By uniting multiple able to offer many diverse and progressive privace, creed, sex, national origin, handicap, ago future of the organization and to optimize the Tennessee. Covenant Health identifies opportuneeded clinical and educational healthcare see	organizations with a common dedication to improving the quality of is a history of operating programs that benefit the community on of patient care and educational outreach programs or the ial support is provided to healthcare services and charitable effort ut which are recognized as vital to the community. As one of the not Health pledges to provide leadership in the healthcare industry is service areas. Dedicated to its mission to fulfill the community of the community presently underserved with health services, inp, ministry, and management to further the healthcare interests of general and specialized affiliate organizations, Covenant Health is organized to the residents of the communities it serves regardless of e, or ability to pay. Covenant Health works diligently to shape the effectiveness and efficiency of healthcare delivery to East tunities and develops and implements services to provide vitally ervices to citizens in its primary service area with a particular focular focu	s s of f
of East Tennessee regardless of patients abil non-hospital programs as well as through dor	nt Health System provides quality healthcare services to residen ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations See Stateme ummary of identified community benefit services above and beyon	nt
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail (Grants and allocations \$ 712,261)	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme	nt d
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail (Grants and allocations \$ 712,261)	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon	nt
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon	nt d
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail  (Grants and allocations \$ 712,261)	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon.  If this amount includes foreign grants, check here F	nt d
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail  (Grants and allocations \$ 712,261)	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon.  If this amount includes foreign grants, check here F	nt d
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail  (Grants and allocations \$ 712,261)  (Grants and allocations \$	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon.  If this amount includes foreign grants, check here   ) If this amount includes foreign grants, check here	nt d
of East Tennessee regardless of patients abil non-hospital programs as well as through dor 100 (attached to our 2005 Form 990-T), a s daily patient care, for more detail  (Grants and allocations \$ 712,261)  (Grants and allocations \$	ity to pay and enhances the well being of the residents by offering ations to and collaboration with other organizations. See Stateme ummary of identified community benefit services above and beyon.  If this amount includes foreign grants, check here   ) If this amount includes foreign grants, check here	nt d

Pā	rt IV	<b>Balance Sheets</b> (See the instruction	ns.)					
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts onl		thin the description	<b>(A)</b> Beginning of year			(B) End of year
	45	Cash—non-interest-bearing			10,860,410	45		13,120,937
	46	Savings and temporary cash investments				46		
	47a	Accounts receivable	47a					
	ь	Less allowance for doubtful accounts	47b			47c		
	48a	Pledges receivable	48a					
		Less allowance for doubtful accounts	48b			48c		
	49	Grants receivable		·		49	1	
	50	Receivables from officers, directors, trustee (attach schedule)	key employees		50			
	51a	Other notes and loans receivable (attach schedule)	51a	 				
Assets	h	Less allowance for doubtful accounts	51b			51c		
	52	Inventories for sale or use	310			52	+	
	53	Prepaid expenses and deferred charges .	•	· · · · · ·	1,362,977	53	1	2,848,044
	54	Investments—securities (attach schedule)	• •	► Cost FMV	317,808,254	54	92	323,252,645
	55a	Investments—land, buildings, and equipment basis	55a		211,000,000			
	ь	Less accumulated depreciation (attach schedule)	55a 55b			55c		
	56	Investments—other (attach schedule)			30,145,678	56	92	19,231,532
		Land, buildings, and equipment basis	57a	30,635,889			-	
		Less accumulated depreciation (attach schedule)	57b	22,562,358	7,275,198	57c	<b>%</b> 3	8,073,531
	58	Other assets (describe 🕨		)	155,046,225	58	93	171,601,481
		7.1	45.11	, ,	F22 409 742			F20 120 170
	59	Total assets (must equal line 74) Add lines		-	522,498,742 22,408,237	59	-	538,128,170 24,692,759
	60	Accounts payable and accrued expenses			22,400,237	60	1	
	61 62	Grants payable	•			61 62	-	
	63	Loans from officers, directors, trustees, and	· ·	mployees (attach		02	+	
ų.	03	schedule)		inployees (attach		63		
ķ.;	64a	Tax-exempt bond liabilities (attach schedul			384,851,843	64a	92	383,795,202
^,	ь	Mortgages and other notes payable (attach	•	<b>⊢</b>	33 1,03 1,0 10	64b	<u> </u>	
	65	Other liabilities (describe		, ,	16,858,882	65	93	16,484,478
		· · · · · · · · · · · · · · · · · · ·			· · ·			
	66	<del>-</del>			424,118,962	66		424,972,439
	Orga	nizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	► IZ a	nd complete lines				
Š	67	Unrestricted			98,379,780	67		113,155,731
Balances	68	Temporarily restricted	•			68		
<u> </u>	69	Permanently restricted				69		
Fund	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74						
ъ	70	Capital stock, trust principal, or current fun-		70				
Sets	71	Paid-in or capital surplus, or land, building,		71				
AS S	72	Retained earnings, endowment, accumulate	d incoi	me, or other funds .		72		
Net.	73	<b>Total net assets or fund balances</b> (add lines 70 through 72,	67 th	rough 69 <b>or</b> lines				
		column (A) <b>must</b> equal line 19, column (B) i	<b>must</b> e	qual line 21)	98,379,780	73	1	113,155,731
	74	Total liabilities and net assets / fund balances	Add line	es 66 and 73 • •	522,498,742	74		538,128,170

 а	the instructions.)  Total revenue, gains, and other suppo	ort per audited financial sta	tements			a	71,524,852
a D	A mounts included on line <b>a</b> but not of		coments i				71,324,032
			ايما	1			
1	Net unrealized gains on investments		b1			.	
2	Donated services and use of facilities		b2			.	
3	Recoveries of prior year grants .		b3				
4	Other (specify)		b4				
	Add lines <b>b1</b> through <b>b4</b>					Ь	
	Subtract line <b>b</b> from line <b>a</b>				• •	<del>-</del> +	71 524 952
i						c	71,524,852
_	A mounts included on line 12, but not		1 1				
1	Investment expenses not included or		d1				
2	Other (specify) 🏂		l l		1 022 660		
			_ d2		1,933,668		
	Add lines <b>d1</b> and <b>d2</b>					d	
	Total revenue (line 12) Add lines ca					е	73,458,520
	Reconciliation of Exper						
	Total expenses and losses per audite					а	70,266,391
)	A mounts included on line <b>a</b> but not or			Ī			
1	Donated services and use of facilities	5	b1				
2	Prior year adjustments reported on li	ne 20	b2				
3	Losses reported on line 20		b3				
4	Other (specify)						
			_ b4				
	Add lines <b>b1</b> through <b>b4</b>					b	
	Subtract line <b>b</b> from line <b>a</b>					С	70,266,391
	A mounts included on line 17, but not	on line <b>a:</b>					
1	Investment expenses not included or	n line 6b	d1				
2	Other (specify) 🏂					1	
			_ d2		2,042,668		
	Add lines $ extbf{d1}$ and $ extbf{d2}$					d	2,042,668
	Total expenses (line 17) Add lines c	and <b>d</b>			🕨	e	72,309,059
art	director, trustee, or key er instructions.)	ors, Trustees, and Kenployee at any time dur	y Emplo ring the ye	<b>yees</b> (List ear even if	each persor they were r	n who wa	as an officer, pensated.) <i>(See the</i>
		(B) Title and average hours	(C) Con	npensation	( <b>D</b> ) Contribi employee bene		(E) Expense
	(A) Name and address	per week devoted to position	(If not paid	d, enter -0)	deferred com	pensation	account and other allowances
	dditional Data Table				plans	3	diowances
e A	dditional Data Table						
			<u></u>				
			-				

Par	t V-A	Current Officers, Directors	s, Trustees, and Key	<b>Employees</b> (conti	inued)		Yes	No
75a	Enter	the total number of officers, director	s, and trustees permitted	to vote on organizatioi	n business at board			
	meetır	ıgs		<u>▶21</u>				
b	A re an	y officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	ghest compensated			
	emplo	yees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
	contra	ctors listed in Schedule A , Part II - A	A or II-B, related to each	other through family or	business			
	relatio	nships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) .	75b		No
С	Doany	officers, directors, trustees, or key	employees listed in Forr	n 990, Part V-A, or hig	hest compensated			
	emplo	yees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
	contra	ctors listed in Schedule A , Part II - A	A or II-B, receive comper	nsation from any other o	organizations, whether			
	tax ex	empt or taxable, that are related to	this organization through	common supervision o	r common control? 🕏	75c	Yes	
		Related organizations include section	•	•	_			
		," attach a statement that identifies		_	en this			
		' zation and the other organization(s)		•				
	-	ng amounts paid to each individual	•	-	,			
d		he organization have a written confl	· ·			75d	Yes	
	t V-B							)ther
		Benefits (If any former office (described below) during the benefits in the appropriate co	cer, director, trustee, o year, list that person	or key employee red below and enter the	ceived compensation	or ot	her bei	nefits
		A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit plans and deferred compensation plans		pense acc ner allowa	count and ances
190		n Cove Drive N 37922	0	5,057	0			
		oksbury		F 003				
		erly Blvd N 37922	0	5,002	0			
	· · ·							
Par	t VI	Other Information (See the	instructions.)				Yes	No
76		organization engage in any activity not prev		'Yes," attach a detailed desc	nption of each activity	76		No
70 77		iny changes made in the organizing				77	Yes	'''
		s," attach a conformed copy of the c		sat not reported to tile.		<b>—</b>	, 63	<del>                                     </del>
70-						70-	V	
		organization have unrelated business gross	• •		ieum/ • • • •	78a	Yes	
79		s," has it filed a tax return on Form 9		he year? If "Ves " attach a s	tatement	78b	Yes	N
		ere a liquidation, dissolution, termination, or	-	,		79		No
80a		rganization related (other than by association			nimon membership,			
	-	ng bodies, trustees, officers, etc , to any oth				80a	Yes	
b	If"Yes	s," enter the name of the organizatio	<u>'</u>		nnava mnt			
01-		direct or indirect national averaged		is exemptor no	mexempt			
		direct or indirect political expenditu				641		   NI -
b	טומ the	e organization file <b>Form 1120-POL</b> fo	orthis year/	· · · · · · ·		81b		N o

• • • • • •	230 (2000)			rage
Par	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		Νo
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	in Part I or as an expense in Part II (See instructions in Part III)			
33a		83a	Yes	
		83Ь	Yes	
		84a		Νο
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		84b		Νο
5		85a		Νο
		85b		Νο
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
		85g		Νo
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	85h		No
,	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
Ь	Gross receipts, included on line 12, for public use of club facilities 86b			
,	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	Yes	
)a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		Νo
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	·		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
)a	List the states with which a copy of this return is filed 🕨			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )  90b			47
La	The books are in care of John T Geppi EVPCFO  Telephone no (865) 3	74-6	864	
	1410 Centerpoint Blvd Suite 401  Located at Located at Knoxville, TN  ZIP +4 Located 379321985			
b	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	91b	Yes Yes	Νo
	If "Yes," enter the name of the foreign country - CJ			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
c		91c		Νo
	If "Yes," enter the name of the foreign country 📭			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			+
	and enter the amount of tax-exempt interest received or accrued during the tax year			

	Analysis of Income-Pr						
<b>Note:</b> Enter g	ross amounts unless otherwis	e ındıcated.	(A) Business code	(B) Amount	(C) Exclusion code	ction 512, 513, or 514 ( <b>D</b> ) Amount	<b>(E)</b> Related or exempt function income
93 Progra	ım service revenue						
<b>a</b> See A	ddıtıonal Data Table						
b							
с							
d							
е							
f Medic	are/Medicaid payments .						
<b>g</b> Fees a	and contracts from governmer	nt agencies					
<b>94</b> Memb	ership dues and assessments	;					
95 Interest	on savings and temporary cash inv	estments					
<b>96</b> Divide	nds and interest from securit	ıes					17,490,106
<b>97</b> Net re	ntal income or (loss) from rea	ıl estate					
a debt-f	inanced property	[					
<b>b</b> non de	bt-financed property	[					
98 Net ren	tal income or (loss) from personal p	roperty					
<b>99</b> Other	investment income		532000	50,719			
<b>100</b> Gain or	(loss) from sales of assets other tha	an inventory			18	-28,466	
<b>101</b> Net in	come or (loss) from special e	vents					
<b>102</b> Gross	profit or (loss) from sales of i	nventory					
<b>103</b> Other	revenue <b>a</b> Royalties				15	300,000	
b							
с							
d							
е							
<b>104</b> Subtot	al (add columns (B), (D), and	(E))		270,210		278,034	72,758,264
	add line 104, columns (B), (D		<del></del>				73,306,508
Note: Line 10	5 plus line 1d, Part I, should ed	qual the amount on li	ne 12, Pa	art I.			
Part IX	Information Regarding		idiarie	s and Disregard	ed Entities	(See the instru	
	dress, and EIN of corporation, rship, or disregarded entity	( <b>B</b> ) Percentage of ownership interest		(C) Nature of activities		<b>(D)</b> Total income	<b>(E)</b> End-of-year assets
280 Fort Sande Knoxville, TN3 62-1308885	rs West Blvd	100 0000	Managem	nent Svcs		63,840,591	61,010,812
PHP Companies 1420 Centerpo Knoxville, TN3 62-1552091	ınt Blvd	98 0000	Managed	Care		378,046,446	208,433,266
		%					
		%	1				
Part X	Information Regarding	g Transfers Ass	sociate	ed with Personal	Benefit Co	ntracts (See th	
(a) Did the o	organization, during the year, receive	e any funds, directly or	ındırectly,	to pay premiums on a pe	rsonal benefit co	ntract?	│ Yes 🔽 No
(b) Did the	organization, during the year	, pay premiums, dir	ectly or	ındırectly, on a perso	nal benefit co	ntract?	┌ Yes ┌ No
NOTE: If "Y	es" to <b>(b),</b> file Form 8870 <b>and</b>	l Form 4720 (see ins	tructions	;).			
	Under penalties of perjury, I declare						
Please	and belief, it is true, correct, and cor	npiete Deciaration of p	reparer (o	ther than officer) is based	1		s any knowledge
Sign	***** Signature of officer				2006- Date	11-27	
Here					Julio		
	John T Geppi EVP/CFO Type or print name and title						
	1		<del></del>	<u> </u>			
Paid Preparer'	Preparer's signature Deborah O Ernsb	erger			Check if self- empolyed 🕨 🦵	Preparer's SSN or P	ΓΙΝ (See Gen Inst W
Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4					EIN Þ	
						Phone no ▶	

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DLN: 93490331004016

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

**Employer identification number** 

62-1646734

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
Keith N Altshuler 307 Windham Hill Road	FSRMC CAO	272,320	32,978	0	
Knoxville,TN 37922	50	,	,		
Samuel R Buscetta	Executive VP				
209 Amega Trace Loudon, TN 37774	50	337,322	19,050	0	
Wayne Heatherly	Fmr PWMC CAO	CAO		_	
7903 Beaver Ridge Road Knoxville, TN 37931	40	342,472	18,331	0	
Keith E Bailey	Fmr FSRMC CAO				
9005 Legends Lake Lane Knoxville, TN 37922	40	392,969	7,993	0	
Sarah E Elliott	Former Exec VP				
3144 Allerton Lake Drive WinstomSalem, NC 27106	40	426,475	17,635	0	
Total number of other employees paid over \$50,000	152				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CGI AMS Inc		
PO Box 932981 Atlanta, GA 31193	Information Tech	551,691
Pershing Yoakley and Associates		
PO Box 11746 Knoxville, TN 37939	A udit,Tax,Consulting	690,393
Wagner Myers and Sanger		
PO Box 1308 Knoxville, TN 37901	- Legal	1,074,840
Ober Kaler Grimes and Shriver		
1401 H St NW Washington, DC 20005	- Legal	1,396,506
McKesson Information Solutions		
PO Box 98347 Chicago, IL 60693	- Computer Support	8,588,498
Total number of others receiving over \$50,000 for professional services		·

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	T	(c) Compensation
Cariten Worxs		
1420 Centerpoint Blvd Knoxville, TN 37932	Vocational Rehab	238,912
Fortress Corporation		
280 Fort Sanders West BlvdSte 214 Knoxville, TN 37922	Security, Plant Engr	241,946
Staffing Solutions		
PO Box 406548 Atlanta, GA 30384	Employee Leasing	488,189
Hiscall Telecommunications		
1001 Gentry Circle Dickson,TN 37055	Telecommunications	585,649
BellSouth		
85 Annex Atlanta, GA 30385	Telecommunications	1,963,617
Total number of other contractors receiving over \$50,000 for other services		

Par	****	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Durir	g the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to ınf	luence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	conn	ection with the lobbying activities ▶\$ 76,859 (Must equal amounts on line 38, Part VI-A, or line			
	ı of P	art VI-B )	1	Yes	
	Orga	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	orgar	nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobby	ring activities			
2	Durir	ig the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	subs	tantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
		axable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
		ipal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📆			
а		exchange, or leasing property?	2a		No
a b		ing of money or other extension of credit?	2b		No
_		shing of goods, services, or facilities?	2c	Yes	
с		· · · · · · · · · · · · · · · · · · ·	2d	Yes	
d		nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	162	NI -
e		sfer of any part of its income or assets?	2e		Νo
3a		ou make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you	_		
		mine that recipients qualify to receive payments ) 🕏	3a	Yes	
b		ou have a section 403(b) annuity plan for your employees?	3b		Νo
c	Durir	g the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		Νo
4a	Did y	ou maintain any separate account for participating donors where donors have the right to provide advice			
	on th	e use or distribution of funds?	4a		Νo
b	Doy	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Νo
he d <b>5</b>	rganız	zation is not a private foundation because it is   (Please check only <b>ONE</b> applicable box ) A church, convention of churches, or association of churches  Section 170(b)(1)(A)(i)			
6	<u>'</u>	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	<u>'</u>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8	<u>'</u>	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	<u>'</u>	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital Section 170(b)(1)(A)(iii)	enital's	name	cit
-	'	and state	opitai s	iidiiic	, c.c
.0	$\vdash$	An organization operated for the benefit of a college or university owned or operated by a governmental unit			
	'	Section 170(b)(1)(A)(IV) (Also complete the <b>Support Schedule</b> in Part IV-A)			
.1a	$\vdash$	An organization that normally receives a substantial part of its support from a governmental unit or from the ger	ieral pi	ıblıc	
	,	Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
.1b	Г	A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
.2	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fe	es.and	l aross	3
_	'	receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more	•	-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from b		•	
		acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b>			)
.3	굣	An organization that is not controlled by any disqualified persons (other than foundation managers) and support			•
	'	described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section			
		Check the box that describes the type of supporting organization F Type 1 Type 2 Type 3	(	-/(-/	
		Provide the following information about the supported organizations (see page 5 of the instructions	5)		
		(a) Name(s) of supported organization(s)	b) Line from a		er
			• •	10010	
		SEE STATEMENT 23A	1		
		SEE STATEMENT 23A SEE STATEMENT 23A		2	

	You may use the worksheet in the instructions for co						
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2003	(c) 2002	(d)	2001	(e) Total
5	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)						
.6	· · · · · · · · · · · · · · · · · · ·						
. <del>.</del> .7	Gross receipts from admissions, merchandise						
.,	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section						
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						
	not included in line 18						
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						
	behalf The value of corrupce or facilities furnished to				1		
21	The value of services or facilities furnished to the organization by a governmental unit without						
	charge Do not include the value of services or						
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include						
	gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 11: a En	ter 2% of amou	nt ın column (e), lı	ne 24	•	26a	
Ŀ	Prepare a list for your records to show the name of	and amount con	tributed by each p	erson (other thai	n a		
ŧ							
Ė	governmental unit or publicly supported organization	on) whose total (	ufts for 2001 thro	ugh 2004 exceed	ded		
ŧ	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list v</b>	on) whose total (	ufts for 2001 thro	ugh 2004 exceed	ded	26h	
	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list v</b> amounts	on) whose total ( with your return	ufts for 2001 thro	ugh 2004 exceed	ded	26b	
c	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list v</b> amounts  Total support for section 509(a)(1) test Enter line	on) whose total ( with your return	pifts for 2001 thro	ugh 2004 exceed	ded	26b 26c	
c	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list v</b> amounts  Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18	on) whose total ( with your return	ifts for 2001 thro Enter the total of	ugh 2004 exceed	ded	26c	
c	governmental unit or publicly supported organization the amount shown in line 26a. <b>Do not file this list v</b> amounts  Total support for section 509(a)(1) test. Enter line Add. A mounts from column (e) for lines 18 22	on) whose total ( with your return	pifts for 2001 thro	ugh 2004 exceed	ded		
c	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list v</b> amounts  Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18	on) whose total ( with your return	ifts for 2001 thro	ugh 2004 exceed	ded	26c	
c	governmental unit or publicly supported organization the amount shown in line 26a. <b>Do not file this list v</b> amounts  Total support for section 509(a)(1) test. Enter line Add. A mounts from column (e) for lines 18 22	on) whose total ( with your return 2 24, column (e)	ifts for 2001 thro Enter the total of 19 26b	ugh 2004 exceed	ded	26c 26d	
c c	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list or</b> amounts  Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18 22  Public support (line 26c minus line 26d total)	on) whose total owith your return 24, column (e)	ifts for 2001 thro Enter the total of 19 26b	ugh 2004 exceed fall these excess	ded	26c 26d 26e 26f	
c c	governmental unit or publicly supported organization the amount shown in line 26a <b>Do not file this list or</b> amounts  Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18 22  Public support (line 26c minus line 26d total) <b>Public support percentage (line 26e (numerator) decrease)</b>	with your return 2 24, column (e) ivided by line 26	19 26b c (denominator))	ugh 2004 exceed fall these excess	ded	26d 26d 26e 26f	qualified person,"
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6 f f 2.7	governmental unit or publicly supported organization the amount shown in line 26a Do not file this list is amounts  Total support for section 509(a)(1) test. Enter line Add. A mounts from column (e) for lines  18 22  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) d. Organizations described on line 12: a For amount prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2004)  (2003)  For any amount included in line 17 that was received or (2) \$5,000 (Include in the list organizations described or feeturn. After computing the difference between the these differences (the excess amounts) for each years.	ivided by line 26 ints included in land total amount of such amount of such amount of such amount and total amount of such amount of such amount and total amount of such amount of such amount and total amount of such amount	19 26b c (denominator)) ines 15, 16, and ints received in ears for each year (2002) son (other than "other was more than 5 through 11, as indicated and the larger a	to that were rece ch year from, eac disqualified perso the <b>larger</b> of <b>(1)</b> well as individuals	ived from h "disque" (2001) ns"), prethe amounts ) <b>Do no</b> in <b>(1)</b> or	26c 26d 26e 26f n a "disc alified p epare a l	qualified person," erson " list for your ne 25 for the year n <b>is list with your</b>
6 f f 2.7	governmental unit or publicly supported organization the amount shown in line 26a Do not file this list is amounts  Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines  18 22  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) d. Organizations described on line 12: a For amount prepare a list for your records to show the name of Do not file this list with your return. Enter the sum (2004)  (2003)  For any amount included in line 17 that was received or (2) \$5,000 (Include in the list organizations de return. After computing the difference between the these differences (the excess amounts) for each you (2004)  (2004)  (2003)  Add. Amounts from column (e) for lines	ivided by line 26 ints included in land total amount of such amount of such amount of such amount and total amount of such amount of such amount and total amount of such amount of such amount and total amount of such amount	19 26b c (denominator)) ines 15, 16, and ints received in ears for each year (2002) roon (other than ", at was more than 5 through 11, as a d and the larger a (2002)	to that were rece ch year from, eac disqualified perso the <b>larger</b> of <b>(1)</b> well as individuals	ived from h "disque" (2001) ns"), prethe amounts ) <b>Do no</b> in <b>(1)</b> or	26d 26e 26f n a "disc alified p epare a l unt on li of file th (2), ent	qualified person," erson " list for your ne 25 for the year n <b>is list with your</b>
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6 6 7 E	governmental unit or publicly supported organization the amount shown in line 26a Do not file this list is amounts  Total support for section 509(a)(1) test. Enter line Add. A mounts from column (e) for lines  18 22  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) d. Organizations described on line 12: a For amount prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2004)  (2003)  For any amount included in line 17 that was received or (2) \$5,000 (Include in the list organizations dereturn. After computing the difference between the these differences (the excess amounts) for each you (2004)  (2004)  (2003)  Add. Amounts from column (e) for lines  15 17 20  Add. Line 27a total  Public support (line 27c total minus line 27d total)  Total support for section 509(a)(2) test. Enter amounts in the section sec	ivided by line 26 ints included in land total amount of such amount scribed in lines amount receive ear	19 26b c (denominator)) ines 15, 16, and ints received in ears for each year (2002) rson (other than ", at was more than 5 through 11, as a d and the larger a (2002) 16 21 ital	to that were rece ch year from, eac disqualified perso the <b>larger</b> of <b>(1)</b> well as individuals	ived from h "disque" (2001) ns"), prethe amounts ) <b>Do no</b> in <b>(1)</b> or	26c  26d  26e  26f  a "disc alified p  epare a l  unt on li of file th (2), ent	qualified person," lerson " list for your ne 25 for the year <b>his list with your</b> ter the sum of
6 ff 7 L	governmental unit or publicly supported organization the amount shown in line 26a Do not file this list is amounts  Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines  18 22  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) d)  Organizations described on line 12: a For amount prepare a list for your records to show the name of, Do not file this list with your return. Enter the sum (2004)  (2003)  For any amount included in line 17 that was received or (2) \$5,000 (Include in the list organizations de return. After computing the difference between the these differences (the excess amounts) for each you (2004)  (2004)  (2003)  Add. Amounts from column (e) for lines  15 17 20  Add. Line 27a total  Public support (line 27c total minus line 27d total)	ivided by line 26 ints included in land total amount of such amount scribed in lines amount receive ear	19 26b c (denominator)) ines 15, 16, and ints received in ears for each year (2002) rson (other than ", at was more than 5 through 11, as a d and the larger a (2002) 16 21 ital	tough 2004 exceed fall these excess all these excess that were rece ch year from, each disqualified person the larger of (1) well as individuals mount described	ived from h "disque" (2001) ns"), prethe amounts ) <b>Do no</b> in <b>(1)</b> or	26c  26d  26e  26f  a "disc alified p  epare a l  unt on li of file th (2), ent	qualified person," lerson " list for your ne 25 for the year <b>his list with your</b> ter the sum of

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part	Private School Questionnaire (See page 7 of the instructions.)			
<b>29</b> D	(To be completed ONLY by schools that checked the box on line 6 in Part IV)  oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	ther governing instrument, or in a resolution of its governing body?	29		
	oes the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	rochures, catalogues, and other written communications with the public dealing with student admissions,			
	rograms, and scholarships?	30		
-	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	<del></del>		
	ne period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
		31		
	nat makes the policy known to all parts of the general community it serves? f "Yes," please describe, if "No," please explain  (If you need more space, attach a separate statement )	31		
11	Tes, please describe, it into, please explain (11 you need more space, attach a separate statement)			
_		4		
_		4		
_		4		
_		4		
	oes the organization maintain the following			
a R	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
bR	ecords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
b	asıs?	32b	İ	
<b>c</b> C	opies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	ith student admissions, programs, and scholarships?	32c	i	
	opies of all material used by the organization or on its behalf to solicit contributions?	32d		
u -				
T f	fyou answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
11	you answered two to any of the above, please explain (II you need more space, attach a separate statement)			
_		4		
33 <u>-</u>		4		
<b>33</b> D	oes the organization discriminate by race in any way with respect to			
_				
a S	tudents' rights or privileges?	33a		
ЬΑ	dmissions policies?	33Ь		
c E	mployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
_				
اء	se of facilities?	33f		
, ,	50 of facilities	33.		
^	thletic programs?	33g		
g A	thetic programs.	33g		
_				
h O	ther extracurricular activities?	33h		
Ιf	fyou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
_				
_		_		
_				
_				
<b>34a</b> D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ьΗ	as the organization's right to such aid ever been revoked or suspended?	34b		
Ιf	fyou answered "Yes" to either 34a or b, please explain using an attached statement			
<b>35</b> D	oes the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	f Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			200=

Schedule A (Form 990 or 990-EZ) 2005 Page 5 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group Check 🕨 **b** if you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for ALL electing totals (The term "expenditures" means amounts paid or incurred ) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions ) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2005 2004 2003 2002 fiscal year beginning in) Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities

(For rep	orting onl	y by or	ganizations that	t did not com	plete Part Vi	I-A) (See j	page 11	of the	instructio	ກs.) 🕏

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)
  - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

A mount

Yes

No

Νo

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

			) organizations) or in section 527 ncharitable exempt organization o		_	Yes	Na
	Cash	g organization to a no	inchantable exempt organization (	. <del>-</del>	51a(i)	165	No No
	O ther assets			H	a(ii)	$\dashv$	No
	transactions			<u> </u>		$\dashv$	
_		of assets with a nonc	harıtable exempt organızatıon	i	b(i)	ł	No
	Purchases of assets	<u> </u>	b(ii)	$\dashv$	Νο		
	Rental of facilities, ed			<u> </u>	b(iii)	$\overline{}$	Νο
	Reimbursement arrar			<b>⊢</b>	b(iv)	$\dashv$	Νο
	Loans or loan guaran				b(v)		Νο
(vi)	Performance of servi	ces or membership o	r fundraising solicitations		b(vi)	$\neg$	Νo
<b>c</b> Sharın	ng of facilities, equipm	ient, mailing lists, oth	ner assets, or paid employees		С		Νo
<b>d</b> If the	answer to any of the a	above is "Yes," comp	lete the following schedule Colum	ם nn (b) should always show the fair	market	value	e of th
goods	, other assets, or serv	vices given by the rej	oorting organization If the organiz	zation received less than fair marl	ket valu	eına	ny
			ımn (d) the value of the goods, oth				·
		<u>-</u>		(d)			
(a) Line no	(b) A mount involved	Name of nonch	(c) arıtable exempt organızatıon	Description of transfers, transa	actions,	and s	sharır
Line no	Amount mvorved	Walle of holicil	aritable exempt organization	arrangement	ts		
3- T- bb-			J				
			d with, or related to, one or more t		_ 、		-
	s," complete the follow		han section 501(c)(3)) or in secti	on 5277	Į Y	es (	10
<b>D</b> II Te:		wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	<b>(c)</b> Description of relati	ionshin		
	Warne or organize		Type of organization	Description of relati			
·							
			į l				

#### **TY 2005 Cash Grants Paid Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

**Software Version:** 2005v2.2

Class of Activity	Recipient's name	Address	Amount	Relationship
Athletic Scholarships	Univ of TN Women's Athletics	1551 Lake Loudoun Blvd Knoxville, TN 37996	6,000	
Nature Programs	Ijams Nature Center	PO Box 20518 Knoxville, TN 37940	2,500	
Hurricane Katrina Relief	Catholic Charities	119 Dameron Avenue Knoxville, TN 37917	1,930	
Scholarship	UT Medical Center	1924 Alcoa Hwy Knoxville, TN 37920	4,000	
Contribution	Great Smky Mtn Cncl Boy Scouts	PO Box 51885 Knoxville, TN 37950	3,500	
Early Childhood Literacy	Dollywood Foundation	1020 Dollywood Lane Pigeon Forge, TN 37863	1,000	
Healthcare for Uninsured	Project Access	115 Suburban Road Knoxville, TN 37923	150,000	
Contribution	YWCA	420 W Church Avenue Knoxville, TN 37902	1,250	

Class of Activity	Recipient's name	Address	Amount	Relationship
Hurricane Katrina Relief	United Meth Comm on Relief	PO Box 9068 New York, NY 10087	9,137	
Hurricane Katrina Relief	Salvation Army	PO Box 4857 Jackson, MS 39296	12,765	
Fundraising	Bert F Thomas Foundation	PO Box 4395 Sevierville, TN 37864	8,000	
Fundraising	Methodist Med Ctr Foundation	900 Oak Ridge Turnpike Oak Ridge, TN 37830	2,500	
Teen Programs	Knoxville Young Life	900 S Gay Street 1600 Knoxville, TN 37902	2,000	
Marathon Sponsor	Knoxville Track Club	PO Box 32035 Knoxville, TN 37930	36,000	
Civic Awards	Knoxville Area Chamber PS	117 Market Square 201 Knoxville, TN 37902	2,000	
Purchase Defibrilators	Knox Youth Sports	5908 Lyons View Pike Knoxville, TN 37919	5,985	

Class of Activity	Recipient's name	Address	Amount	Relationship
Fundraising	Foot Wedge Golf Classic	6312 Kingston Pike Knoxville, TN 37919	2,500	
Youth Programs	Emerald Youth Foundation	1718 N Central Street Knoxville, TN 37917	10,000	
Comm. Programs Ref Svc	East TN Information Referral	PO Box 33002 Knoxville, TN 37930	10,000	
Historical Preservation	East TN Historical Society	PO Box 1629 Knoxville, TN 37901	10,000	
Hurricane Katrina Relief	Catholic Charities USA	PO Box 25168 Alexandria, VA 22313	4,345	
Fundraising	Catholic Charities	119 Dameron Avenue Knoxville, TN 37917	2,000	
Youth Programs	Boys and Girls Club	220 Carrick Street Suite 318 Knoxville, TN 37921	5,000	
Hurricane Katrina Relief	America's Second Harvest	35 E Wacker Dr Suite 2000 Chicago, IL 60601	6,065	

Recipient's name	Address	Amount	Relationship
American Red Cross	PO Box 37243 Washington, DC 20013	54,634	
Akıma Club	PO Box 51968 Knoxville, TN 37950	1,800	
Wee Course Classic	2351 Dandridge Avenue Knoxville, TN 37915	10,000	
National Kidney Foundation	4450 Walker Blvd Suite 2 Knoxville, TN 37917	1,200	
Knoxville Symphony League	100 S Gay Street Suite 302 Knoxville, TN 37902	8,000	
Knoxville Medical Mission	9430 Parkwest Blvd Suite 130 Knoxville, TN 37923	5,000	
Interfaith Health Clinic	315 Gill Avenue Knoxville, TN 37917	31,000	
Misc Community Programs	Various Knoxville, TN 37932	7,652	
	American Red Cross  Akima Club  Wee Course Classic  National Kidney Foundation  Knoxville Symphony League  Knoxville Medical Mission  Interfaith Health Clinic  Misc Community	American Red Cross PO Box 37243 Washington, DC 20013  Akima Club PO Box 51968 Knoxville, TN 37950  Wee Course Classic Value Knoxville, TN 37915  National Kidney Foundation Value Foundation Various  PO Box 37243 Washington, DC 20013  PO Box 37243 Washington, DC 2013  PO Box 37243 Washington, DC 2013  Interfalth Health Clinic Various  PO Box 37243 Washington, DC 2013  Interfalth Health Clinic Various	American Red Cross PO Box 37243 Washington, DC 20013  Akima Club PO Box 51968 Knoxville, TN 37950  Wee Course Classic 2351 Dandridge Avenue Knoxville, TN 37915  National Kidney Foundation 4450 Walker Blvd Suite 2 Knoxville, TN 37917  Knoxville Symphony League 100 S Gay Street Suite 302 Knoxville, TN 37902  Knoxville Medical Mission 9430 Parkwest Blvd Suite 130 Knoxville, TN 37923  Interfaith Health Clinic 315 Gill Avenue Knoxville, TN 37917  Misc Community Various 7,652

Class of Activity	Recipient's name	Address	Amount	Relationship
Children's Services	Variety Children's Charity	7132 Regal Lane Knoxville, TN 37918	22,500	
Construction Project	Sr Citizens Home Assist Svc	PO Box 3025 Knoxville, TN 37927	101,500	
Leadership Program	Leadership Knoxville	1301 Hannah Avenue Knoxville, TN 37921	3,000	
Fundraising	Sacred Heart Cathedral School	711 S Northshore Drive Knoxville, TN 37919	2,500	
Breast Cancer Research	Susan G Komen Breast Cncr Fdn	PO Box 11772 Knoxville, TN 37939	12,000	
Athletic Scholarships	Univ of TN Athletic Dept	PO Box 15016 Knoxville, TN 37901	4,000	
Medical Research/Educ.	Mental Health Association	PO Box 32731 Knoxville, TN 37930	2,500	
Cancer Research/Treatment	Thomson Cancer Surv Ctr Fdn	1915 White Avenue Knoxville, TN 37916	2,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Early Childhood Literacy	Dollywood Foundation	1020 Dollywood Lane Pigeon Forge, TN 37863	5,000	
Youth Programs	Great Smky Mtn Cncl Boy Scouts	PO Box 51885 Knoxville, TN 37950	3,500	
Children's Home	Holston Home for Children	404 Holston Drive Greeneville, TN 37744	5,000	
Boost High Schl Grad Rate	Project Grad Knoxville	700 E Hill Ave Suite 100 Knoxville, TN 37915	25,000	
Educ. Outreach Calendar	Frank H McClung Museum	1327 Circle Park Drive Knoxville, TN 37996	3,000	
National Park Programs	Friends of the Smokies	PO Box 5650 Sevierville, TN 37864	1,750	
Assistance to Disabled	East TN Technology Access Ctr	4918 N Broadway Knoxville, TN 37918	1,500	
Medical Research/Educ.	American Heart Association	4708 Papermill Drive Knoxville, TN 37909	50,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Fundraising	Fort Sanders Foundation	1901 Clinch Avenue Knoxville, TN 37916	8,500	
Children's Health Svcs.	East TN Children's Hospital	2018 Clinch Avenue Knoxville, TN 37916	7,050	
Drug Screens	Boys and Girls Club	PO Box 463 Lenoir City, TN 37774	6,948	
Teen Mothers Educ/Support	Florence Crittenton Agency	1531 Dick Lonas Road Knoxville, TN 37909	5,000	
Zoofarı Fundraıser	Knoxville Zoological Society	PO Box 6040 Knoxville, TN 37914	2,250	
Outreach Programs	Wellness Community	702 Lindsay Place Knoxville, TN 37919	20,000	

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

## **TY 2005 Compensation Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

**Software Version:** 2005v2.2

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Fortress Corporation	Covenent Medical Mgmt Inc	62-1282917	Covenant Health is the 100% owner of Covenant Medical Management, Inc , a for-profit corporation	1,333			Covenant Medical Management, Inc pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501 (c)(3) subsidiary of Covenant Health	6,242			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501 (c)(3) subsidiary of Covenant Health	15,571			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Methodist Medical Center	62-0626239	Methodist Medical Center is a 501(c) (3) subsidiary of Covenant Health	137,160			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Name Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Fortress Corporation	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501(c)(3) subsidiary of Covenant Health	203			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501 (c)(3) subsidiary of Covenant Health	3,622			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Ft Sanders West OP Surgery Ctr	62-1366907	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation Fortress Corp is a majority partner in Fort Sanders West Outpatient Surgery Center	926,872			Fort Sanders West O utpatient Surgery Center pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	169			Covenant Homecare pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		<b>!</b>
Fortress Corporation	Covenant Staffing Svcs Inc	62-1366370	Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation	300			Covenant Staffing Services, Inc. pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Thompson Oncology Group	62-1619239	Thompson Oncology Group is a 501 (c)(3) subsidiary of Covenant Health	22,722			Thompson Oncology Group pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health	872			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice
Fortress Corporation	Ft Sanders Rgnl Medical Ctr	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	8,452			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Staffing Solutions	Covenant Medical Mgmt Inc	62-1282917	Covenant Health is the 100% owner of Covenant Medical Management, Inc , a for-profit corporation	,			Covenant Medical Management, Inc pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Fortress Corporation	62-1308885	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation	8,931			Fortress Corporation pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501 (c)(3) subsidiary of Covenant Health	158,713			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501 (c)(3) subsidiary of Covenant Health	140,242			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice

Name Related Organization		ganization	Relationship	Compensation	Benefit Plan	Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Staffing Solutions	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501 (c)(3) subsidiary of Covenant Health	103,579			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501 (c)(3) subsidiary of Covenant Health	63,788			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	33,024			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Fort Sanders Perinatal Center	04-3760551	Fort Sanders Perinatal Center is a 501(c)(3) subsidiary of Covenant Health	4,834			Fort Sanders Perinatal Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Staffing Solutions	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	18,911			Covenant Homecare pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Resources Mgmt Group Inc	62-1342153	Covenant Health is the 100% owner of Resources Management Group, Inc , a for-profit corporation	17,008			Resources Management Group, Inc pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Thompson Oncology Group	62-1619239	Thompson Oncology Group is a 501(c) (3) subsidiary of Covenant Health	7,978			Thompson Oncology Group pays fair market value for services rendered upon receipt of invoice
Staffing Solutions	Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health	31,277			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation	Benefit Plan	Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Staffing Solutions	Ft Sanders Rgnl Medical Ctr	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	58,571			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Covenant Medical Mgmt Inc	62-1282917	Covenant Health is the 100% owner of Covenant Medical Management, Inc , a for-profit corporation	23,935			Covenant Medical Management, Inc pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Fortress Corporation	62-1308885	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation	36,465			Fortress Corporation pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501 (c)(3) subsidiary of Covenant Health	76,775			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice

Name	Related O	rganizat ion	Relationship	Compensation	l .	Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Pershing Yoakley Associates	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501(c)(3) subsidiary of Covenant Health	9,640			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501(c)(3) subsidiary of Covenant Health	43,608			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501 (c)(3) subsidiary of Covenant Health	41,579			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	81,596			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related C	Organization	Relationship	Compensation	1	Expense Account	Compensation Description
l	Name	EIN		A mount	Contributions		
Pershing Yoakley Associates	Ft Sanders West OP Surgery Ctr	62-1366907	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation Fortress Corp is a majority partner in Fort Sanders West Outpatient Surgery Center	11,141			Fort Sanders West O utpatient Surgery Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Fort Sanders Perinatal Center	04-3760551	Fort Sanders Perinatal Center is a 501(c) (3) subsidiary of Covenant Health	3,235			Fort Sanders Perinatal Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	15,978			Covenant Homecare pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Resources Mgmt Group Inc	62-1342153	Covenant Health is the 100% owner of Resources Management Group, Inc , a for- profit corporation	11,100			Resources Management Group, Inc pays fair market value for services rendered upon receipt of invoice

Name	Name Related Organization		Relationship Co	Compensation		•	Compensation Description
	Name	EIN	1	A mount	Contributions		
Pershing Yoakley Associates	Thompson Oncology Group	62-1619239	Thompson Oncology Group is a 501(c)(3) subsidiary of Covenant Health	4,600			Thompson Oncology Group pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health	21,050			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice
Pershing Yoakley Associates	Fort Sanders Rgnl Medical Ctr	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	50,767			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Fortress Corporation	62-1308885	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation	1,180			Fortress Corporation pays fair market value for services rendered upon receipt of invoice

Name	Name Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Hiscall Communications	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant Health	13,316			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501(c)(3) subsidiary of Covenant Health	22,476			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501(c)(3) subsidiary of Covenant Health	51,617			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501(c)(3) subsidiary of Covenant Health	135,271			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related Or	rganizat ion	Relationship	Compensation	- I	Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
Hiscall Communications	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	1,602			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Surival Center is a 501(c)(3) subsidiary of Covenant Health	30,233			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice
Hiscall Communications	Ft Sanders Rgnl Medical Center	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	75			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice
Bellsouth	Covenant Medical Mgmt Inc	62-1282917	Covenant Health is the 100% owner of Covenant Medical Management, Inc , a for-profit corporation	8,426			Covenant Medical Management, Inc , pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		•	Compensation Description
	Name	EIN		A mount	Contributions		
Bellsouth	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant Health	1,980			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice
Bellsouth	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501(c)(3) subsidiary of Covenant Health	7,578			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
Bellsouth	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501 (c)(3) subsidiary of Covenant Health	10,193			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
Bellsouth	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501(c) (3) subsidiary of Covenant Health	7,994			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN	]	A mount	Contributions		
Bellsouth	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	4,434			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
Bellsouth	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	1,922			Covenant Homecare pays fair market value for services rendered upon receipt of invoice
Bellsouth	Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health	1,491			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice
Bellsouth	Ft Sanders Rgnl Medical Ctr	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	16,190			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		Expense Account	Compensation Description
	Name	EIN		A mount	Contributions		
CGI AMS Inc	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	27,215			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
CGI AMS Inc	Ft Sanders Rgnl Medical Center	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health				Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Covenant Medical Mgmt Inc	62-1282917	Covenant Health is the 100% owner of Covenant Medical Management, Inc., a for-profit corporation	20,039			Covenant Medical Management, Inc pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Fortress Corporation	62-1308885	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation	67,642			Fortress Corporation pays fair market value for services rendered upon receipt of invoice

Name	Related Org	ganization	Relationship	Compensation	· I		Compensation Description
	Name	EIN	1	A mount	Contributions		
Wagner Myers and Sanger	Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant Health	78,273			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501(c)(3) subsidiary of Covenant Health	26,048			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501 (c)(3) subsidiary of Covenant Health	63,092			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501 (c)(3) subsidiary of Covenant Health	48,857			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related Organization		Relationship	Compensation		•	Compensation Description
	Name	EIN		A mount	Contributions		
Wagner Myers and Sanger	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501 (c)(3) subsidiary of Covenant Health	2,258			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Ft Sanders West OP Surgery Ctr	62-1366907	Covenant Health is the 100% owner of Fortress Corporation, a for-profit corporation Fortress Corp is a majority partner in Fort Sanders West Outpatient Surgery Center	7,024			Fort Sanders West O utpatient Surgery Center pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Medcenters Homecare	62-1552092	Medcenters Homecare is a 501(c)(3) subsidiary of Covenant Health	1,699			Medcenters Homecare pays fair market value for services rendered upon receipt of invoice
Wagner Myers and Sanger	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	6,862			Covenant Homecare pays fair market value for services rendered upon receipt of invoice

Name Related Organization		Relationship	•		Expense Account	Compensation Description	
Name	EIN		A mount	Contributions			
Covenant Staffing Svcs Inc	62-1366370	Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation	288			Covenant Staffing Services, Inc pays fair market value for services rendered upon receipt of invoice	
Thompson Cancer Survival Ctr	62-1250943	Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health	12,963			Thompson Cancer Survival Center pays fair market value for services rendered upon receipt of invoice	
Ft Sanders Rgnl Medical Center	62-0528340	Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health	80,584			Fort Sanders Regional Medical Center pays fair market value for services rendered upon receipt of invoice	
Peninsula Behavioral Health	51-0186987	Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant Health	18,959			Peninsula Behavioral Health pays fair market value for services rendered upon receipt of invoice	
	Name  Covenant Staffing Svcs Inc  Thompson Cancer Survival Ctr  Ft Sanders Rgnl Medical Center  Peninsula Behavioral	Name EIN  Covenant Staffing Svcs Inc  Thompson Cancer Survival Ctr  Ft Sanders Rgnl Medical Center  Peninsula Behavioral  51-0186987	Name  EIN  Covenant Staffing Svcs Inc  Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation  Thompson Cancer Survival Ctr  Ft Sanders Rgnl Medical Center  Peninsula Behavioral  EIN  Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation  Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health  Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health  Peninsula Behavioral  S1-0186987 Peninsula Behavioral Health is a S01(c)(3) subsidiary of Covenant	NameEINAmountCovenant Staffing Svcs Inc62-1366370Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation288Thompson Cancer Survival Center Is a 501(c)(3) subsidiary of Covenant Health12,963Ft Sanders Rgnl Medical Center Medical Center Is a 501(c)(3) subsidiary of Covenant Health80,584Peninsula Behavioral51-0186987Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant18,959	NameEINContributionsCovenant Staffing Svcs Inc62-1366370Covenant Health is the 100% owner of Covenant Staffing Services, Inc , a for-profit corporation288Thompson Cancer Survival Center Is a 501(c)(3) subsidiary of Covenant Health12,963Ft Sanders Rgnl Medical Center Medical Center Is a 501(c)(3) subsidiary of Covenant Health80,584Peninsula Behavioral51-0186987Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant18,959	Name EIN  Covenant Staffing Svcs Inc   62-1366370   Covenant Health is the 100% owner of Covenant Staffing Services, Inc   a for-profit corporation    Thompson Cancer Survival Center is a 501(c)(3) subsidiary of Covenant Health    Ft Sanders Rgnl Medical Center   62-0528340   Fort Sanders Regional Medical Center is a 501(c)(3) subsidiary of Covenant Health    Peninsula Behavioral   51-0186987   Peninsula Behavioral Health is a 501(c)(3) subsidiary of Covenant    Staffing Svcs   288   288   288   288   288    Contributions   288	

Name	Related Organization		Relationship	Compensation		•	Compensation Description
	Name	EIN		A mount	Contributions		
McKesson Information Solutions	Fort Loudoun Medical Center	62-1373691	Fort Loudoun Medical Center is a 501(c)(3) subsidiary of Covenant Health	5,398			Fort Loudoun Medical Center pays fair market value for services rendered upon receipt of invoice
McKesson Information Solutions	Methodist Medical Center	62-0636239	Methodist Medical Center is a 501(c)(3) subsidiary of Covenant Health	134,194			Methodist Medical Center pays fair market value for services rendered upon receipt of invoice
McKesson Information Solutions	Parkwest Medical Center	58-1897274	Parkwest Medical Center is a 501(c)(3) subsidiary of Covenant Health	96,350			Parkwest Medical Center pays fair market value for services rendered upon receipt of invoice
McKesson Information Solutions	Ft Sanders Sevier Medical Ctr	62-1114867	Fort Sanders Sevier Medical Center is a 501(c)(3) subsidiary of Covenant Health	103,923			Fort Sanders Sevier Medical Center pays fair market value for services rendered upon receipt of invoice

Name	Related O	rganization	·   ·   ·			Expense Account	Compensation Description
<u> </u>	Name	EIN	'	A mount	Contributions		
McKesson Information Solutions	Covenant Homecare	62-1623114	Covenant Homecare is a 501(c)(3) subsidiary of Covenant Health	130,430			Covenant Homecare pays fair market value for services rendered upon receipt of invoice
McKesson Information Solutions	Resources Mgmt Group Inc	62-1342153	Covenant Health is the 100% owner of Resources Management Group, Inc , a for-profit corporation	78,092			Resources Management Group, Inc pays fair market value for services rendered upon receipt of invoice

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#### TY 2005 Gain/Loss from Sale of Other Assets Schedule

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Kronos Imagekeeper Software	2005-01	Purchase	2005-12	Write-off		9,728		-3,994	5,734
Eastman Kodak CD120 Camera	1997-06	Purchase	2005-12	Write-off		1,220		-4	1,216
Alpha Red Brick System Upgrade	1997-07	Purchase	2005-12	Write-off		62,222		-12,445	49,777
Cables, Adapters, Etc for Computers	2005-01	Purchase	2005-12	Write-off		39,732		-8,290	31,442
Computer Workstations and Monitors	2005-01	Purchase	2005-12	Write-off		43,478		-3,733	39,745

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#### **TY 2005 Investments - Other Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Book Value	Cost/FMV
Miscellaneous - AWUL	19,231,532	F

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#### **TY 2005 Investments - Securities Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Book Value	Cost/FMV
U.S. Government Bonds - Long-term	100,703,005	F
Equities	150,919,417	F
Corporate Bonds - Long-term	38,000,034	F
Bond Acquisition Fund	33,630,189	F

#### TY 2005 Land etc. Schedule

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	936,351		936,351
Land	155,373		155,373
Improvements	958,955	729,190	229,765
Buildings	1,829,336	1,001,511	827,825
Machinery and Equipment	26,755,874	20,831,657	5,924,217

#### **TY 2005 Other Assets Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Beginning of Year Amount	End of Year Amount
Other Receivables		470,802
Other Assets		234,517
Goodwill, Net of Amortization	3,830,482	927,596
Due from Affiliates, Net	703,845	146,699,928
Deferred Compensation	1,429,957	904,283
Bond Issuance Costs, Net	129,561,643	18,688,469
Accrued Interest Receivable	19,520,298	3,675,886

### **TY 2005 Other Changes in Net Assets Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Amount
Unrealized Loss on Investments	-8,744,324
Return of Capital from Thompson Cancer Survival Center	19,153,269
Return of Capital from PHP	5,000,000
Return of Capital from Parkw est Medical Center	334,230
Return of Capital from Methodist Medical Center	662,815
Return of Capital from MedCenters Home Care	24,036
Return of Capital from Fort Sanders Sevier	606,368
Return of Capital from Fort Sanders Regional	789,430
Return of Capital from Covenant Homecare	68,803
Prior Year Grants Not Paid	109,000
Change in Unrealized Gain - Sec 457(b)	60,162
Capital Contributed to Thompson Cancer Center Foundation	-4,000,000
Capital Contributed to Peninsula Behavioral Health	-297,732
Capital Contributed to Fort Loudoun Medical Center	-139,567

# **TY 2005 Other Expenses Not Included Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Amount
Reclass - Royalties	300,000
Reclass - Interest Income	1,633,668
Prior Year Grants Not Paid	109,000

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#### **TY 2005 Other Investment Income Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Amount
Interest Income	50,719

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#### **TY 2005 Other Liabilities Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Beginning of Year Amount	End of Year Amount
Long-term Reserve for Malpractice		12,600,000
Long-term Reserve for Workers Comp	11,350,000	515,664
Market Adjustment for SWAP	639,000	1,436,462
	3,317,360	
Long-term Deferred Compensation	1,552,522	1,932,352

# **TY 2005 Other Revenues Not Included Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Description	Amount
Reclass - Royalties	300,000
Reclass - Interest Income	1,633,668

### **TY 2005 Tax-Exempt Bond Liabilities Schedule**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

**Software Version:** 2005v2.2

Soleware Version 2003V2.2	
Item No.	1
Name of Issue	
Purpose	2002D Series Bonds
Amount Outstanding	226550000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	
Item No.	2
Name of Issue	
Purpose	2002C Series Bonds
Amount Outstanding	11454448
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	
Item No.	3
Name of Issue	
-	2002B Series Bonds
Amount Outstanding	6114453
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
	1

Repayment Terms

**Interest Rate** 

Security

Item N	o. 4
Name of Issu	ie
Purpo	se 2002A Series Bonds
Amount Outstandii	ng 133257690
Unexpeded Bond Procee	ds
Third Party Us	se
Space Percentag	ge
Maturity Da	te
Repayment Tern	ns
Interest Ra	te
Securi	ty
Item No.	5
Item No. Name of Issue	5
Name of Issue	5 993 Series E Refunding Bonds
Name of Issue	
Name of Issue Purpose 1	993 Series E Refunding Bonds
Name of Issue Purpose 1 Amount Outstanding	993 Series E Refunding Bonds
Name of Issue Purpose 1 Amount Outstanding Unexpeded Bond Proceeds	993 Series E Refunding Bonds
Name of Issue Purpose 1 Amount Outstanding Unexpeded Bond Proceeds Third Party Use	993 Series E Refunding Bonds
Name of Issue Purpose 1 Amount Outstanding Unexpeded Bond Proceeds Third Party Use Space Percentage	993 Series E Refunding Bonds
Name of Issue Purpose 1 Amount Outstanding Unexpeded Bond Proceeds Third Party Use Space Percentage Maturity Date	993 Series E Refunding Bonds

#### **TY 2005 Non Electing Public Charities Statement**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

**Software Version:** 2005v2.2

**Statement:** D) Postage for quarterly newsletterG) Salary, benefits, and travel

costs for VP of Managed Care & Government Relations for portion of time related to meetings with lobbyists and Legislators - \$7,058 Lobbying portion of dues to the Tennessee Hospital Association, American Hospital Association, and Hospital Alliance of Tennessee

- \$69,401

#### **TY 2005 Scholarship Award Statement**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

**Software Version:** 2005v2.2

**Statement:** Covenant Health strives to support activities and organizations

that provide services and benefits to the community and that demonstrate commitment to the same. Covenant Health

distributed funds and allocated grants to various individuals and

organizations based upon the purposes and needs of the

recipients. These purposes include community research and

education, community assistance, and medical equipment, among

others.

## **TY 2005 Self Dealing Statement**

Name: Covenant Health

**EIN:** 62-1646734

**Software ID:** 05000133

Line Number	Explanation
	Line 2c:Numerous checking and investment accounts for Covenant Health are maintained at First Tennessee Bank, Knoxville, Tennessee. Mr. Larry Martin, Chairman of the Board, is Chief Operating Officer for First Tennessee Financial Services. All transactions are conducted at arm's length in the normal course of business incurring reasonable and customary expenses. In accordance with the organization's conflict of interest policy, all Board members, including Mr. Martin, excuse themselves in voting on matters in which a conflict of interest may exist.

#### Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
96	Income from Covenant Health maintained investment pool which supports various system affiliates
93a(6)	Other Program Services - Related Providing services to various community programs in furtherance of tax exempt purpose
93a(5)	MRI Lease Income from rental of medical equipment to affiliate
93a(4)	Management Fees Providing support services, such as supervision, coordinating, policy making, accounting, information technology, administrative functions (i.e., marketing, human resources), and long range financial and strategic planning for system affiliates, as well as providing telecommunications equipment, related services, and associated supervision. See Statement 100
93a(1)	Collection Fees Providing billing and collection services to tax-exempt affiliated hospitals

#### Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter green amounts unless oth austi		Unrelated business income		section 512, 513, or 514	(E) Related or
Note: Enter gross amounts unless otherwis indicated.	(A) Business code	(B) A mount	(C) Exclusion code	(D) A mount	exempt function income
a (7)O ther Program Services			41	6,500	
<b>b</b> (6) Pgm Svcs - Related					248,966
c (5)MRI Lease					338,050
d (4)Management Fees					53,836,362
e (3)Managed Care Services	561000	61,242			
f (2)Information Tech Svc	561000	158,249			
g (1)Collection Fees					844,780

# Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Thompson Cancer Survival Center and Subs	x	
PHP Companies Inc and Subsidiaries		X
Peninsula Behavioral Health and Subs	x	
Parkwest Medical Center	×	
Methodist Medical Center and Subs	x	
Medcenters Homecare	x	
Fortress Corporation and Subsidiaries		Х
Fort Sanders Sevier Medical Center	×	
Fort Sanders Regional Medical Center	×	
Fort Sanders Perinatal Center	×	
Fort Sanders Foundation	×	
Fort Loudoun Medical Center	×	
Covenant Homecare	X	

#### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Archer W Bishop Jr MD PO Box 11146 Knoxville,TN 37939	Director 2	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Robert H Kirk HSD 1604 Riverside Road Knoxville, TN 37914	Director 3	0		
Clifford Q Johnson MD 9430 Park West Blvd Ste 330 Knoxville,TN 37923	Director 3	0		
Karla Lane 120 Cavett Hill Ln Knoxville,TN 37922	Director 2	0		
William Hall MD 988 Oak Ridge Tpke Ste 380 Oak Ridge,TN 37830	Director 3	0		
John T Geppi 1410 Centerpoint Blvd Ste 401 Knoxville,TN 37932	EVP/CFO, Secr 50	392,601	27,571	
Ann B Furrow 5300 Turtle Point Lane Knoxville,TN 37919	Director 1	0		
Kenneth T Creed 7025 Stone Mill Road Knoxville,TN 37919	Director 3	0		
David L Coffey 300 Casa del Lago Way Lenoir City, TN 37771	Director 1	0		
H Bowen Carey 604 Grove Street Loudon,TN 37774	Director 4	0		
Harry M Call 12000 Avallon Place Knoxville, TN 379222432	Director 3	0		

### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Ronald D Townsend PhD 1299 Bethel Valley Rd SC-200 Oak Ridge,TN 37830	Director 2	0		
Joseph E Sutter 5413 Shenandoah Dr Knoxville,TN 37909	Director 2	0		
Francis Olmstead Jr 7328 Misty Meadow Pl Knoxville, TN 37919	Director 2	0		
Cletus J McMahon Jr MD 90 Vermont Ave Suite 300 Oak Ridge,TN 37830	2nd Vice Chair 4	0		
R B Summitt II PO Box 5288 Sevierville,TN 378645288	Director 2	0		
Anthony L Spezia 100 Fort Sanders West Blvd Knoxville, TN 37922	President & CEO 50	932,330	19,329	
J Robert Merriman PhD 1864 W Millers Cove Rd Walland,TN 378862635	Director 4	0		
Charles T McGaha 2540 Boyds Creek Highway Sevierville,TN 37876	Director 2	0		
Larry B Martin 800 S Gay Street 6th Floor Knoxville, TN 379291111	Chairman 4	0		
Randolph M Lowry MD 501 20th St Suite 206 Knoxville,TN 37916	Director 3	0		

#### **Additional Data**

**Software ID:** 05000133

Software Version: 2005v2.2

**EIN:** 62-1646734

Name: Covenant Health

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Taxes & Penalties	43a	151,787		151,787	
<b>b</b> Subscriptions	43b	159,792	146,463	13,329	
<b>c</b> Recruiting	43c	347,309	329,944	17,365	
<b>d</b> Purchased Services	43d	3,915,067	3,613,767	301,300	
<b>e</b> Miscellaneous	43e	4,106	4,106		
<b>f</b> Meals and Entertainment	43f	90,083	72,186	17,897	
<b>g</b> Marketing	43g	946,831	946,831		
<b>h</b> Insurance	43h	1,214,607	1,151,660	62,947	
i Dues and Licenses	43i	308,457	272,275	36,182	
j Contract Personnel	43j	498,195	461,248	36,947	
k Consulting Fees	43k	4,723,181	3,398,790	1,324,391	
I Collection Fees	431	603,673	603,673		