

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, and ending

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

- A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

Covenant Health

Number, street, and room or suite no. If a P.O. box, see instructions.

1420 Centerpoint Blvd., Bldg. C

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

Knoxville, TN 37932-1960

D Employer identification number (Employees' trust, see instructions)

62-1646734

E Unrelated business activity code (See instructions)

531120

C Book value of all assets at end of year 1,638,320,485.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 3

Describe the only (or first) unrelated trade or business here See Statement 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous contonco, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

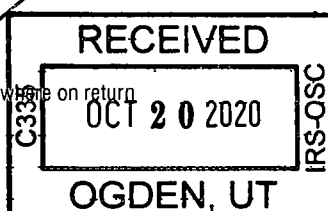
The books are in care of Amy DeLong Telephone number 865-374-3140

Part I Unrelated Trade or Business Income

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Capital gain net income, etc. Total Income: 232,128; Total Expenses: 173,226; Total Net: 58,902.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc. Total Deductions: 47,029. Unrelated business taxable income before net operating loss deduction: 58,902. Unrelated business taxable income: 58,902.



ENVELOPE POSTMARK DATE OCT 08 2020 SCANNED MAY 17 2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes rows 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows 46a-56 for tax credits, payments, and tax due.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59 regarding foreign accounts and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (John T. Sepp), Date (10/7/20), Title (EVP/CFO).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, Firm's name, Firm's EIN, Firm's address, Phone no.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|   |           |  |   |          |                 |
|---|-----------|--|---|----------|-----------------|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |                 |
| <b>2</b> Purchases  | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                            | <b>7</b> |                 |
| <b>3</b> Cost of labor                                    | <b>3</b>  |  |   |          |                 |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |  |   |          |                 |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |  |   |          |                 |
| <b>5</b> <b>Total</b> Add lines 1 through 4b              | <b>5</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |          | Yes No<br>- - X |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

|  |  |  |
|--|--|--|
| <b>1</b> Description of property   |  |  |
| (1)  |  |  |
| (2)  |  |  |
| (3)  |  |  |
| (4)  |  |  |
| <b>2. Rent received or accrued</b>   |  |  |
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)  |  |  |
| (2)  |  |  |
| (3)  |  |  |
| (4)  |  |  |
| Total  | 0.   | Total 0.   |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►       |  | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ► 0.               |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|  |  |   |  |   |
|--|--|---|--|---|
| <b>1.</b> Description of debt-financed property  |  | <b>2</b> Gross income from or allocable to debt-financed property | <b>3</b> Deductions directly connected with or allocable to debt-financed property |   |
|  |  |   | <b>(a)</b> Straight line depreciation (attach schedule)                            | <b>(b)</b> Other deductions (attach schedule)                             |
| (1)  |  |   |  |   |
| (2)  |  |   |  |   |
| (3)  |  |   |  |   |
| (4)  |  |   |  |   |
| <b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | <b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule) | <b>6.</b> Column 4 divided by column 5                            | <b>7.</b> Gross income reportable (column 2 x column 6)                            | <b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)  |  | %   |  |   |
| (2)  |  | %   |  |   |
| (3)  |  | %   |  |   |
| (4)  |  | %   |  |   |
| <b>Totals</b>  |  |   | Enter here and on page 1, Part I, line 7, column (A) 0.                            | Enter here and on page 1, Part I, line 7, column (B) 0.                   |
| <b>Total dividends-received deductions</b> included in column 8  |  |   | 0.   | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) <b>Covenant Medical</b>        |                                   |   |                                     |   |  |
| (2) <b>Group</b>                   | <b>62-1282917</b>                 |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                   |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  | <b>Statement 4</b>   |
| (2)               |   | <b>232,128.</b>                     | <b>232,128.</b>  | <b>173,226.</b>  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| <b>Totals</b>     |   |                                     | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)         | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B) |
|                   |   |                                     | <b>232,128.</b>  | <b>173,226.</b>  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)   | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A) |                                 | Enter here and on page 1, Part I, line 9, column (B)  |
|                          |                     | <b>0.</b>  |                                 | <b>0.</b>   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col (A)                          | Enter here and on page 1, Part I, line 10, col (B)  |   |                                      | Enter here and on page 1, Part II, line 25                                      |
|                                      |   | <b>0.</b>   | <b>0.</b>   |   |                                      | <b>0.</b>   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 8 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | <b>0.</b>                   | <b>0.</b>   |                       |                     | <b>0.</b>  |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical               | 2. Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|-----------------------------|-----------------------------|--|----------------------|---------------------|--|
| (1)                                |                             |                             |  |                      |                     |  |
| (2)                                |                             |                             |  |                      |                     |  |
| (3)                                |                             |                             |  |                      |                     |  |
| (4)                                |                             |                             |  |                      |                     |  |
| <b>Totals from Part I</b>          | <b>0.</b>                   | <b>0.</b>                   |  |                      |                     | <b>0.</b>  |
| <b>Totals, Part II (lines 1-5)</b> | <b>0.</b>                   | <b>0.</b>                   |  |                      |                     | <b>0.</b>  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|---------|---------------------------------------|---|
| (1)   |         | %                                     |   |
| (2)   |         | %                                     |   |
| (3)   |         | %                                     |   |
| (4)   |         | %                                     |   |
| <b>Total</b> Enter here and on page 1, Part II, line 14 |         |                                       | <b>0.</b>   |

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|            |   |           |   |
|------------|---|-----------|---|
| Form 990-T | Description of Organization's Primary Unrelated Business Activity | Statement | 1 |
|------------|---|-----------|---|

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Rental Income from a Controlled Entity

To Form 990-T, Page 1

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|            |               |           |   |
|------------|---------------|-----------|---|
| Form 990-T | Contributions | Statement | 2 |
|------------|---------------|-----------|---|

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| Description/Kind of Property         | Method Used to Determine FMV | Amount   |
|--------------------------------------|------------------------------|----------|
| Current Year Contributions           | N/A                          | 595,140. |
| Total to Form 990-T, Page 2, line 34 |                              | 595,140. |

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Form 990-T

## Contributions Summary

Statement 3

Qualified Contributions Subject to 100% Limit  
 Qualified Contributions Subject to 25% Limit

## Carryover of Prior Years Unused Contributions

|                   |         |
|-------------------|---------|
| For Tax Year 2014 | 660,495 |
| For Tax Year 2015 | 573,050 |
| For Tax Year 2016 | 478,276 |
| For Tax Year 2017 | 729,452 |
| For Tax Year 2018 | 559,863 |

|                                      |           |
|--------------------------------------|-----------|
| Total Carryover                      | 3,001,136 |
| Total Current Year 10% Contributions | 595,140   |

|                                       |           |
|---------------------------------------|-----------|
| Total Contributions Available         | 3,596,276 |
| Taxable Income Limitation as Adjusted | 7,762     |

|                            |           |
|----------------------------|-----------|
| Excess Contributions       | 3,588,514 |
| Excess 100% Contributions  | 0         |
| Total Excess Contributions | 3,588,514 |

|                                   |       |
|-----------------------------------|-------|
| Allowable Contributions Deduction | 7,762 |
|-----------------------------------|-------|

|                              |       |
|------------------------------|-------|
| Total Contribution Deduction | 7,762 |
|------------------------------|-------|

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Form 990-T    Schedule F - Deductions of Controlled Organizations Statement    4  
Directly Connected With Column 10 Income

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| <u>Description</u>                         | <u>Activity<br/>Number</u> | <u>Amount</u> | <u>Total</u> |
|--|----------------------------|---------------|--------------|
| Depreciation                               |                            | 47,029.       |              |
| Occupancy expenses                         |                            | 126,197.      |              |
| - Subtotal -                               | 1                          |               | 173,226.     |
| Total of Form 990-T, Schedule F, Column 11 |                            |               | 173,226.     |



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

Entity **1**

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)**

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization **Covenant Health** Employer identification number **62-1646734**

Unrelated Business Activity Code (see instructions) ▶ **561000**

Describe the unrelated trade or business ▶ **Managed Care Services**

| <b>Part I Unrelated Trade or Business Income</b>   |                | (A) Income        | (B) Expenses | (C) Net        |
|--|----------------|-------------------|--------------|----------------|
| <b>1 a</b> Gross receipts or sales   | <b>24,996.</b> |                   |              |                |
| <b>b</b> Less returns and allowances   |                |                   |              |                |
| <b>c Balance</b> ▶   |                | <b>1c 24,996.</b> |              |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                | <b>2</b>          |              |                |
| <b>3</b> Gross profit Subtract line 2 from line 1c   |                | <b>3 24,996.</b>  |              | <b>24,996.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |                | <b>4a</b>         |              |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                | <b>4b</b>         |              |                |
| <b>c</b> Capital loss deduction for trusts   |                | <b>4c</b>         |              |                |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                | <b>5</b>          |              |                |
| <b>6</b> Rent income (Schedule C)  |                | <b>6</b>          |              |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                | <b>7</b>          |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                | <b>8</b>          |              |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                | <b>9</b>          |              |                |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                | <b>10</b>         |              |                |
| <b>11</b> Advertising income (Schedule J)  |                | <b>11</b>         |              |                |
| <b>12</b> Other income (See instructions, attach schedule)                                     |                | <b>12</b>         |              |                |
| <b>13 Total.</b> Combine lines 3 through 12  |                | <b>13 24,996.</b> |              | <b>24,996.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |                        |            |                |
|--|------------------------|------------|----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |                        | <b>14</b>  |                |
| <b>15</b> Salaries and wages   |                        | <b>15</b>  | <b>9,435.</b>  |
| <b>16</b> Repairs and maintenance  |                        | <b>16</b>  |                |
| <b>17</b> Bad debts  |                        | <b>17</b>  |                |
| <b>18</b> Interest (attach schedule) (see instructions)  |                        | <b>18</b>  |                |
| <b>19</b> Taxes and licenses   |                        | <b>19</b>  |                |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>              |            |                |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b>             | <b>21b</b> |                |
| <b>22</b> Depletion  |                        | <b>22</b>  |                |
| <b>23</b> Contributions to deferred compensation plans   |                        | <b>23</b>  |                |
| <b>24</b> Employee benefit programs  |                        | <b>24</b>  |                |
| <b>25</b> Excess exempt expenses (Schedule I)  |                        | <b>25</b>  |                |
| <b>26</b> Excess readership costs (Schedule J)   |                        | <b>26</b>  |                |
| <b>27</b> Other deductions (attach schedule)   | <b>See Statement 5</b> | <b>27</b>  | <b>81.</b>     |
| <b>28 Total deductions.</b> Add lines 14 through 27  |                        | <b>28</b>  | <b>9,516.</b>  |
| <b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13            |                        | <b>29</b>  | <b>15,480.</b> |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |                        | <b>30</b>  | <b>0.</b>      |
| <b>31</b> Unrelated business taxable income Subtract line 30 from line 29  |                        | <b>31</b>  | <b>15,480.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| Form 990-T (M)                        | Other Deductions | Statement | 5 |
|---------------------------------------|------------------|-----------|---|
| Description                           |                  | Amount    |   |
| Supplies and other                    |                  | 81.       |   |
| Total to Schedule M, Part II, line 27 |                  | 81.       |   |

**Covenant Health**

**62-1646734**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ N/A**

|   |           |  |   |          |   |
|---|-----------|--|---|----------|---|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |   |
| <b>2</b> Purchases  | <b>2</b>  |  | <b>7</b> Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2                                   | <b>7</b> |   |
| <b>3</b> Cost of labor                                    | <b>3</b>  |  |   |          |   |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |  |   |          |   |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |  |   |          |   |
| <b>5</b> Total Add lines 1 through 4b                     | <b>5</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |          | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

|   |  |  |
|---|--|--|
| <b>1</b> Description of property  |  |  |
| (1)   |  |  |
| (2)   |  |  |
| (3)   |  |  |
| (4)   |  |  |
| <b>2. Rent received or accrued</b>  |  |  |
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)    | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |  |  |
| (2)   |  |  |
| (3)   |  |  |
| (4)   |  |  |
| Total <b>0.</b>   | Total <b>0.</b>  |  |
| <b>(c) Total income</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>▶ 0.</b> |  | <b>(b) Total deductions</b> Enter here and on page 1, Part I, line 8, column (B) <b>▶ 0.</b>         |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|  |  |  |   |  |
|--|--|--|---|--|
| <b>1. Description of debt-financed property</b>  |  | <b>2. Gross income from or allocable to debt-financed property</b> | <b>3. Deductions directly connected with or allocable to debt-financed property</b> |  |
|  |  |  | <b>(a)</b> Straight line depreciation (attach schedule)                             | <b>(b)</b> Other deductions (attach schedule)                              |
| (1)  |  |  |   |  |
| (2)  |  |  |   |  |
| (3)  |  |  |   |  |
| (4)  |  |  |   |  |
| <b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b> | <b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b> | <b>6. Column 4 divided by column 5</b>                             | <b>7. Gross income reportable (column 2 x column 6)</b>                             | <b>8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))</b> |
| (1)  |  | %  |   |  |
| (2)  |  | %  |   |  |
| (3)  |  | %  |   |  |
| (4)  |  | %  |   |  |
| <b>Totals</b>  |  |  | Enter here and on page 1, Part I, line 7, column (A) <b>▶ 0.</b>                    | Enter here and on page 1, Part I, line 7, column (B) <b>▶ 0.</b>           |
| <b>Total dividends-received deductions included in column 8</b>  |  |  | <b>▶ 0.</b>   | <b>▶ 0.</b>  |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

Entity **2**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **Covenant Health** Employer identification number **62-1646734**

Unrelated Business Activity Code (see instructions) ▶ **518210**

Describe the unrelated trade or business ▶ **Transcription Services**

| <b>Part I Unrelated Trade or Business Income</b>   |                | (A) Income        | (B) Expenses | (C) Net        |
|--|----------------|-------------------|--------------|----------------|
| <b>1 a</b> Gross receipts or sales   | <b>31,186.</b> |                   |              |                |
| <b>b</b> Less returns and allowances   |                |                   |              |                |
| <b>c</b> Balance ▶   |                | <b>1c 31,186.</b> |              |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                | <b>2</b>          |              |                |
| <b>3</b> Gross profit Subtract line 2 from line 1c   |                | <b>3 31,186.</b>  |              | <b>31,186.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |                | <b>4a</b>         |              |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                | <b>4b</b>         |              |                |
| <b>c</b> Capital loss deduction for trusts   |                | <b>4c</b>         |              |                |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                | <b>5</b>          |              |                |
| <b>6</b> Rent income (Schedule C)  |                | <b>6</b>          |              |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                | <b>7</b>          |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                | <b>8</b>          |              |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                | <b>9</b>          |              |                |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                | <b>10</b>         |              |                |
| <b>11</b> Advertising income (Schedule J)  |                | <b>11</b>         |              |                |
| <b>12</b> Other income (See instructions, attach schedule)                                     |                | <b>12</b>         |              |                |
| <b>13 Total.</b> Combine lines 3 through 12  |                | <b>13 31,186.</b> |              | <b>31,186.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |                 |            |  |                |
|--|-----------------|------------|--|----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |                 | <b>14</b>  |  |                |
| <b>15</b> Salaries and wages   |                 | <b>15</b>  |  |                |
| <b>16</b> Repairs and maintenance  |                 | <b>16</b>  |  |                |
| <b>17</b> Bad debts  |                 | <b>17</b>  |  |                |
| <b>18</b> Interest (attach schedule) (see instructions)  |                 | <b>18</b>  |  |                |
| <b>19</b> Taxes and licenses   |                 | <b>19</b>  |  |                |
| <b>20</b> Depreciation (attach Form 4562)  |                 | <b>20</b>  |  |                |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  |                 | <b>21a</b> |  | <b>21b</b>     |
| <b>22</b> Depletion  |                 | <b>22</b>  |  |                |
| <b>23</b> Contributions to deferred compensation plans   |                 | <b>23</b>  |  |                |
| <b>24</b> Employee benefit programs  |                 | <b>24</b>  |  |                |
| <b>25</b> Excess exempt expenses (Schedule I)  |                 | <b>25</b>  |  |                |
| <b>26</b> Excess readership costs (Schedule J)   |                 | <b>26</b>  |  |                |
| <b>27</b> Other deductions (attach schedule)   | See Statement 6 | <b>27</b>  |  | <b>26,945.</b> |
| <b>28 Total deductions.</b> Add lines 14 through 27  |                 | <b>28</b>  |  | <b>26,945.</b> |
| <b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13            |                 | <b>29</b>  |  | <b>4,241.</b>  |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |                 | <b>30</b>  |  | <b>0.</b>      |
| <b>31</b> Unrelated business taxable income Subtract line 30 from line 29  |                 | <b>31</b>  |  | <b>4,241.</b>  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (M)

Other Deductions

Statement 6

Description

Amount

Supplies and other

26,945.

Total to Schedule M, Part II, line 27

26,945.

**Covenant Health**

**62-1646734**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|   |           |  |   |          |          |
|---|-----------|--|---|----------|----------|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |          |
| <b>2</b> Purchases  | <b>2</b>  |  | <b>7</b> Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2                                   | <b>7</b> |          |
| <b>3</b> Cost of labor                                    | <b>3</b>  |  |   |          |          |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |  |   |          |          |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |  |   |          |          |
| <b>5</b> Total Add lines 1 through 4b                     | <b>5</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No       |
|   |           |  |   |          | <b>X</b> |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

|  |  |
|--|--|
| <b>1</b> Description of property   |  |
| (1)  |  |
| (2)  |  |
| (3)  |  |
| (4)  |  |
| <b>2. Rent received or accrued</b>   |  |
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)     | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |
| (1)  |  |
| (2)  |  |
| (3)  |  |
| (4)  |  |
| Total <b>0.</b>  | Total <b>0.</b>  |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► <b>0.</b> |  |
| <b>(b) Total deductions</b> Enter here and on page 1, Part I, line 8, column (B) ► <b>0.</b>                                   |  |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|  |  |   |  |   |
|--|--|---|--|---|
| <b>1</b> Description of debt-financed property   |  | <b>2</b> Gross income from or allocable to debt-financed property | <b>3</b> Deductions directly connected with or allocable to debt-financed property |   |
|  |  |   | <b>(a)</b> Straight line depreciation (attach schedule)                            | <b>(b)</b> Other deductions (attach schedule)                             |
| (1)  |  |   |  |   |
| (2)  |  |   |  |   |
| (3)  |  |   |  |   |
| (4)  |  |   |  |   |
| <b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | <b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule) | <b>6</b> Column 4 divided by column 5                             | <b>7</b> Gross income reportable (column 2 x column 6)                             | <b>8</b> Allocable deductions (column 8 x total of columns 3(a) and 3(b)) |
| (1)  |  | %   |  |   |
| (2)  |  | %   |  |   |
| (3)  |  | %   |  |   |
| (4)  |  | %   |  |   |
| <b>Totals</b>  |  |   | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>                     | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>            |
| <b>Total dividends-received deductions</b> included in column 8  |  |   | <b>0.</b>  | <b>0.</b>   |

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Covenant Health**

**Covenant Medical Group**

**62-1646734**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

|   |  |   |            |
|---|--|---|------------|
| 1 | Maximum amount (see instructions)  | 1 | 1,020,000. |
| 2 | Total cost of section 179 property placed in service (see instructions)  | 2 |            |
| 3 | Threshold cost of section 179 property before reduction in limitation  | 3 | 2,550,000. |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | 4 |            |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |            |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|-----------------------------|------------------------------|------------------|
|   |                             |                              |                  |
|   |                             |                              |                  |
|   |                             |                              |                  |

|    |  |    |  |
|----|--|----|--|
| 7  | Listed property Enter the amount from line 29  | 7  |  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7            | 8  |  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8                                      | 9  |  |
| 10 | Carryover of disallowed deduction from line 13 of your 2018 Form 4562                          | 10 |  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 | 11 |  |
| 12 | Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11            | 12 |  |
| 13 | Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12                     | 13 |  |

Note: Don't use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 47,029. |

**Part III MACRS Depreciation (Don't include listed property See instructions)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2019  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

|     | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property                |                                      |  |                     |                |            |                            |
| b   | 5-year property                |                                      |  |                     |                |            |                            |
| c   | 7-year property                |                                      |  |                     |                |            |                            |
| d   | 10-year property               |                                      |  |                     |                |            |                            |
| e   | 15-year property               |                                      |  |                     |                |            |                            |
| f   | 20-year property               |                                      |  |                     |                |            |                            |
| g   | 25-year property               |                                      |  | 25 yrs              |                | S/L        |                            |
| h   | Residential rental property    | /                                    |  | 27.5 yrs            | MM             | S/L        |                            |
|     |                                | /                                    |  | 27.5 yrs            | MM             | S/L        |                            |
| i   | Nonresidential real property   | /                                    |  | 39 yrs              | MM             | S/L        |                            |
|     |                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

|     |            |   |  |        |    |     |  |
|-----|------------|---|--|--------|----|-----|--|
| 20a | Class life |   |  |        |    | S/L |  |
| b   | 12-year    |   |  | 12 yrs |    | S/L |  |
| c   | 30-year    | / |  | 30 yrs | MM | S/L |  |
| d   | 40-year    | / |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property Enter amount from line 28   | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr | 22 | 47,029. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

Table for 26 Property used more than 50% in a qualified business use with columns for percentage and other details.

Table for 27 Property used 50% or less in a qualified business use with columns for percentage and S/L status.

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table for 30-36 with columns (a)-(f) for Vehicle and sub-columns for Yes/No for 34-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

Table for 37-41 with Yes/No columns for each question.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2019 tax year

43 Amortization of costs that began before your 2019 tax year

44 Total. Add amounts in column (f) See the instructions for where to report