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|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <p>Form <b>990</b></p> <p></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> | <p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public</p> <p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p> | <p>OMB No 1545-0047</p> <p><b>2014</b></p> <p><b>Open to Public Inspection</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

**A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015**

|                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                    |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Covenant Health System Foundation                                       |                                    | <b>D</b> Employer identification number<br>75-2897026                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                           | % SHARON PRATHER<br>Doing business as                                                                    |                                    | E Telephone number<br>(806) 725-6089                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)<br>3623 22ND PLACE             | Room/suite                         |                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>LUBBOCK, TX 79410            |                                    | <b>G</b> Gross receipts \$ 28,978,368                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                           | <b>F</b> Name and address of principal officer<br>SHARON PRATHER<br>3623 22ND PLACE<br>LUBBOCK, TX 79410 |                                    | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                          | <b>H(c)</b> Group exemption number |                                                                                                                                                                                                                                                                              |
| <b>J</b> Website: WWW.COVENANTHEALTH.ORG                                                                                                                                                                                                                                                                  |                                                                                                          |                                    |                                                                                                                                                                                                                                                                              |

Part I Summary

|                                                                                          |                                                                                                                                                 |                                  |                     |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance                                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SEE SCHEDULE O                                           |                                  |                     |
|                                                                                          |                                                                                                                                                 |                                  |                     |
|                                                                                          |                                                                                                                                                 |                                  |                     |
|                                                                                          | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                  |                     |
|                                                                                          | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                            | <b>3</b>                         | 26                  |
|                                                                                          | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                | <b>4</b>                         | 25                  |
|                                                                                          | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .                                                 | <b>5</b>                         | 8                   |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                    | <b>6</b>                                                                                                                                        | 44                               |                     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>                                                                                                                                       | 0                                |                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>                                                                                                                                       |                                  |                     |
| Revenue                                                                                  |                                                                                                                                                 | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                                          | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                | 5,512,465                        | 11,243,329          |
|                                                                                          | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                 | 0                                | 0                   |
|                                                                                          | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                              | 758,864                          | 726,415             |
|                                                                                          | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                              | 80,718                           | 312,915             |
|                                                                                          | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                            | 6,352,047                        | 12,282,659          |
| Expenses                                                                                 | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                           | 2,930,703                        | 3,510,448           |
|                                                                                          | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                               | 0                                | 0                   |
|                                                                                          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                     | 729,695                          | 538,373             |
|                                                                                          | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                              | 0                                | 0                   |
|                                                                                          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 486,525                                  |                                  |                     |
|                                                                                          | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                | 1,048,958                        | 2,107,518           |
|                                                                                          | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                              | 4,709,356                        | 6,156,339           |
|                                                                                          | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                         | 1,642,691                        | 6,126,320           |
| Net Assets or Fund Balances                                                              |                                                                                                                                                 | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                                          | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                              | 39,306,848                       | 49,450,120          |
|                                                                                          | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                         | 3,554,953                        | 6,688,575           |
|                                                                                          | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                   | 35,751,895                       | 42,761,545          |

## Part II Signature Block

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

|                               |                                                                         |  |                                    |                         |      |
|-------------------------------|-------------------------------------------------------------------------|--|------------------------------------|-------------------------|------|
| <b>Sign Here</b>              | *****                                                                   |  |                                    | 2016-05-09              |      |
|                               | Signature of officer                                                    |  |                                    | Date                    |      |
|                               | SHARON PRATHER, PRESIDENT, FOUNDATION                                   |  |                                    |                         |      |
|                               | Type or print name and title                                            |  |                                    |                         |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>KARA ADAMS                                |  | Preparer's signature<br>KARA ADAMS |                         | Date |
|                               | Check <input type="checkbox"/> if self-employed                         |  |                                    | PTIN<br>P00023315       |      |
|                               | Firm's name ▶ ERNST & YOUNG US LLP                                      |  |                                    | Firm's EIN ▶            |      |
|                               | Firm's address ▶ 18101 VON KARMAN AVENUE SUITE 1700<br>IRVINE, CA 92612 |  |                                    | Phone no (949) 794-2300 |      |

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 5,103,567 including grants of \$ 3,510,448 ) (Revenue \$ 0 )

SEE SCHEDULE O

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses 5,103,567

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                            | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                            | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                             | 4       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                     | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10 Yes  |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                         | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                       | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                         | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | 11e     | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                               | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                 | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                           | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                             | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                            | 18 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                      | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                            | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           |     |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |     | No |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | No |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |    |
| 7a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | Yes |    |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | Yes |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       |     | No |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |     |    |
| 9b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |    |
| 11a | Gross income from members or shareholders.                                                                                                                                                                                                 |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           |     |    |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 |     |    |
| 13c | Enter the amount of reserves on hand.                                                                                                                                                                                                      |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 |     |    |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                               |     |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                               | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O              |     |     |
| 1b | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | Yes |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| 8a | a The governing body? . . . . .                                                                                                                                                                                               | 8a  | Yes |
| 8b | b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                     |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records<br>▶SHARON PRATHER<br>3623 22ND PLACE<br>LUBBOCK, TX 79410 (806) 725-6089                                                                                                                                                                                                                        |

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

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

Form **990** (2014)



## Part VII

[illegible]

|           |                                                                        |         |         |        |
|-----------|------------------------------------------------------------------------|---------|---------|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |         |         |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |         |         |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 109,309 | 815,405 | 96,792 |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

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

## Section B. Independent Contractors

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII

Statement of Revenue

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

|                                                           |                                                        |                                                                                                                                                 | (A)                                                                                       | (B)                                         | (C)                              | (D)                                                          |           |
|-----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|--------------------------------------------------------------|-----------|
|                                                           |                                                        |                                                                                                                                                 | Total revenue                                                                             | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                     | Federated campaigns . . . . .                                                                                                                   | 1a                                                                                        |                                             |                                  |                                                              |           |
|                                                           | b                                                      | Membership dues . . . . .                                                                                                                       | 1b                                                                                        |                                             |                                  |                                                              |           |
|                                                           | c                                                      | Fundraising events . . . . .                                                                                                                    | 1c                                                                                        | 258,142                                     |                                  |                                                              |           |
|                                                           | d                                                      | Related organizations . . . . .                                                                                                                 | 1d                                                                                        | 1,572,385                                   |                                  |                                                              |           |
|                                                           | e                                                      | Government grants (contributions)                                                                                                               | 1e                                                                                        |                                             |                                  |                                                              |           |
|                                                           | f                                                      | All other contributions, gifts, grants, and<br>similar amounts not included above                                                               | 1f                                                                                        | 9,412,802                                   |                                  |                                                              |           |
|                                                           | g                                                      | Noncash contributions included in lines<br>1a-1f \$                                                                                             |                                                                                           | 0                                           |                                  |                                                              |           |
|                                                           | h                                                      | Total. Add lines 1a-1f . . . . .                                                                                                                |                                                                                           | 11,243,329                                  |                                  |                                                              |           |
| Program Service Revenue                                   | 2a                                                     |                                                                                                                                                 | Business Code                                                                             |                                             |                                  |                                                              |           |
|                                                           | b                                                      |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | c                                                      |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | d                                                      |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | e                                                      |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | f                                                      | All other program service revenue                                                                                                               |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | g                                                      | Total. Add lines 2a-2f . . . . .                                                                                                                |                                                                                           | 0                                           |                                  |                                                              |           |
|                                                           | Other Revenue                                          | 3                                                                                                                                               | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                                             | 1,528,210                        |                                                              | 1,528,210 |
| 4                                                         |                                                        | Income from investment of tax-exempt bond proceeds . . . . .                                                                                    |                                                                                           | 0                                           |                                  |                                                              |           |
| 5                                                         |                                                        | Royalties . . . . .                                                                                                                             |                                                                                           | 281,770                                     |                                  | 281,770                                                      |           |
| 6a                                                        |                                                        | Gross rents                                                                                                                                     | (i) Real                                                                                  | (ii) Personal                               |                                  |                                                              |           |
|                                                           |                                                        | b                                                                                                                                               | Less rental<br>expenses                                                                   |                                             |                                  |                                                              |           |
|                                                           |                                                        | c                                                                                                                                               | Rental income<br>or (loss)                                                                | 0                                           | 0                                |                                                              |           |
|                                                           |                                                        | d                                                                                                                                               | Net rental income or (loss) . . . . .                                                     |                                             | 0                                |                                                              |           |
| 7a                                                        |                                                        | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                 | (i) Securities                                                                            | (ii) Other                                  |                                  |                                                              |           |
|                                                           |                                                        | b                                                                                                                                               | Less cost or<br>other basis and<br>sales expenses                                         | 15,734,430                                  |                                  |                                                              |           |
|                                                           |                                                        | c                                                                                                                                               | Gain or (loss)                                                                            | 16,536,225                                  |                                  |                                                              |           |
|                                                           |                                                        | d                                                                                                                                               | Net gain or (loss) . . . . .                                                              | -801,795                                    |                                  |                                                              |           |
| 8a                                                        |                                                        | Gross income from fundraising<br>events (not including<br>\$ 258,142<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                                                           |                                             |                                  |                                                              |           |
|                                                           |                                                        | a                                                                                                                                               | 190,629                                                                                   |                                             |                                  |                                                              |           |
|                                                           |                                                        | b                                                                                                                                               | Less direct expenses . . . . .                                                            | b                                           | 159,484                          |                                                              |           |
| c                                                         |                                                        | Net income or (loss) from fundraising events . . . . .                                                                                          |                                                                                           | 31,145                                      |                                  | 31,145                                                       |           |
| 9a                                                        |                                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                           |                                                                                           |                                             |                                  |                                                              |           |
|                                                           |                                                        | a                                                                                                                                               |                                                                                           |                                             |                                  |                                                              |           |
|                                                           |                                                        | b                                                                                                                                               | Less direct expenses . . . . .                                                            | b                                           |                                  |                                                              |           |
| c                                                         |                                                        | Net income or (loss) from gaming activities . . . . .                                                                                           |                                                                                           | 0                                           |                                  |                                                              |           |
| 10a                                                       |                                                        | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                              |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | a                                                      |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | b                                                      | Less cost of goods sold . . . . .                                                                                                               | b                                                                                         |                                             |                                  |                                                              |           |
| c                                                         | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                                 | 0                                                                                         |                                             |                                  |                                                              |           |
| Miscellaneous Revenue                                     |                                                        | Business Code                                                                                                                                   |                                                                                           |                                             |                                  |                                                              |           |
| 11a                                                       |                                                        |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
| b                                                         |                                                        |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
| c                                                         |                                                        |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
| d                                                         | All other revenue . . . . .                            |                                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
| e                                                         | Total. Add lines 11a-11d . . . . .                     |                                                                                                                                                 | 0                                                                                         |                                             |                                  |                                                              |           |
| 12                                                        | Total revenue. See Instructions . . . . .              |                                                                                                                                                 | 12,282,659                                                                                |                                             |                                  | 1,039,330                                                    |           |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                   | 3,309,434             | 3,309,434                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                              | 201,014               | 201,014                         |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                       | 0                     | 0                               |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                        | 0                     | 0                               |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               | 0                     | 0                               | 0                                      | 0                           |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          | 0                     | 0                               | 0                                      | 0                           |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               | 379,537               | 0                               | 156,997                                | 222,540                     |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 15,098                | 0                               | 0                                      | 15,098                      |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 113,458               |                                 | 58,639                                 | 54,819                      |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 30,280                | 0                               | 12,010                                 | 18,270                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             | 0                     | 0                               | 0                                      | 0                           |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 0                     | 0                               | 0                                      | 0                           |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 0                     | 0                               | 0                                      | 0                           |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               | 0                     | 0                               | 0                                      | 0                           |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                | 0                     |                                 |                                        | 0                           |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             | 264,205               | 0                               | 264,205                                | 0                           |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 487,729               | 390,182                         | 48,774                                 | 48,773                      |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              | 0                     | 0                               | 0                                      | 0                           |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 101,961               | 68,702                          | 16,630                                 | 16,629                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 | 0                     | 0                               | 0                                      | 0                           |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              | 0                     | 0                               | 0                                      | 0                           |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 0                     | 0                               | 0                                      | 0                           |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 7,116                 | 0                               | 7,116                                  | 0                           |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     | 0                               | 0                                      | 0                           |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 | 1,876                 | 0                               | 1,876                                  | 0                           |
| 20                                                                             | Interest.                                                                                                                                                                                                                               | 0                     | 0                               | 0                                      | 0                           |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 | 0                     | 0                               | 0                                      | 0                           |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 1,698                 | 1,698                           | 0                                      | 0                           |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 110,396               | 0                               | 0                                      | 110,396                     |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).                                       |                       |                                 |                                        |                             |
| a                                                                              | REIMBURSEMENTS TO CHS                                                                                                                                                                                                                   | 1,132,537             | 1,132,537                       | 0                                      | 0                           |
| b                                                                              |                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| c                                                                              |                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 6,156,339             | 5,103,567                       | 566,247                                | 486,525                     |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                     |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            | (A)               |            | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|------------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |            | Beginning of year |            | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                    |     |            | 0                 | 1          | 0           |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |     |            | 5,147,353         | 2          | 6,740,755   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |            | 2,608,403         | 3          | 8,918,716   |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |     |            | 0                 | 4          | 0           |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |            | 0                 | 5          | 0           |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |     |            | 0                 | 6          | 0           |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                              |     |            | 0                 | 7          | 0           |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                  |     |            | 0                 | 8          | 0           |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                        |     |            | 0                 | 9          | 0           |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                                      | 10a | 82,764     | 6,137             | 10c        | 4,439       |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b | 78,325     |                   |            |             |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |     |            | 28,287,101        | 11         | 30,399,087  |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |     |            | 0                 | 12         | 0           |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |     |            | 0                 | 13         | 0           |
|                             | 14                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |     |            | 0                 | 14         | 0           |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |     |            | 3,257,854         | 15         | 3,387,123   |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                        |     | 39,306,848 | 16                | 49,450,120 |             |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |     |            | 3,554,953         | 17         | 6,688,575   |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |     |            | 0                 | 18         | 0           |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |     |            | 0                 | 19         | 0           |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |     |            | 0                 | 20         | 0           |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |            | 0                 | 21         | 0           |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                                          |     |            | 0                 | 22         | 0           |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |     |            | 0                 | 23         | 0           |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |     |            | 0                 | 24         | 0           |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D . . . . .                                                                                                                                                         |     |            | 0                 | 25         | 0           |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                   |     |            | 3,554,953         | 26         | 6,688,575   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |            |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      |     |            | 9,463,984         | 27         | 4,798,546   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |            | 26,287,911        | 28         | 37,962,999  |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |            | 0                 | 29         | 0           |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                                        |     |            |                   |            |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |     |            |                   | 30         |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |     |            |                   | 31         |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |     |            |                   | 32         |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            |     |            | 35,751,895        | 33         | 42,761,545  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                               |     |            | 39,306,848        | 34         | 49,450,120  |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 12,282,659 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 6,156,339  |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 6,126,320  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 35,751,895 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 883,330    |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |            |
| 7  | Investment expenses . . . . .                                                                                 | 7  |            |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  |            |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 42,761,545 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 75-2897026

Name: Covenant Health System Foundation

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

| (A)<br>Name and Title                                          | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        |   | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                                |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |                                                                                   |                                                                                        |                                                                                                                 |
| (1) KELLY CROFOOT<br>.....<br>BOARD MEMBER                     | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (1) CLAUDETTE CULP<br>.....<br>BOARD MEMBER                    | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (2) CALVIN DAVIS<br>.....<br>BOARD MEMBER                      | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (3) BEN EDWARDS<br>.....<br>BOARD MEMBER/CHAIR                 | 5 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (4) BRICE FOSTER<br>.....<br>BOARD MEMBER                      | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (5) TRAVIS FUNK<br>.....<br>BOARD MEMBER                       | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (6) MARTY HARRELL<br>.....<br>BOARD MEMBER                     | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (7) CHAD HENTHORN<br>.....<br>BOARD MEMBER                     | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (8) DANNY JOHNSTON<br>.....<br>BOARD MEMBER/TREASURER          | 4 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       | X       |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (9) GREG JONES<br>.....<br>BOARD MEMBER                        | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (10) CHASE KEY<br>.....<br>BOARD MEMBER                        | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (11) ARLENE MATTHEWS<br>.....<br>BOARD MEM/FIN COMM VICE CHAIR | 4 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (12) BRETT MCDOWELL<br>.....<br>BOARD MEMBER                   | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (13) JOE MCKAY<br>.....<br>BOARD MEMBER                        | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (14) KEVIN MCMAHON<br>.....<br>BOARD MEMBER                    | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (15) ANDY MONTGOMERY<br>.....<br>BOARD MEMBER                  | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (16) JAY NORTON<br>.....<br>BOARD MEMBER/VICE CHAIR            | 4 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (17) ELISABETH BURROWS<br>.....<br>BOARD MEMBER                | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (18) CATHY PORTER<br>.....<br>BOARD MEMBER                     | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (19) JIM RICE<br>.....<br>BOARD MEMBER                         | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (20) ROBERT SALEM MD<br>.....<br>BOARD MEMBER                  | 2 0<br>.....<br>50 0                                                                                            | X                                                                                                                  |                       |         |              |                                 |        | 0 | 484,638                                                                           | 39,913                                                                                 |                                                                                                                 |
| (21) DIANNAH TATUM<br>.....<br>BOARD MEMBER                    | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (22) GREGORY TURNER<br>.....<br>BOARD MEMBER                   | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (23) KATHY GILBREATH<br>.....<br>BOARD MEMEBER (THRU DEC 2014) | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |
| (24) HAROLD JONES<br>.....<br>BOARD MEMEBER (THRU DEC 2014)    | 2 0<br>.....<br>0 0                                                                                             | X                                                                                                                  |                       |         |              |                                 |        | 0 | 0                                                                                 | 0                                                                                      |                                                                                                                 |

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) SCOTT MCLAUGHLIN<br>.....<br>BOARD MEMBER (THRU DEC 2014) | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (1) BRONSON BLODGETT<br>.....<br>BOARD MEMEBER (THRU DEC 2014) | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) KEVIN ATKINS<br>.....<br>BOARD MEMBER/PAST BOARD CHAIR     | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) SUZANN BROWN<br>.....<br>BOARD MEMBER/SECRETARY            | 3 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) CAROL CALHOON<br>.....<br>BOARD MEMBER                     | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) SHARON PRATHER<br>.....<br>PRESIDENT                       | 19 0<br>.....<br>31 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 330,767                                                                   | 41,034                                                                                        |
| (6) MIKELL BOLLINGER<br>.....<br>EXEC DIRECTOR FOUNDATION      | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 109,309                                                              | 0                                                                         | 15,845                                                                                        |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Covenant Health System Foundation | Employer identification number<br>75-2897026 |
|---------------------------------------------------------------|----------------------------------------------|

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

| (i)Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | Yes                                                         | No |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total                             |          |                                                                                              |                                                             |    |                                                   |                                                 |



Part II

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

| Section A. Public Support                                                                                                                                                                             |           |           |           |           |            |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014   | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   | 3,919,188 | 4,847,918 | 6,963,840 | 5,512,465 | 11,151,468 | 32,394,879 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |            | 0          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |            | 0          |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 3,919,188 | 4,847,918 | 6,963,840 | 5,512,465 | 11,151,468 | 32,394,879 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |            | 5,253,786  |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |           |           |           |           |            | 27,141,093 |

| Section B. Total Support                      |                                                                                                                                                                                                                                |           |           |           |           |            |            |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ |                                                                                                                                                                                                                                | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014   | (f) Total  |
| 7                                             | Amounts from line 4                                                                                                                                                                                                            | 3,919,188 | 4,847,918 | 6,963,840 | 5,512,465 | 11,151,468 | 32,394,879 |
| 8                                             | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                 | 472,946   | 1,088,985 | 834,806   | 1,500,006 | 1,809,980  | 5,706,723  |
| 9                                             | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                             | 0         | 0         | 0         | 0         | 123,006    | 123,006    |
| 10                                            | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                |           |           |           |           |            | 0          |
| 11                                            | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                   |           |           |           |           |            | 38,224,608 |
| 12                                            | Gross receipts from related activities, etc. (see instructions)                                                                                                                                                                |           |           |           |           | 12         |            |
| 13                                            | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |           |           |           |           |            |            |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |          |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                           | 14 | 71 004 % |
| 15                                                  | Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                  | 15 | 82 820 % |
| 16a                                                 | <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                 |    |          |
| b                                                   | <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                       |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>      |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                               |    |          |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                 |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                          |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                            |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |  |
|-------------------------------------------------------------------------------------------|----|--|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |  |
| 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |  |
| b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |  |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

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

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

|                                                               |                                              |
|---------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Covenant Health System Foundation | Employer identification number<br>75-2897026 |
|---------------------------------------------------------------|----------------------------------------------|

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014



Part III

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

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

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐

Yes
- ☐

No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐

Yes
- ☐

No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐

Yes

☐

No

b

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

☐

Part V

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 3,546,520       | 3,001,438     | 2,262,686           | 2,575,659           | 1,946,864          |
| b Contributions . . . . .                                  | 77,522          | 966,567       | 570,793             | 116,153             | 103,315            |
| c Net investment earnings, gains, and losses               | 1,752,955       | 27,513        | 548,474             | -139,924            | 654,694            |
| d Grants or scholarships . . . . .                         | 298,439         | 448,998       | 380,515             | 289,202             | 129,214            |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 5,078,558       | 3,546,520     | 3,001,438           | 2,262,686           | 2,575,659          |

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment
- 100 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐

Yes

☐

No
- (ii) related organizations

3a(ii)

☐

Yes

☐

No

b

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

3b

☐

Yes

☐

No

4

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

Part VI

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

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a                                                                                               | Land                                 |                                |                              |                |
| b                                                                                                | Buildings                            |                                |                              |                |
| c                                                                                                | Leasehold improvements               | 3,639                          | 753                          | 2,886          |
| d                                                                                                | Equipment                            | 79,125                         | 77,572                       | 1,553          |
| e                                                                                                | Other                                |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 4,439          |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART V, LINE 4 | INTENDED USE OF ENDOWMENT FUNDS THE INTENDED USE OF THE ENDOWED FUNDS ARE TO PROVIDE NURSING SCHOLARSHIPS, UNFUNDED PATIENT CARE, AND FACULTY INSTRUCTION TO EDUCATE STUDENTS AND PRACTITIONERS                                                                                                                                                                                                                                                                                                                                                                                                     |
| SCHEDULE D, PART X, LINE 2 | ASC 740 (FIN48) FOOTNOTE ACCOUNTING STANDARDS CODIFICATION (ASC 740), INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE RECOGNIZED IN THE FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT JUNE 30, 2015 OR 2014. |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Covenant Health System Foundation

Employer identification number  
75-2897026

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

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

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

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

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

| Revenue         |    | (a) Event #1                                                            | (b) Event #2                              | (c) Other events           | (d) Total events<br>(add col (a) through<br>col (c)) |           |
|-----------------|----|-------------------------------------------------------------------------|-------------------------------------------|----------------------------|------------------------------------------------------|-----------|
|                 |    | <u>GALA</u><br>(event type)                                             | <u>BEANS &amp; CRNBRD</u><br>(event type) | <u>3</u><br>(total number) |                                                      |           |
|                 | 1  | Gross receipts . . . .                                                  | 217,700                                   | 91,861                     | 139,210                                              | 448,771   |
|                 | 2  | Less Contributions . . .                                                | 85,100                                    | 91,861                     | 81,181                                               | 258,142   |
|                 | 3  | Gross income (line 1<br>minus line 2) . . . .                           | 132,600                                   |                            | 58,029                                               | 190,629   |
| Direct Expenses | 4  | Cash prizes . . . .                                                     |                                           |                            |                                                      |           |
|                 | 5  | Noncash prizes . . .                                                    |                                           |                            |                                                      |           |
|                 | 6  | Rent/facility costs . . .                                               | 67,154                                    |                            | 6,806                                                | 73,960    |
|                 | 7  | Food and beverages .                                                    |                                           | 234                        | 8,241                                                | 8,475     |
|                 | 8  | Entertainment . . . .                                                   | 12,000                                    |                            | 17,000                                               | 29,000    |
|                 | 9  | Other direct expenses .                                                 | 40,727                                    | 1,774                      | 5,548                                                | 48,049    |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                           |                            |                                                      | (159,484) |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                           |                            |                                                      | 31,145    |

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

| Revenue         |                                                                                 | (a) Bingo                                                                       | (b) Pull tabs/Instant<br>bingo/progressive bingo                                | (c) Other gaming                                                                | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
|                 | 1 Gross revenue . . . . .                                                       |                                                                                 |                                                                                 |                                                                                 |                                                      |
| Direct Expenses | 2 Cash prizes . . . . .                                                         |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 3 Non-cash prizes . . . . .                                                     |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 5 Other direct expenses . . . . .                                               |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 6 Volunteer labor . . . . .                                                     | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> |                                                      |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                                 |                                                                                 |                                                                                 |                                                      |

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

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

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

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

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

11

Does the organization conduct gaming activities with nonmembers?

☐

Yes

☐

No

12

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

☐

Yes

☐

No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name

Address

15a

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

☐

Yes

☐

No

b

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

\$ and the \$

c

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

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

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Covenant Health System Foundation

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
75-2897026

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance       |
|---------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------|
| (1) COVENANT HEALTH SYSTEM<br>3615 19TH STREET<br>LUBBOCK, TX 79410 | 75-2765566 | 501(c)(3)                     | 0                        | 1,154,711                         | FMV                                                   | MEDIC EQUIPMENT                        | CAPITAL IMPROVEMENT/PROGRAM SUPPORT      |
| (2) HOSPICE OF LUBBOCK<br>3702 21ST STREET<br>LUBBOCK, TX 79410     | 75-2133781 | 501(c)(3)                     | 180,000                  | 0                                 |                                                       |                                        | CAPITAL IMPROVEMENT/DEPT SUPPLEMENT FUND |

2

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

2

3

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



Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) EDUCATIONAL REIMBURSEMENT  | 174                     | 177,414                 |                                  |                                                      |                                       |
| (2) HONORARIUMS                | 11                      | 23,600                  |                                  |                                                      |                                       |

Part IV

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

| Return Reference           | Explanation                                                                                                                                                                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE I, PART I, LINE 2 | DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS COVENANT HEALTH SYSTEM FOUNDATION EMPLOYS A FULL TIME GRANT SPECIALIST THAT MONITORS AND ADMINISTERS GRANT FUNDING, AS WELL AS PROVIDES EDITORIAL EXPERTISE FOR GRANT SUBMISSIONS |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Covenant Health System Foundation

Employer identification number  
75-2897026

Part I

Questions Regarding Compensation

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

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

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

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

| (A) Name and Title                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| 1 ROBERT SALEM MD,<br>BOARD MEMBER | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                    | (ii) | .....<br>291,534                                   | .....<br>121,469                    | .....<br>71,635                     | .....<br>23,400                                | .....<br>16,513         | .....<br>524,551                | .....<br>0                                                           |
| 2 SHARON PRATHER,<br>PRESIDENT     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
|                                    | (ii) | .....<br>228,207                                   | .....<br>90,446                     | .....<br>12,114                     | .....<br>25,788                                | .....<br>15,246         | .....<br>371,801                | .....<br>0                                                           |

**Part III** Supplemental Information

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

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE J, PART I, LINE 3  | SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, COVENANT HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O FOR FORM 990, PART VI, LINES 15A & 15B FOR THE PROCESS THAT IS COMPLETED BY COVENANT HEALTH SYSTEM FOUNDATION'S PARENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SCHEDULE J, PART I, LINE 4B | EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007 AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. THERE WAS NO PAYMENT OF SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (SERP 457F PAYOUT) IN CALENDAR YEAR 2014.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SCHEDULE J, PART I, LINE 7  | DESCRIPTION OF NON-FIXED PAYMENTS: A PORTION OF THE EXECUTIVE'S SALARY IS PLACED 'AT-RISK' AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICE BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK. |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Covenant Health System Foundation | Employer identification number<br><br>75-2897026 |
|---------------------------------------------------------------|--------------------------------------------------|

| Return Reference                                  | Explanation                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART I,<br>LINE 1 & PART III,<br>LINE 1 | ORGANIZATIONS MISSION STATEMENT AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM, COVENANT HEALTH SYSTEM FOUNDATION IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE |

| Return Reference                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III, LINE<br>4A | PROGRAM SERVICE ACCOMPLISHMENTS HOSPICE CHARITY CARE - EACH YEAR THE FOUNDATION GARNERS PHILANTHROPIC DOLLARS FOR USE IN SUPPORT OF CARE FOR THOSE WHO OTHERWISE COULD NOT AFFORD END-OF-LIFE CARE. NURSING SCHOLARSHIPS - VARIOUS EDUCATIONAL SCHOLARSHIPS FOR COVENANT NURSING SCHOOL STUDENTS AND CONTINUING MEDICAL EDUCATIONAL COURSES FOR WORKING NURSES. EACH YEAR MANY STUDENTS IN THE COVENANT SCHOOL OF NURSING ARE GRANTED SCHOLARSHIPS. EQUIPMENT FUND - COVENANT HEALTH SYSTEM FOUNDATION RAISES FUNDS IN ORDER THAT PHYSICIANS, NURSES AND OTHER STAFF MEMBERS HAVE THE BEST EQUIPMENT, FACILITIES AND SERVICE SUPPORT AVAILABLE FOR THE NEEDS OF OUR PATIENTS. FUNDS RAISED SUPPLEMENT THE BUDGET OF THE HOSPITAL AND ALLOW FOR ADDITIONAL EQUIPMENT, FACILITY ENHANCEMENTS AND PROGRAM SUPPORT IN ANY GIVEN YEAR. EXAMPLES OF FOUNDATION PURCHASES FOR FY 15 INCLUDE: Lindseys Playroom (Childrens), Recording Studio (Childrens), HOL Renovation, JACC RENOVATION. |

| Return Reference             | Explanation                                                                                                                                |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI,<br>LINE 6 | DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS COVENANT HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF COVENANT HEALTH SYSTEM FOUNDATION |

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI, LINE<br>7A | DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS COVENANT HEALTH SY STEM FOUNDATION HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBER RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE COVENANT HEALTH SY STEM FOUNDATION BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE COVENANT HEALTH SY STEM FOUNDATION BOARD AS NOMINATIONS MUST BE APPROVED BY THE COVENANT HEALTH SY STEM, AS THE CORPORATE MEMBER, AND THE ST JOSEPH HEALTH MINISTRY , AS THE ORGANIZATIONAL SPONSOR |



| Return Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI, LINE<br>7B | DESCR CLASSES OF PERSONS, DECISION REQ APPR & TYOE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SY STEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BY LAWS |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI, LINE<br>11B | DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2016 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>LINE 12C | <p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE</p> |

| Return<br>Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>LINES 15A &<br>15B | <p>PROCESS USED TO DETERMINE COMPENSATION THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, COVENANT HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION EXECUTIVE COMPENSATION IS APPROVED BY THE COVENANT HEALTH SYSTEM WORKLIFE COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2015 DURING THE YEAR, THE COVENANT HEALTH SYSTEM WORKLIFE COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEW AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING</p> |

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI, LINE<br>19 | AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FIN STMT TO GEN PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Covenant Health System Foundation

Employer identification number  
75-2897026

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| See Additional Data Table                                |                         |                                                              |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                    | No |
| See Additional Data Table                                |                         |                                                           |                                     |                                                           |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) HOSPICE OF LUBBOCK              | b                                | 180,000                | ACCRUAL                                      |

Schedule R (Form 990) 2014



**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

| Return Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART III | IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HEALTHCARE DESIGN AND CONSTRUCTION EIN 46-2611662 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HEALTHCARE PROPERTY ADVISORS, LLC EIN 46-5497794 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 TOTAL HEALTH ENVIRONMENT EIN 46-4807513 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 ADVANCED SURGERY INSTITUTE LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954 |

Additional Data

Software ID:

Software Version:

EIN: 75-2897026

Name: Covenant Health System Foundation

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

| (a)<br>Name, address, and EIN of related organization                                                                | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                      |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| (1) COVENANT HEALTH NETWORK INC<br><br>3345 MICHELSON DRIVE STE 100<br>IRVINE, CA 92612<br>46-1259908                | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 11,III                                                        | SJHS                                | Yes                                                    |    |
| (1) COVENANT ACO<br><br>3615 19TH STREET<br>LUBBOCK, TX 79410<br>61-1573313                                          | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 11,I                                                          | CHS                                 | Yes                                                    |    |
| (2) COVENANT HEALTH SYSTEM<br><br>3615 19TH STREET<br>LUBBOCK, TX 79410<br>75-2765566                                | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                    |    |
| (3) COVENANT MEDICAL GROUP<br><br>3420 22ND PLACE<br>LUBBOCK, TX 79410<br>75-2743883                                 | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 3                                                             | CHS                                 | Yes                                                    |    |
| (4) COVENANT HEALTH PARTNERS<br><br>3615 19TH STREET<br>LUBBOCK, TX 79410<br>46-3516417                              | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 11,I                                                          | CHS                                 | Yes                                                    |    |
| (5) HOAG CHARITY SPORTS<br><br>330 PLACENTIA AVE<br>NEWPORT BEACH, CA 92663<br>45-2982422                            | SUPPORT                 | CA                                                     | 501(C)(3)                     | 7                                                             | HHF                                 | Yes                                                    |    |
| (6) HOAG HOSPITAL FOUNDATION<br><br>330 PLACENTIA AVE<br>NEWPORT BEACH, CA 92663<br>95-3222343                       | FUNDRAISING             | CA                                                     | 501(C)(3)                     | 7                                                             | HMHP                                | Yes                                                    |    |
| (7) HOAG MEMORIAL HOSPITAL PRESBYTERIAN<br><br>1 HOAG ROAD BOX 6100<br>NEWPORT BEACH, CA 92663<br>95-1643327         | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | CHN                                 | Yes                                                    |    |
| (8) HOME CARE PARTNERS<br><br>1165 MONTGOMERY DR<br>SANTA ROSA, CA 95405<br>68-0318656                               | INACTIVE                | CA                                                     | 501(C)(3)                     | 3                                                             | SRMH                                | Yes                                                    |    |
| (9) HOSPICE OF LUBBOCK<br><br>3702 21ST STREET<br>LUBBOCK, TX 79410<br>75-2133781                                    | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 9                                                             | CHS                                 | Yes                                                    |    |
| (10) LUBBOCK METHODIST HOSPITAL FOUNDATION<br><br>3615 19TH STREET<br>LUBBOCK, TX 79410<br>75-2220963                | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 7                                                             | CHS                                 | Yes                                                    |    |
| (11) METHODIST CHILDREN'S HOSPITAL<br><br>3610 21ST STREET<br>LUBBOCK, TX 79410<br>75-2428911                        | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 3                                                             | CHS                                 | Yes                                                    |    |
| (12) METHODIST HOSPITAL LEVELLAND<br><br>1900 COLLEGE AVENUE<br>LEVELLAND, TX 79336<br>75-2246348                    | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 3                                                             | CHS                                 | Yes                                                    |    |
| (13) METHODIST HOSPITAL PLAINVIEW<br><br>2601 DIMMITT ROAD<br>PLAINVIEW, TX 79072<br>75-2426010                      | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 3                                                             | CHS                                 | Yes                                                    |    |
| (14) MISSION HOSPITAL REGIONAL MEDICAL CTR<br><br>27700 MEDICAL CENTER ROAD<br>MISSION VIEJO, CA 92691<br>95-1643360 | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | CHN                                 | Yes                                                    |    |
| (15) QUEEN OF THE VALLEY MEDICAL CENTER<br><br>1000 TRANCAS STREET<br>NAPA, CA 94558<br>94-1243669                   | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                    |    |
| (16) REDWOOD MEMORIAL FOUNDATION<br><br>3300 RENNER DRIVE<br>FORTUNA, CA 95540<br>94-2779313                         | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 7                                                             | RMH                                 | Yes                                                    |    |
| (17) REDWOOD MEMORIAL HOSPITAL<br><br>3300 RENNER DRIVE<br>FORTUNA, CA 95540<br>94-1384665                           | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                    |    |
| (18) SANTA ROSA MEMORIAL HOSPITAL<br><br>1165 MONTGOMERY DR<br>SANTA ROSA, CA 95405<br>94-1231005                    | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                    |    |
| (19) SISTERS OF ST JOSEPH OF ORANGE<br><br>480 S BATAVIA<br>ORANGE, CA 92868<br>95-1643383                           | RELIGIOUS ORG           | CA                                                     | 501(C)(3)                     | 1                                                             | NA                                  |                                                        | No |

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

| (a)<br>Name, address, and EIN of related organization                                                        | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity?<br><br>YesNo |    |
|--------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|----|
| (21) SRM ALLIANCE HOSPITAL SERVICES (PVH)<br><br>400 NORTH MCDOWELL BLVD<br>PETALUMA, CA 94954<br>68-0395200 | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SRMH                                | Yes                                                                 |    |
| (1) ST JOSEPH HEALTH MINISTRY<br><br>3345 MICHELSON DRIVE STE 100<br>IRVINE, CA 92612<br>27-1666576          | RELIGIOUS ORG           | CA                                                     | 501(C)(3)                     | 1                                                             | SSJO                                |                                                                     | No |
| (2) ST JOSEPH HEALTH SYSTEM<br><br>3345 MICHELSON DRIVE STE 100<br>IRVINE, CA 92612<br>95-3589356            | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 11, I                                                         | SJHM                                |                                                                     | No |
| (3) ST JOSEPH HEALTH SYSTEM FOUNDATION<br><br>3345 MICHELSON DRIVE STE 100<br>IRVINE, CA 92612<br>33-0143024 | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 7                                                             | SJHS                                | Yes                                                                 |    |
| (4) ST JOSEPH HOME CARE NETWORK<br><br>1111 SONOMA STE 308<br>SANTA ROSA, CA 95405<br>68-0331084             | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 9                                                             | SJHS                                | Yes                                                                 |    |
| (5) ST JOSEPH HOSPITAL OF EUREKA<br><br>2700 DOLBEER STREET<br>EUREKA, CA 95501<br>94-1156596                | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                                 |    |
| (6) ST JOSEPH HOSPITAL OF ORANGE<br><br>1100 WEST STEWART DRIVE<br>ORANGE, CA 92868<br>95-1643359            | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | CHN                                 | Yes                                                                 |    |
| (7) ST JUDE HOSPITAL YORBA LINDA<br><br>200 WEST CENTER ST PROMENADE<br>ANAHEIM, CA 92805<br>33-0185031      | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | SJHS                                | Yes                                                                 |    |
| (8) ST JUDE HOSPITAL INC<br><br>101 EAST VALENCIA MESA DRIVE<br>FULLERTON, CA 92635<br>95-1643324            | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | CHN                                 | Yes                                                                 |    |
| (9) ST MARY MEDICAL CENTER<br><br>18300 HIGHWAY 18<br>APPLE VALLEY, CA 92307<br>95-1914489                   | HEALTHCARE              | CA                                                     | 501(C)(3)                     | 3                                                             | CHN                                 | Yes                                                                 |    |
| (10) ST MARY OF THE PLAINS HOSPITAL FDN<br><br>4000 24TH STREET<br>LUBBOCK, TX 79410<br>75-1653181           | HEALTHCARE              | TX                                                     | 501(C)(3)                     | 7                                                             | CHS                                 | Yes                                                                 |    |
| (11) TALLER SAN JOSE<br><br>801 NORTH BROADWAY<br>SANTA ANA, CA 92701<br>59-3816355                          | WORK DEVELOPM           | CA                                                     | 501(C)(3)                     | 2                                                             | SSJO                                | Yes                                                                 |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                   | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                            |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                            | Yes                                          | No |                                |
| COVENANT REHAB HOSP<br>OF LUBBOCK<br><br>SEE PART VII<br>LUBBOCK, TX 79410 | HEALTHCARE              | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| HEALTHCARE DESIGN &<br>CONSTRUCT<br><br>SEE PART VII<br>LUBBOCK, TX 79410  | REAL ESTATE             | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| HEALTHCARE PROPERTY<br>ADVISORS<br><br>SEE PART VII<br>LUBBOCK, TX 79410   | REAL ESTATE             | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| HERITAGE INVESTMENT<br>GROUP<br><br>SEE PART VII<br>LUBBOCK, TX 79410      | INVESTMENTS             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| HOAG ORTHOPEDIC<br>INSTITUTE<br><br>SEE PART VII<br>LUBBOCK, TX 79410      | HEALTHCARE              | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| LUBBOCK SURGERY<br>CENTER LTD<br><br>SEE PART VII<br>LUBBOCK, TX 79410     | HEALTHCARE              | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| METHODIST DIAGNOSTIC<br>IMAGING                                            | HEALTHCARE              | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| MISSION AMBULATORY<br>SURGICENTER                                          | HEALTHCARE              | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| NEWPORT IMAGING<br>CENTER                                                  | HEALTHCARE              | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| SHA LLC                                                                    | INSURANCE               | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| ST JOSEPH PHYSICIAN<br>VENTURES                                            | REAL ESTATE             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| ST JOSEPH HLTH SYS<br>HOME CARE                                            | HOME HEALTH             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| ST JOSEPH HLTH SYS<br>HOME HLTH                                            | HOME HEALTH             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| THE INNOVATION<br>INSTITUTE                                                | HEALTHCARE              | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |
| TOTAL HEALTH<br>ENVIROMENT                                                 | HEALTHCARE              | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                              |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) |    | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                                 |    |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                            | Yes                                       | No |                                |
| ADVANCED SURGERY<br>INSTITUTE LLC                        | REAL ESTATE             | DE                                                              | NA |                                        | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                           |    |                                |
| NORTH BAY ENDOSCOPY<br>CENTER                            | HEALTH CARE             | CA                                                              | NA |                                        | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                            |                                           |    |                                |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of related organization                                                      | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |
|------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|
| Yes                                                                                                        | No                      |                                                  |                                  |                                                  |                              |                                    |                             |                                              |
| ALLIANCE PHYSICIAN SERVICES                                                                                | INACTIVE                | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| AMERICAN UNITY GROUP LTD<br>90 PITTS BAY ROAD<br>PEMBROKE,HM HM08<br>BD                                    | CAPTIVE INSURANCE       | BD                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| COASTAL MANAGEMENT SERVICES ORGANIZATION<br>1 HOAG DRIVE BOX 6100<br>NEWPORT BEACH, CA 92658<br>33-0676831 | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| DATU HEALTH INC<br>16150 MAIN CIRCLE DR SUITE 250<br>CHESTERFIELD, MO 63017<br>46-3070062                  | IT SVCS                 | MO                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| HMTS INC<br>1 HOAG DRIVE<br>NEWPORT BEACH, CA 92658<br>45-3583707                                          | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| HOAG MANAGEMENT SERVICES INC<br>1 HOAG DRIVE BOX 6100<br>NEWPORT BEACH, CA 92658<br>33-0731587             | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| HPA REALTY INC<br>1 CENTERPOINTE DRIVE SUITE 200<br>LA PALMA, CA 90623                                     | REAL ESTATE             | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| LUBBOCK METHODIST HOSP PRACTICE MGMT<br>2107 OXFORD STREET STE 300<br>LUBBOCK, TX 79410<br>75-2578995      | INACTIVE                | TX                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| LUBBOCK METHODIST HOSPITAL SVCS<br>PO BOX 1201<br>LUBBOCK, TX 79410<br>75-2118585                          | HEALTHCARE              | TX                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| MISSION VIEJO MEDICAL VENTURES<br>27800 MEDICAL CENTER RD 354<br>MISSION VIEJO, CA 92691<br>33-0212905     | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| ST JOSEPH HEALTH<br>3345 MICHELSON DRIVE SUITE 100<br>IRVINE, CA 92612<br>46-2340232                       | HOLDING COMPANY         | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| ST JOSEPH HEALTH SOURCE INC<br>3345 MICHELSON DRIVE SUITE 100<br>IRVINE, CA 92612<br>46-1900168            | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| ST JOSEPH PROF SVCS ENTERPRISES INC<br>3345 MICHELSON DRIVE SUITE 100<br>IRVINE, CA 92612<br>33-0155323    | HEALTHCARE              | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |
| ST JOSEPH YORBA PARK                                                                                       | INACTIVE                | CA                                               | NA                               | C-CORP                                           |                              |                                    |                             |                                              |