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CHANGE IN ACCOUNTING PERIOD

Form 990 (981)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 12/31, 20 17

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: COVENANT HEALTH SYSTEM FOUNDATION

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 3623 22ND PLACE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LUBBOCK, TX 79410

D Employer identification number: 75-2897026

E Telephone number: (806) 725-6089

G Gross receipts $ 8,579,028.

F Name and address of principal officer: SHARON PRATHER
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.COVENANTHEALTH.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2000 M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	31.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8.
6	Total number of volunteers (estimate if necessary)	6	42.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,180,940.	2,605,250.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	917,630.	1,013,896.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,933.	902,766.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,242,503.	4,521,912.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,865,178.	3,343,441.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	662,174.	318,806.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 469,563.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,053,845.	644,207.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,581,197.	4,306,454.
19	Revenue less expenses Subtract line 18 from line 12	-338,694.	215,458.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	43,987,978.	44,729,817.
21	Total liabilities (Part X, line 26)	993,076.	382,339.
22	Net assets or fund balances Subtract line 21 from line 20	42,994,902.	44,347,478.

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

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IRS-OSC
BRENTWOOD, TN

Sign Here

▶ Signature of officer Sharon Prather Date 11-13-18

▶ Type or print name and title Sharon Prather, President/CEO Foundation

Paid Preparer Use Only					
Print/Type preparer's name: INAS RAOUF	Preparer's signature	Date: 11/9/18	Check [ ] if self-employed	PTIN: P01254678	
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596		
Firm's address ▶ 18101 VON KARMAN AVENUE, STE 1700 IRVINE, CA 92612			Phone no 818-835-9065		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

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Part III **Statement of Program Service Accomplishments**

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

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 $ 3,343,441 including grants of $ 3,343,441) (Revenue $ 850,204.)

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 ▶ 3,343,441.

ROJIGDBA

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 X

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

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

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	1a 31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
SHARON PRATHER 3623 22ND PLACE LUBBOCK, TX 79410 806-725-6089

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY NORTON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(2) LORETTA OWEN	2.00									
BOARD MEMEBER	0.	X						0.	0.	0.
(3) TROY PICKERING	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(4) CATHY PORTER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(5) BECKY POSTAR	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6) DOUGLAS SANFORD	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7) MARGARET SCOLARO	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8) GREGORY TURNER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9) DAX VOSS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) KEELI WILSON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11) ANN ZWAICHER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12) ROBERT SALEM, M.D.	2.00									
BOARD MEMBER	50.00	X						0.	564,583.	42,764.
(13) JIM RICE	4.00									
BOARD MEMBER/CHAIR	0.	X						0.	0.	0.
(14) TRAVIS FUNK	2.00									
BOARD MEMBER/VICE CHAIR	0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TROY TUCKER	2.00									
BOARD MEMBER/SECRETARY	0.	X		X				0.	0.	0.
(16) KEVIN ATKINS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(17) DUSTIN BROOKS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(18) SUZANN BROWN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(19) CAROL CALHOON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(20) LINDSAY COOPER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(21) CALVIN DAVIS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(22) BEN EDWARDS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(23) PHEBE ELLIS-ROACH	2.00									
BOARD MEMEBER	0.	X						0.	0.	0.
(24) BRICE FOSTER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(25) MARCI GUTHEIL	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
1b Sub-total ▶								0.	564,583.	42,764.
c Total from continuation sheets to Part VII, Section A ▶								112,880.	379,717.	49,761.
d Total (add lines 1b and 1c) ▶								112,880.	944,300.	92,525.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CHAD HENTHORN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(27) BRENT HOFFMAN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(28) KEVIN MCMAHON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(29) CHASE KEY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(30) BRETT MCDOWELL	2.00									
BOARD MEMBER/TREASURER	0.	X		X				0.	0.	0.
(31) LESLIE MOSS	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(32) SHARON PRATHER	19.00									
PRESIDENT	31.00			X				0.	379,717.	38,815.
(33) MARGARET ENGLAND	40.00									
REGIONAL DIRECTOR	0.					X		112,880.	0.	10,946.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensatio[redacted]

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	100,351			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,504,899			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		2,605,250			
Program Service Revenue		Business Code				
	2a					
	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, and other similar amounts)		386,022			386,022
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		66,853			66,853
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	4,493,186				
	b Less cost or other basis and sales expenses	3,865,312				
	c Gain or (loss)	627,874				
	d Net gain or (loss)		627,874			627,874
	8a Gross income from fundraising events (not including $ 100,351. of contributions reported on line 1c) See Part IV, line 18	a	177,513.			
	b Less direct expenses	b	191,804			
	c Net income or (loss) from fundraising events		-14,291			-14,291.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue		Business Code			
	11a OTHER REVENUE		900009	850,204	850,204	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			850,204		
	12 Total revenue. See instructions			4,521,912	850,204.	1,066,458

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,175,912.	3,175,912.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	167,529.	167,529.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	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.			
7 Other salaries and wages	217,158.		124,804.	92,354.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,217.			9,217.
9 Other employee benefits	72,210.		15,751.	56,459.
10 Payroll taxes	20,221.		9,533.	10,688.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	59,708.		59,708.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	226,142.		171,633.	54,509.
12 Advertising and promotion	0.			
13 Office expenses	48,992.		38,698.	10,294.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	17,056.			17,056.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	107.			107.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	47.		47.	
23 Insurance	292,155.		73,276.	218,879.
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				
b				
c				
d				
e All other expenses				
25 **Total functional expenses** Add lines 1 through 24e	4,306,454.	3,343,441.	493,450.	469,563.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	0.
	2	Savings and temporary cash investments		3,283,939.	2	3,529,655.
	3	Pledges and grants receivable, net		8,456,707.	3	7,060,263.
	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 72,708.			
	b	Less accumulated depreciation	10b 70,057.	2,698.	10c	2,651.
	11	Investments - publicly traded securities		28,615,143.	11	30,340,360.
	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		3,629,491.	15	3,796,888.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		43,987,978.	16	44,729,817.
Liabilities	17	Accounts payable and accrued expenses		993,076.	17	382,339.
	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		993,076.	26	382,339.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,166,782.	27	8,349,706.
	28	Temporarily restricted net assets		34,828,120.	28	35,997,772.
	29	Permanently restricted net assets		0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		42,994,902.	33	44,347,478.
	34	Total liabilities and net assets/fund balances		43,987,978.	34	44,729,817.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,521,912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,306,454.
3	Revenue less expenses. Subtract line 2 from line 1	3	215,458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,994,902.
5	Net unrealized gains (losses) on investments	5	683,261.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	453,857.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,347,478.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
COVENANT HEALTH SYSTEM FOUNDATION	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 12, check only one box.)

01

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations. . . . . ☐

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,512,465	11,243,329	7,802,317	5,180,940	3,455,454	33,194,505
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 **Total.** Add lines 1 through 3	5,512,465.	11,243,329	7,802,317	5,180,940	3,455,454	33,194,505.
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)						4,592,057.
6 **Public support.** Subtract line 5 from line 4						28,602,448.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5,512,465	11,243,329	7,802,317	5,180,940	3,455,454	33,194,505
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,500,006	1,809,980	149,689	121,773	452,875	4,034,323
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		31,145		22,160		53,305
11 **Total support.** Add lines 7 through 10						37,282,133.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 76.72%

15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . 15 77.69%

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	*Applied to 2017 distributable amount*			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7. $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013. . . .			
b	Excess from 2014. . . .			
c	Excess from 2015. . . .			
d	Excess from 2016. . . .			
e	Excess from 2017. . . .			

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.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization: COVENANT HEALTH SYSTEM FOUNDATION

Employer identification number: 75-2897026

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,515,578.	4,229,015.	5,078,558.	3,546,520.	3,001,438.
b Contributions	221,530.	29,761.	62,363.	77,522.	966,567.
c Net investment earnings, gains, and losses	352,381.	391,932.	-167,066.	1,752,955.	27,513.
d Grants or scholarships	455,037.	135,130.	744,840.	298,439.	448,998.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,634,452.	4,515,578.	4,229,015.	5,078,558.	3,546,520.

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 ▶ 100.0000 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,639.	988.	2,651.
d Equipment		69,069.	69,069.	
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,651.

Schedule D (Form 990) 2017

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

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

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

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

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

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER TRUSTS	3,665,476.
(2) INSURANCE CASH SURRENDER VALUE	131,412.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	3,796,888.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

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

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

Part XIII Supplemental Information.

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

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Go to *www.irs.gov/Form990* for the latest instructions

OMB No 1545-0047

2017

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 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? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 JACC GOLF (event type)	(c) Other events 3. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	182,925.	55,539.	39,400.	277,864.
	2 Less: Contributions	82,829.	11,442.	6,080.	100,351.
	3 Gross income (line 1 minus line 2)	100,096.	44,097.	33,320.	177,513.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	57,163.	11,527.		68,690.
	7 Food and beverages	51,717.		2,811.	54,528.
	8 Entertainment	22,695.	7,000.		29,695.
	9 Other direct expenses	24,689.	8,408.	5,794.	38,891.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				191,804.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-14,291.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 *Enter the state(s) in which the organization conducts gaming activities:* _____

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

b If "No," explain: _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in.

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 ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Provide the explanation 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HEALTH SYSTEM FOUNDATION

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? . . . . . [X] 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" on 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410	75-2133781	501(C)(3)	100,002.				CAPITAL IMPROVEMENT/ PROGRAM SUPPORT
(2) COVENANT HEALTH STYSTEM 3615 19TH STREET LUBBOCK, TX 79410	75-2765566	501(C)(3)	1,633,417	299,000.	FMV	MEDIC EQUIPMENT	CAPITAL IMPROVEMENT/ DEPT SUPPLEMENT FUND
(3) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072-1833	75-2897026	501(C)(3)	250,000				CAPITAL IMPROVEMENT
(4) TEXAS TECH UNIVERSITY HEALTH SCIENCES CTR 3601 4TH STREET STOP 6207 LUBBOCK, TX 79430	75-2668014	GOVT	239,617.				INNOVATIVE EDUCATION OPPORTUNITY
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	HONORARIUMS	8	17,684			
2	NURSING SCHOLARSHIPS	129.	149,845			
3						
4						
5						
6						
7						

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

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization: COVENANT HEALTH SYSTEM FOUNDATION

Employer identification number: 75-2897026

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT SALEM, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
1 BOARD MEMBER	(ii)	304,202.	116,964.	143,417.	24,300.	18,464.	607,347.	0.
SHARON PRATHER	(i)	0.	0.	0.	0.	0.	0.	0.
2 PRESIDENT	(ii)	249,959.	96,724.	33,034.	23,140.	15,675.	418,532.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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.

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S PRESIDENT IS PAID BY ITS CORPORATE MEMBER, COVENANT HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O FORM 990, PART VI, LINES 15A AND 15B FOR THE PROCESS USED BY COVENANT HEALTH SYSTEM.

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN

BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE-YEAR OR AGE 65 VESTING SCHEDULE.

CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

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.

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 OFFICER 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 PAY.

FORM 990, PART I, LINE 1 & PART III, LINE 1

ORGANIZATION'S MISSION STATEMENT

AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PART III, LINE 4A

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY COMING TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST.

TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF

HEALTH CARE.

PROVIDENCE HEALTH & SERVICES

IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON.

ST. JOSEPH HEALTH SYSTEM

IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.

PROGRAM SERVICE ACCOMPLISHMENTS

HOSPICE CHARITY CARE - EACH YEAR THE FOUNDATION GARNERS PHILANTHROPIC

Name of the organization: COVENANT HEALTH SYSTEM FOUNDATION
Employer identification number: 75-2897026

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 FY17 INCLUDE: CONTINUE WITH JACC RENOVATIONS, JACC SHUTTLE, THE CHILDREN'S THERAPY GARDEN, AND THE MASTER FACILITY PLAN. WITH JACC RENOVATIONS, JACC SHUTTLE, THE CHILDREN'S THERAPY GARDEN, AND THE MASTER FACILITY PLAN.

FORM 990, PART V, LINE 1A
ST. JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR SJH ENTITIES FROM ITS SHARED SERVICES. SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID NUMBER AND COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS.

FORM 990, PART VI, LINE 6
CLASSES OF MEMBERS OR STOCKHOLDERS

Name of the organization	Employer identification number
COVENANT HEALTH SYSTEM FOUNDATION	75-2897026

COVENANT HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF COVENANT HEALTH SYSTEM FOUNDATION.

FORM 990, PART VI, LINE 7A
CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

COVENANT HEALTH SYSTEM FOUNDATION HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBER RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE COVENANT HEALTH SYSTEM FOUNDATION BOARD. ALL TRUSTEE APPOINTMENTS THAT COME FROM THE COVENANT HEALTH SYSTEM FOUNDATION BOARD AS NOMINATIONS MUST BE APPROVED BY THE COVENANT HEALTH SYSTEM, AS THE CORPORATE MEMBER.

FORM 990, PART VI, LINE 7B
CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS

THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE COVENANT HEALTH SYSTEM MEMBER FOR FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, EXEMPT 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 BYLAWS.

THE CORPORATE MEMBER, COVENANT HEALTH SYSTEM, RESERVES THE RIGHT TO APPROVE THE 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 BYLAWS.

Name of the organization: COVENANT HEALTH SYSTEM FOUNDATION

Employer identification number: 75-2897026

FORM 990, PART VI, LINE 11B

PROCESS TO REVIEW 990

THE FORM 990 WAS PREPARED BY THE TAX 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. 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.

FORM 990, PART VI, LINE 12C

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST (COI) IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE

Name of the organization	Employer identification number
COVENANT HEALTH SYSTEM FOUNDATION	75-2897026

APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY.

ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY.

FORM 990, PART VI, LINES 15A & 15B
PROCESS FOR DETERMINING COMPENSATION
THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS CORPORATE MEMBER, COVENAT HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.

IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES.

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY OF FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL

Name of the organization	Employer identification number
COVENANT HEALTH SYSTEM FOUNDATION	75-2897026

ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.

PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.

THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE ST. JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE.

THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST. JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES.

THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018. WHILE THE ORGANIZATION COMPLETES THIS PROCESS ANNUALLY, DUE TO THE TAX YEAR BEING A SHORT PERIOD, THE PROCESS TO REVIEW COMPENSATION WAS NOT COMPLETED AND APPROVED WITHIN THE TAX YEAR.

FORM 990, PART VI, LINE 19
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY

Name of the organization	Employer Identification number
COVENANT HEALTH SYSTEM FOUNDATION	75-2897026

REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

INVESTMENT INCOME DUE TO COVENANT CHILDREN'S HOSPITAL	$453,857

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

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2017

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75-2897026

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(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) COVENANT HEALTH NETWORK, INC 46-1259908 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	X	
(2) COVENANT ACO 61-1573313 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	12,I	CHS	X	
(3) COVENANT HEALTH SYSTEM 75-2765566 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	SJHS	X	
(4) COVENANT MEDICAL GROUP 75-2743883 3420 22ND PLACE LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(5) COVENANT HEALTH PARTNERS 46-3516417 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	12,I	CHS	X	
(6) HMTS, INC. 45-3583707 1 HOAG DRIVE NEWPORT BEACH, CA 92658	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	X	
(7) HOAG CHARITY SPORTS 45-2982422 330 PLACENTIA AVE NEWPORT BEACH, CA 92663	SUPPORT	CA	501(C)(3)	7	HHF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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(1) HOAG HOSPITAL FOUNDATION 95-3222343 330 PLACENTIA AVE NEWPORT BEACH, CA 92663	FUNDRAISING	CA	501(C)(3)	7	HMHP	X	
(2) HOAG MEMORIAL HOSPITAL PRESBYTERIAN 95-1643327 1 HOAG ROAD, BOX 6100 NEWPORT BEACH, CA 92663	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(3) HOSPICE OF LUBBOCK 75-2133781 3702 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	10	CHS	X	
(4) LUBBOCK METHODIST HOSPITAL FOUNDATION 75-2220963 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	7	CHS	X	
(5) METHODIST CHILDREN'S HOSPITAL 75-2428911 3610 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(6) METHODIST HOSPITAL LEVELLAND 75-2246348 1900 COLLEGE AVENUE LEVELLAND, TX 79336	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(7) METHODIST HOSPITAL PLAINVIEW 75-2426010 2601 DIMMITT ROAD PLAINVIEW, TX 79072	HEALTHCARE	TX	501(C)(3)	3	CHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

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(1) MISSION HOSPITAL REGIONAL MEDICAL CTR 95-1643360 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(2) QUEEN OF THE VALLEY MEDICAL CENTER 94-1243669 1000 TRANCAS STREET NAPA, CA 94558	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(3) REDWOOD MEMORIAL FOUNDATION 94-2779313 3300 RENNER DRIVE FORTUNA, CA 95540	HEALTHCARE	CA	501(C)(3)	7	RMH	X	
(4) REDWOOD MEMORIAL HOSPITAL 94-1384665 3300 RENNER DRIVE FORTUNA, CA 95540	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(5) SANTA ROSA MEMORIAL HOSPITAL 94-1231005 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(6) SRM ALLIANCE HOSPITAL SERVICES (PVH) 68-0395200 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954	HEALTHCARE	CA	501(C)(3)	3	SRMH	X	
(7) SISTERS OF ST JOSEPH OF ORANGE 95-1643383 480 S BATAVIA ORANGE, CA 92868	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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						Yes	No
(1) ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		X
(2) ST JOSEPH HEALTH NOR CAL, LLC 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(3) ST. JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		X
(4) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	X	
(5) ST JOSEPH HOME CARE NETWORK 1111 SONOMA, STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	X	
(6) ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(7) ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(1) ST JOSEPH HERITAGE HEALTHCARE 33-0185031 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(2) ST JUDE HOSPITAL, INC 95-1643324 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(3) ST MARY MEDICAL CENTER 95-1914489 18300 HIGHWAY 18 APPLE VALLEY, CA 92307	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(4) ST. MARY OF THE PLAINS HOSPITAL FDN 75-1653181 4000 24TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	7	CHS	X	
(5) E. WA & MT UNEMPLOYMENT COMP INSR TRUST 91-1082119 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	X	
(6) EVERETT TRANSITIONAL CARE SERVICES 94-3264605 P O BOX 5128 EVERETT, WA 98206-5128	TRANS. CARE	WA	501(C)(3)	10	N/A		X
(7) FACEY MEDICAL FOUNDATION 95-4322584 15451 SAN FERNANDO MISSION BLV MISSION HILLS, CA 91345	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(1) GAMELIN WASHINGTON ASSOCIATION 20-1910170 1423 FIRST AVENUE SEATTLE, WA 98101	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2) GLOBAL TO LOCAL HEALTH INITIATIVE 27-3133200 2800 SOUTH 192ND ST, #104 SEATAC, WA 98188	HEALTHCARE	WA	501(C)(3)	7	SHS	X	
(3) INLAND NORTHWEST HEALTH SERVICES 91-1307555 601 W 1ST AVENUE SPOKANE, WA 99201	HEALTHCARE	WA	501(C)(3)	3	PHS WA	X	
(4) INSTITUTE FOR MENTAL HEALTH & WELLNESS 81-4260130 1801 LIND AVENUE SW, #9016 RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	7	PHS / SJHS	X	
(5) INSTITUTE FOR SYSTEMS BIOLOGY 91-2003593 401 TERRY AVE N SEATTLE, WA 98109	HEALTHCARE	WA	501(C)(3)	7	WHC	X	
(6) JOHN WAYNE CANCER INSTITUTE 95-4291515 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404	HEALTHCARE	CA	501(C)(3)	4	PSJHC	X	
(7) KADLEC AUXILIARY, INC 91-6033089 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	WA	501(C)(3)	12,III	KRMC	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(1) KADLEC FOUNDATION 23-7005501 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	WA	501(C)(3)	12,I	KRMC	X	
(2) KADLEC NEUROLOGICAL RESOURCE CENTER 91-1266345 1268 LEE BLVD RICHLAND, WA 99352	HEALTHCARE	WA	501(C)(3)	10	WHC	X	
(3) KADLEC REGIONAL MEDICAL CENTER 91-0655392 888 SWIFT BLVD RICHLAND, WA 99352	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(4) LITTLE COMPANY OF MARY ANCILLARY SVCS CO 33-0844408 4101 TORRANCE BLVD TORRANCE, CA 90503	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	X	
(5) LUNDBERG ASSOCIATION/PROVIDENCE HOUSE 91-1562797 5921 E. BURNSIDE PORTLAND, OR 97215	SUPPORT	OR	501(C)(3)	7	PHS OR	X	
(6) MARSHA RIVKIN CENTER FOR OVARIAN CANCER 91-2054035 747 BROADWAY SEATTLE, WA 98122	RESEARCH	WA	501(C)(3)	7	SHS	X	
(7) PACMED CLINICS 56-2290878 1200 12TH AVENUE S SEATTLE, WA 98144	HEALTHCARE	WA	501(C)(3)	10	WHC	X	

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(1) PH&S FOUNDATION/SFVSA & SCVSA 95-3544877 501 S. BUENA VISTA STREET BURBANK, CA 91505	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	X	
(2) PROVIDENCE ALASKA FOUNDATION 92-0093565 3300 PROVIDENCE DR, TOWER #2 ANCHORAGE, AK 99508	HEALTHCARE	AK	501(C)(3)	12,I	PHS WA	X	
(3) PROVIDENCE BENEDICTINE NURSING CTR FNDN 91-1940286 540 SOUTH MAIN STREET MT ANGEL, OR 97362-9532	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(4) PROVIDENCE BLANCHET ASSOCIATION 91-1789266 1700 PROVIDENCE PL CENTRALIA, WA 98531	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(5) PROVIDENCE CHILD CENTER FOUNDATION 93-0800140 830 NE 47TH PORTLAND, OR 97213	SUPPORT	OR	501(C)(3)	7	PHS OR	X	
(6) PROVIDENCE COMMUNITY HEALTH FOUNDATION 93-0692907 1111 CRATER LAKE AVE MEDFORD, OR 97504	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(7) PROVIDENCE DETHMAN HOUSE 47-3385506 1205 MONTELLO AVE HOOD RIVER, OR 97031	SUPPORT	WA	501(C)(3)	7	N/A		X

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OMB No 1545-0047

2017

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVIDENCE FOUNDATION 94-3078543 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	X	
(2) PROVIDENCE GAMELIN HOUSE ASSOCIATION 31-1744654 4515 MLK JR WAY S , STE 200 SEATTLE, WA 98108	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(3) PROVIDENCE HEALTH & SERVICES 91-1549796 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		X
(4) PROVIDENCE HEALTH & SERVICES - MONTANA 81-0231793 500 W BROADWAY, P.O BOX 4587 MISSOULA, MT 59806-4587	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(5) PROVIDENCE HEALTH & SERVICES - OREGON 51-0216587 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	3	PHS	X	
(6) PROVIDENCE HEALTH & SERVICES - WA 51-0216586 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	PHS	X	
(7) PROVIDENCE HEALTH & SERVICES - WEST WA 91-1303277 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	PM/WHC	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(1)					
(2)					
(3)					
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVIDENCE HEALTH ASSURANCE 55-0828701 4400 NE HALSEY, BLDG. #2 PORTLAND, OR 97213	MEDICAID	OR	501(C)(4)	N/A	PHP	X	
(2) PROVIDENCE HEALTH CARE FNDN - E WA 32-0014330 101 W 8TH AVENUE SPOKANE, WA 99204	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	
(3) PROVIDENCE HEALTH CARE FNDN (CENTRALIA) 91-1433382 914 S SCHEUBER ROAD CENTRALIA, WA 98531	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	X	
(4) PROVIDENCE HEALTH PLAN 93-0863097 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	HEALTHCARE	OR	501(C)(4)	N/A	PPP	X	
(5) PROVIDENCE HEALTH SYSTEM - SO CAL 51-0216589 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	PHS	X	
(6) PROVIDENCE HOOD RIVER MEM HOSP FDN 93-0921990 811 13TH ST. HOOD RIVER, OR 97031	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(7) PROVIDENCE HOSPICE AND HOME CARE FNDN 27-2552749 2731 WETMORE AVENUE, STE 500 EVERETT, WA 98201	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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Employer identification number
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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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 91-2077378 425 PONTIUS AVENUE NORTH, #300 SEATTLE, WA 98019-5452	HEALTHCARE	WA	501(C)(3)	12,I	PHS W WA	X	
(2) PROVIDENCE LITTLE COMPANY OF MARY FNDN 51-0224944 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	X	
(3) PROVIDENCE MARIANWOOD FOUNDATION 93-1554288 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 98029-7219	HEALTHCARE	WA	501(C)(3)	12,I	PHS W WA	X	
(4) PROVIDENCE MEDICAL INSTITUTE 33-0283773 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	X	
(5) PROVIDENCE MILWAUKIE FOUNDATION 94-3079515 10150 SE 32ND MILWAUKIE, OR 97222	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(6) PROVIDENCE MINISTRIES 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		X
(7) PROVIDENCE MOUNT ST VINCENT FOUNDATION 91-1188119 4831 35TH AVENUE SW SEATTLE, WA 98126-2799	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVIDENCE NEWBERG HEALTH FOUNDATION 93-0889144 1001 PROVIDENCE DRIVE NEWBERG, OR 97132	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(2) PROVIDENCE PETER CLAVER ASSOCIATION 31-1629656 7101 38TH AVENUE SOUTH SEATTLE, WA 98118	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(3) PROVIDENCE PLAN PARTNERS 91-1861964 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	X	
(4) PROVIDENCE PORTLAND MEDICAL FOUNDATION 93-1231494 4805 NE GLISAN STREET PORTLAND, OR 97213-2967	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(5) PROVIDENCE ROSSI ASSOCIATION 31-1584166 1700 PROVIDENCE PLACE CENTRALIA, WA 98531	SUPPORT	WA	501(C)(3)	10	PHS WA	X	
(6) PROVIDENCE SAINT JOHN'S HEALTH CENTER 95-1684082 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	X	
(7) PROVIDENCE SAINT JOHN'S MEDICAL FNDN 81-4542216 20555 EARL ST TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	PENDING	PHS SOCAL	X	

SCHEDULE R (Form 990)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVIDENCE SEASIDE HOSPITAL FOUNDATION 93-0927320 725 S WAHANNA RD SEASIDE, OR 97138	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(2) PROVIDENCE ST ELIZABETH HOUSE ASSOC 91-2171539 3201 SW GRAHAM ST SEATTLE, WA 98126	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(3) PROVIDENCE ST FRANCIS ASSOCIATION 94-3244854 3415 12TH AVENUE NE OLYMPIA, WA 98506	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(4) PROVIDENCE ST JOSEPH HEALTH 81-1244422 1801 LIND AVENUE SW, #9016 RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	12,III	N/A		X
(5) PROVIDENCE ST. JOSEPH MEDICAL CENTER 81-0463482 P O BOX 1010 POLSON, MT 59860-1010	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(6) PROVIDENCE ST. MARY FOUNDATION 45-2841492 401 W POPLAR STREET WALLA WALLA, WA 99362	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	
(7) PROVIDENCE ST PETER FOUNDATION 91-1097056 413 LILLY ROAD NE OLYMPIA, WA 98506-5166	SUPPORT	WA	501(C)(3)	7	PHS W WA	X	

SCHEDULE R (Form 990)

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(1) PROVIDENCE ST. VINCENT MEDICAL FNDN 93-0575982 9205 SW BARNES ROAD PORTLAND, OR 97225	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(2) PROVIDENCE TRINITYCARE HOSPICE 95-3264139 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	X	
(3) PROVIDENCE TRINITYCARE HOSPICE FNDN 33-0261016 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	7	PTCH	X	
(4) PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN 93-1003750 1500 DIVISION STREET OREGON CITY, OR 97045	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	X	
(5) SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN 95-6100079 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404	SUPPORT	CA	501(C)(3)	7	PSJHC	X	
(6) SEATTLE SCIENCE FOUNDATION 61-1502822 550 17TH AVENUE SEATTLE, WA 98122	PHYSN COLLAB	WA	501(C)(3)	7	WHC	X	
(7) SISTERS OF PROVIDENCE OF MONTANA CORP 26-2612415 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	SHELL CORP	MT	501(C)(3)	1	PHS WA		

SCHEDULE R (Form 990)

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(1) ST LUKE ASSOCIATION 94-3176618 350 WASHINGTON AVE SE CHEHALIS, WA 98352	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2) ST PATRICK HOSPITAL FOUNDATION 23-7056976 500 WEST BROADWAY, P O BOX 45 MISSOULA, MT 59806-4587	HEALTHCARE	MT	501(C)(3)	7	PHS WA	X	
(3) ST THOMAS CHILD AND FAMILY CENTER 81-0233495 1710 BENEFIS COURT GREAT FALLS, MT 59405	EDUCATION	MT	501(C)(3)	10	PHS WA	X	
(4) SWEDISH EDMONDS 27-2305304 21601 76TH AVENUE EDMONDS, WA 98026	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(5) SWEDISH HEALTH SERVICES 91-0433740 747 BROADWAY SEATTLE, WA 98122	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(6) SWEDISH MEDICAL CENTER FOUNDATION 91-0983214 747 BROADWAY SEATTLE, WA 98122	HEALTHCARE	WA	501(C)(3)	7	SHS	X	
(7) SWEDISH MJM HOLDINGS 27-3139262 747 BROADWAY SEATTLE, WA 98122	HOLDING CO	WA	501(C)(3)	12,I	SHS	X	

SCHEDULE R (Form 990)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE GAMELIN ASSOCIATION 91-1180824 312 NORTH FOURTH STREET YAKIMA, WA 98901	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2) THE GAMELIN CALIFORNIA ASSOCIATION 91-1293869 540 23RD STREET OAKLAND, CA 94612	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	X	
(3) THE GAMELIN OREGON ASSOCIATION 91-1214491 5520 NE GLISAN PORTLAND, OR 97213	SUPPORT	OR	501(C)(3)	10	PHS OR	X	
(4) UNIVERSITY OF GREAT FALLS 81-0231777 1301 20TH STREET SOUTH GREAT FALLS, MT 59405	EDUCATION	MT	501(C)(3)	2	PHS	X	
(5) WESTERN HEALTHCONNECT 45-4171900 747 BROADWAY SEATTLE, WA 98122	SHELL CORP	WA	501(C)(3)	12,II	PHS W WA	X	
(6) COVENANT MEDICAL CENTER 82-2913146 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CA SPECIALTY SURGERY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) COASTAL ASC HOLDINGS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) COVENANT LONG-TERM CARE, LP SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(4) HERITAGE INVESTMENT GROUP SEE PART VII	INVESTMENTS	CA	N/A	N/A								
(5) HOAG ORTHOPEDIC INSTITUTE SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6) LSC REAL PROPERTY, LLC SEE PART VII	REAL ESTATE	TX	N/A	N/A								
(7) METHODIST DIAGNOSTIC IMAGING SEE PART VII	HEALTHCARE	TX	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD , PEMBROKE BD HM08	CAPTIVE INSURANCE	BD	N/A	C-CORP					
(2) HOAG CLINIC 33-0676831 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP					
(3) DATU HEALTH, INC. AND SUBSIDIARIES 46-3070062 16150 MAIN CIRCLE DR, SUITE 250 CHESTERFIELD, MO 63017	IT SVCS	DE	N/A	C-CORP					
(4) HOAG MANAGEMENT SERVICES, INC 33-0731587 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP					
(5) LUBBOCK METHODIST HOSP PRACTICE MGMT 75-2578995 2107 OXFORD STREET, STE 300 LUBBOCK, TX 79410	INACTIVE	TX	N/A	C-CORP					
(6) LUBBOCK METHODIST HOSPITAL SVCS 75-2118585 P O BOX 1201 LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	C-CORP					
(7) MISSION VIEJO MEDICAL VENTURES 33-0212905 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C-CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NEWPORT IMAGING CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) NORTH BAY ENDOSCOPY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) SHA, LLC SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(4) SOUTHERN CALIFORNIA SURG CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(5) ST JOSEPH PHYSICIAN VENTURES SEE PART VII	REAL ESTATE	CA	N/A	N/A								
(6) ST JOSEPH/SATELLITE DIALYSIS SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(7) ALPHA MEDICAL LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) OPHIE HEALTHCARE SERVICES, INC 27-1002825 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP					
(2) ST. JOSEPH HEALTH 46-2340232 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HOLDING COMPANY	CA	N/A	C-CORP					
(3) ST JOSEPH HEALTH SOURCE, INC 46-1900168 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP					
(4) ST JOSEPH PROF SVCS ENTERPRSES, INC. 33-0155323 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP					
(5) 1221 MADISON STREET OWNERS ASSOC 20-1954319 747 BROADWAY SEATTLE, WA 98122	OWNERS' ASSOC	WA	N/A	C-CORP					
(6) BOURGET HEALTH SERVICES, INC 91-1354431 P O BOX 2687 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C-CORP					
(7) CARON HEALTH CORPORATION 81-0486082 510 W FRONT ST. MISSOULA, MT 59802	MED PHYS SVCS	MT	N/A	C-CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BROADWAY IMAGING, LLC SEE PART VII	MEDICAL IMAGING	MT	N/A	N/A								
(2) CALIFORNIA LABORATORY ASSOCS SEE PART VII	OUTPATIENT LAB	CA	N/A	N/A								
(3) CENTER FOR SPECIALTY SURGERY SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(4) CLACKAMAS RADIATION ONCOL CTR SEE PART VII	RADIATION ONCOL	OR	N/A	N/A								
(5) CTR FOR MED IMAGING-BRIDGEPORT SEE PART VII	IMAGING DIAG.	OR	N/A	N/A								
(6) CTR FOR MED IMGING-TANASBOURNE SEE PART VII	IMAGING DIAG	OR	N/A	N/A								
(7) GREATER VALLEY MED BLDG SEE PART VII	REAL ESTATE - MOB	CA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) PHN HOLDINGS 46-1814184 20555 EARL STREET TORRANCE, CA 90503	STRAT PLAN SVCS	CA	N/A	C-CORP					
(2) PIONEER INNOVATIONS, INC 36-4818191 800 5TH AVE., 10TH FLOOR SEATTLE, WA 98104	HEALTH INNOVATNS	WA	N/A	C-CORP					
(3) PROVIDENCE HEALTH VENTURES, INC 33-0122216 4101 TORRANCE BLVD TORRANCE, CA 90503	INVESTMENTS	CA	N/A	C-CORP					
(4) PROVIDENCE HEALTH NETWORK 80-0886966 20555 EARL STREET TORRANCE, CA 90503	PREPAID HEALTH	CA	N/A	C-CORP					
(5) PROVIDENCE HEALTH CARE VENTURES, INC 90-0155714 101 W 8TH AVE , TAF C-9 SPOKANE, WA 99204	CLIN/MED LAB	WA	N/A	C-CORP					
(6) VINSERRA, INC 95-3943315 1328 22ND STREET SANTA MONICA, CA 90403	INVESTMENTS	CA	N/A	C-CORP					
(7) WESTERN HEALTHCONNECT VENTURES, INC 80-0953654 1801 LIND AVE SW #9016 RENTON, WA 98057	INVESTMENTS	WA	N/A	C-CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HCSA PROPERTIES LLC SEE PART VII	REAL ESTATE RENT	WA	N/A	N/A								
(2) MOUNTAINSTAR CLIN LAB SEE PART VII	OUTPATIENT LAB	MT	N/A	N/A								
(3) OREGON ADVANCED IMAGING, LLC SEE PART VII	MEDICAL IMAGING	OR	N/A	N/A								
(4) OREGON OUTPATIENT SURGERY CTR SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(5) PACLAB, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(6) PATHOLOGY ASSOCS MED LAB SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(7) PET/CT IMG SWEDISH CANCER INST SEE PART VII	MEDICAL IMAGING	WA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) YAKIMA MEDICAL ARTS, INC. 91-0787963 611 N PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C-CORP					
(2) PROVIDENCE ASSURANCE, INC 20-8194071 3131 CAMELBACK ROAD, STE 400 PHOENIX, AZ 85016	CAPTIVE INSURANCE	AZ	N/A	C-CORP					
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PHS INVESTMENT TRUST HEDGE FUN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST BANK LOAN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRANSITION PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST RISK PARI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST LONG TREA SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST MLP PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST RELATIVE SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PHS INVESTMENT TRUST TIPS PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQ SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST LDI PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST PUBLIC DE SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST TACTICAL SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST COMMODITI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST 2015 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PHS INVESTMENT TRUST SHORT TER SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PORTLAND MEDICAL IMAGING, LLC SEE PART VII	IMAGING DIAGNOSTI	OR	N/A	N/A								
(5) PROV RADIATION ONCOLOGY DEV SEE PART VII	REAL ESTATE - MOB	OR	N/A	N/A								
(6) PROVIDENCE IMAGING CENTER SEE PART VII	MEDICAL IMAGING	AK	N/A	N/A								
(7) PROVIDENCE PARTNERS FOR HEALTH SEE PART VII	CLIN QUALITY/INT	CA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PROVIDENCE SURGERY CENTER, LLC SEE PART VII	AMBULATORY SURG	MT	N/A	N/A								
(2) PROVIDENCE/SILVERTON REHAB SEE PART VII	REHAB SERVICES	OR	N/A	N/A								
(3) PROVIDENCE/USP SANTA CLARITA SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(4) PROVIDENCE/USP SURGERY CTRS SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(5) SOUTHERN IDAHO REGIONAL LAB SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A								
(6) THE MADISON SPOKANE INN, LLC SEE PART VII	HOTEL SERVICES	WA	N/A	N/A								
(7) TRI-CITIES LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SJO ASC HOLDINGS LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) HOAG OUTPATIENT CENTERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) NEWPORT BAY SURGERY CTR, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(4) NEWPORT BEACH ENDOSCOPY CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(5) NEWPORT SURGICAL PARTNERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOSPICE OF LUBBOCK	B	100,002.	ACCRUAL
(2) COVENANT HEALTH SYSTEM	R	3,572,108.	ACCRUAL
(3) COVENANT HEALTH SYSTEM	P	521,561.	ACCRUAL
(4) COVENANT HEALTH SYSTEM	S	3,289,277.	ACCRUAL
(5) COVENANT HEALTH SYSTEM	Q	809,705.	ACCRUAL
(6) COVENANT HEALTH SYSTEM	B	1,932,417.	ACCRUAL

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	METHODIST HOSPITAL LEVELLAND	P	63,005.	ACCRUAL
(2)	METHODIST HOSPITAL PLAINVIEW	B	250,000.	ACCRUAL
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

CALIFORNIA SPECIALTY SURGERY CENTER, LP

EIN: 33-0939003

ADDRESS: 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691

COASTAL ASC HOLDINGS, LLC

EIN: 81-0986844

ADDRESS: ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658

COVENANT LONG-TERM CARE, LP

EIN: 20-5033419

ADDRESS: 4000 24TH STREET, LUBBOCK, TX 79410

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: ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658

LSC REAL PROPERTY, LLC

EIN: 47-4646059

ADDRESS: 2301 QUAKER AVE, LUBBOCK, TX 79410

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

METHODIST DIAGNOSTIC IMAGING

EIN: 75-2343261

ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410

NEWPORT IMAGING CENTER

EIN: 33-0191776

ADDRESS: 360 SAN MIGUEL, NEWPORT BEACH, CA 92660

NORTH BAY ENDOSCOPY CENTER, LLC

EIN: 61-1559876

ADDRESS: 1383 N. MCDOWELL BLVD, STE 110, PETALUMA, CA 94954

SHA, LLC

EIN: 75-2569094

ADDRESS: 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750

SOUTHERN CALIFORNIA SURGERY CENTER, LLC

EIN: 33-0939000

ADDRESS: 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356

ST. JOSEPH PHYSICIAN VENTURES I, LLC

EIN: 45-4521884

ADDRESS: 1100 WEST STEWART DRIVE, ORANGE, CA 92868

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC

EIN: 81-4657391

ADDRESS: 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128

ALPHA MEDICAL LABORATORY, LLC

EIN: 91-2017347

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

BROADWAY IMAGING, LLC

EIN: 52-2405971

ADDRESS: 500 W. BROADWAY, MISSOULA, MT 59802

CALIFORNIA LABORATORY ASSOCIATES, LLC

EIN: 27-3888692

ADDRESS: 501 BUENA VISTA, BURBANK, CA 91505

CENTER FOR SPECIALTY SURGERY, LLC

EIN: 26-3638838

ADDRESS: 11782 SW BARNES ROAD, PORTLAND, OR 97225

CLACKAMAS RADIATION ONCOLOGY CENTER, LLC

EIN: 26-0381897

ADDRESS: 4400 NE HALSEY ST., BLDG. II #495, PORTLAND, OR 97213

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC

EIN: 26-0796953

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC

EIN: 20-0477972

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

GREATER VALLEY MEDICAL BUILDING, LP

EIN: 95-4570858

ADDRESS: 501 S. BUENA VISTA STREET, BURBANK, CA 91505

HCSA PROPERTIES, LLC

EIN: 46-0620892

ADDRESS: 1600 M STREET NW, AUBURN, WA 98001

MOUNTAINSTAR CLINICAL LABORATORIES, LLC

EIN: 26-1345983

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

OREGON ADVANCED IMAGING, LLC

EIN: 45-0471748

ADDRESS: 881 O'HARE PARKWAY, MEDFORD, OR 97504

Part VII Supplemental Information
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OREGON OUTPATIENT SURGERY CENTER

EIN: 22-3883387

ADDRESS: 7300 SW CHILDS ROAD, TIGARD, OR 97224

PACLAB, LLC

EIN: 91-1743952

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC

EIN: 27-0943279

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC

EIN: 20-3132044

ADDRESS: 1221 MADISON STREET, SEATTLE, WA 98104

PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO

EIN: 47-2293255

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST BANK LOANS PORTFOLIO

EIN: 47-2357735

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII Supplemental Information
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PHS INVESTMENT TRANSITION PORTFOLIO

EIN: 47-2279711

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

EIN: 47-2385238

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST MLP PORTFOLIO

EIN: 47-2367538

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO

EIN: 47-2314743

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST TIPS PORTFOLIO

EIN: 47-2402609

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII Supplemental Information
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PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST LDI PORTFOLIO

EIN: 47-2392060

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO

EIN: 47-2353569

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII Supplemental Information
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PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO

EIN: 81-2960145

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PORTLAND MEDICAL IMAGING, LLC

EIN: 20-1054971

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC

EIN: 26-0682491

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

PROVIDENCE IMAGING CENTER

EIN: 92-0118807

ADDRESS: 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508

Part VII Supplemental Information
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PROVIDENCE PARTNERS FOR HEALTH, LLC

EIN: 45-4041798

ADDRESS: 501 S. BUENA VISTA STREET, BURBANK, CA 91505

PROVIDENCE SURGERY CENTER, LLC

EIN: 84-1401625

ADDRESS: 902 N. ORANGE STREET, MISSOULA, MT 59802

PROVIDENCE/SILVERTON REHAB, LLC

EIN: 48-1287267

ADDRESS: 4400 NE HALSEY #425, PORTLAND, OR 97213

PROVIDENCE/USP SANTA CLARITA GP, LLC

EIN: 20-2829660

ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345

PROVIDENCE/USP SURGERY CENTERS, LLC

EIN: 20-0905938

ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345

SOUTHERN IDAHO REGIONAL LABORATORY, LLC

EIN: 82-0511819

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

THE MADISON SPOKANE INN, LLC

EIN: 84-1606484

ADDRESS: 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204

TRI-CITIES LABORATORY, LLC

EIN: 91-1773986

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

SJO ASC HOLDINGS LLC

EIN: 82-1655501

ADDRESS: 1140 W. LA VETA AVE, ORANGE, CA 92868

HOAG OUTPATIENT CENTERS, LLC

EIN: 45-3587572

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691

NEWPORT BAY SURGERY CENTER, LLC

EIN: 56-2518360

ADDRESS: 3333 W. PACIFIC COAST HWY, #100, NEWPORT BEACH, CA 92663

NEWPORT BEACH ENDOSCOPY CENTER, LLC

EIN: 77-0368744

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691

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NEWPORT SURGICAL PARTNERS, LLC

EIN: 39-2060266

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691