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Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____.

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

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

OMB No 1545-0687

2018

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

A [X] Check box if address changed

B Exempt under section
[X] 501(C)(03)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year
716,587,857.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions)
COVENANT HEALTH SYSTEM

Number, street, and room or suite no If a P O box, see instructions
1801 LIND AVE SW, ATTN: TAX DEPT

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 98057-9016

D Employer identification number (Employees' trust, see instructions)
75-2765566

E Unrelated business activity code (See instructions)
561110

F Group exemption number (See instructions) ▶

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

4

H Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MANAGEMENT FEES If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

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

If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 1 STJO 95-3589356

The books are in care of ▶ DYANA KERR Telephone number ▶ 806-725-5234

SCANNED JAN 09 2020

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 2,129,029. b Less returns and allowances c Balance ▶	1c	2,129,029.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	2,129,029.		2,129,029.
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 **Total.** Combine lines 3 through 12	13	2,129,029.		2,129,029.

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) ATCH 2		28	2,129,578.
29	**Total deductions.** Add lines 14 through 28		29	2,129,578.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-549.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) ATCH 5		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-549.

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For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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PAGE 1

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	560,579.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ATCH. 4	35	560,579.
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	1,000.
38	**Unrelated business taxable income.** Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0 21) ▶	39	
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 38 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	**Proxy tax.** See instructions ▶	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

Part V Tax and Payments

45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit Attach Form 3800 (see instructions)	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	**Total credits.** Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	
47	Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	
50 a	Payments A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	50g			
51	**Total payments.** Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☐			52	
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶			53	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶			54	
55	Enter the amount of line 54 you want **Credited to 2019 estimated tax** ▶ **Refunded** ▶			55	

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

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

Signature of officer 11/14/19 Date ▶ CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name KARA ADAMS	Preparer's signature	Date 11/14/19	Check ☐ if self-employed	PTIN P00023315
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 18101 VON KARMAN AVE, SUITE 1700, IRVINE, CA 92612			Phone no 949-794-2300	

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

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

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

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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

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

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

Exempt Controlled Organizations

1. Name of controlled organization	2 Employer identification number	3. Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶				

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

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

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE M (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning _____ , 2018, and ending _____ , 20 ___ .

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

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

OMB No 1545-0687

2018

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

Name of organization: COVENANT HEALTH SYSTEM

Employer identification number: 75-2765566

Unrelated business activity code (see instructions) ▶ 621511

Describe the unrelated trade or business ▶ OUTREACH LAB SERVICES

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,981,601. b Less returns and allowances _____ c Balance ▶	1c	2,981,601.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	2,981,601.		2,981,601.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	2,981,601.		2,981,601.

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	985,351.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	221,078.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) ATCH 3		28	2,501,327.
29	**Total deductions.** Add lines 14 through 28		29	3,707,756.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-726,155.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) ATCH 6		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-726,155.

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

ST. JOSEPH HEALTH SYSTEM
95-3589356

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	2,129,578.
PART II - LINE 28 - OTHER DEDUCTIONS	2,129,578.

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	1,040,924.
PURCHASED SERVICES	639,793.
ADMIN OVERHEAD	597,036.
PATIENT SUPPORT OVERHEAD	138,173.
FACIILITY OVERHEAD	83,671.
PROFESSIONAL FEES	1,730.
PART II - LINE 28 - OTHER DEDUCTIONS	2,501,327.

COVENANT HEALTH SYSTEM
FEIN: 75-2765566
FOR YEAR ENDED: DECEMBER 31, 2018
FORM 990-T

NET OPERATING LOSSES ESTABLISHED PRIOR TO 12/31/2017

TAX YEAR	LOSS INCURRED	AMOUNT PREVIOUSLY USED	NOL CURRENTLY USED	CONVERTED CONTRIBUTIONS	BALANCE CARRYFORWARD
6/30/2009	63,715	(5,660)	(58,055)	0	-
6/30/2011	228,125	0	(228,125)	0	-
6/30/2012	932,827	0	(274,399)	0	658,428
6/30/2014	405,563	0	0	0	405,563
6/30/2015	519,202	0	0	0	519,202
6/30/2016	78,819	0	0	0	78,819
6/30/2017	0	0	0	29,578	29,578
12/31/2017	0	0	0	20,526	20,526
	$ 2,228,251	$ (5,660)	$ (560,579)	$ 50,104	$ 1,712,116

COVENANT HEALTH SYSTEM
FEIN: 75-2765566
FOR YEAR ENDED: DECEMBER 31, 2018
FORM 990-T

NET OPERATING LOSS (MANAGEMENT FEES - 561110)

TAX YEAR	LOSS INCURRED	AMOUNT PREVIOUSLY USED	NOL CURRENTLY USED	CONVERTED CONTRIBUTIONS	BALANCE CARRYFORWARD
12/31/2018	549	0	0	0	549
	$ 549	$ -	$ -	$ -	$ 549

ATTACHMENT 5

COVENANT HEALTH SYSTEM
FEIN: 75-2765566
FOR YEAR ENDED: DECEMBER 31, 2018
FORM 990-T

NET OPERATING LOSS (OUTREACH LAB SERVICES - 621511)

TAX YEAR	LOSS INCURRED	AMOUNT PREVIOUSLY USED	NOL CURRENTLY USED	CONVERTED CONTRIBUTIONS	BALANCE CARRYFORWARD
12/31/2018	726,155	0	0	0	726,155
	$ 726,155	$ -	$ -	$ -	$ 726,155

COVENANT HEALTH SYSTEM
FEIN: 75-2765566
FOR YEAR ENDED: DECEMBER 31, 2018
FORM 990-T

CHARITABLE CONTRIBUTIONS CARRYFORWARD SCHEDULE

TAX YEAR	CARRYFORWARD GENERATED	AMOUNT PREVIOUSLY USED	NOL CURRENTLY USED	CONVERTED CONTRIBUTIONS	BALANCE CARRYFORWARD
6/30/2015	452,500	0	0	0	452,500
6/30/2016	484,652	0	0	0	484,652
6/30/2017	480,000	0	0	(29,578)	450,422
12/31/2017	332,500	0	0	(20,526)	311,974
12/31/2018	623,215	0	0	0	623,215
	$ 2,372,867	$ -	$ -	$ (50,104)	$ 2,322,763

SCHEDULE O (Form 1120)
(Rev December 2018)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to *www irs gov/Form1120* for instructions and the latest information.

OMB No 1545-0123

Name	Employer identification number
COVENANT HEALTH SYSTEM	75-2765566

Part I Apportionment Plan Information

1 Type of controlled group
- a [ ] Parent-subsidiary group
- b [ ] Brother-sister group
- c [X] Combined group
- d [ ] Life insurance companies only

2 This corporation has been a member of this group
- a [X] For the entire year
- b [ ] From _____ , until _____

3 This corporation consents and represents to
- a [ ] Adopt an apportionment plan All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years
- b [X] Amend the current apportionment plan All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending 12/31/2018 , and for all succeeding tax years
- c [ ] Terminate the current apportionment plan and not adopt a new plan All the other members of this group are not adopting an apportionment plan
- d [ ] Terminate the current apportionment plan and adopt a new plan All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was
- a [ ] Elected by the component members of the group.
- b [X] Required for the component members of the group

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions)
- a [ ] No apportionment plan is in effect and none is being adopted
- b [ ] An apportionment plan is already in effect It was adopted for the tax year ending _____, and for all succeeding tax years

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions
- a [ ] Yes
  - (i) [ ] The statute of limitations for this year will expire on _____
  - (ii) [ ] On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____
- b [ ] No The members may not adopt or amend an apportionment plan

7 [ ] If the corporation has a short tax year that does not include December 31, check the box See instructions

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	95-1643327	2018-12	NONE	NONE	NONE
2	HOAG HOSPITAL FOUNDATION	95-3222343	2018-12	NONE	NONE	NONE
3	HOAG MANAGEMENT SERVICES, INC	33-0731587	2018-12	NONE	NONE	NONE
4	COASTAL PHYSICIANS PURCHASING GROUP, INC	33-0676831	2018-12	NONE	NONE	NONE
5	HMTS, INC	45-3583707	2018-12	NONE	NONE	NONE
6	ST JOSEPH PROFESSIONAL SERVICES ENTERPRISES	33-0155323	2018-12	NONE	NONE	NONE
7	QUEEN OF THE VALLEY MEDICAL CENTER	94-1243669	2018-12	NONE	NONE	NONE
8	ST JOSEPH HOSPITAL OF ORANGE	95-1643359	2018-12	NONE	NONE	NONE
9	ST MARY MEDICAL CENTER	95-1914489	2018-12	NONE	NONE	NONE
10	MISSION HOSPITAL REGIONAL MEDICAL CENTER	95-1643360	2018-12	NONE	NONE	NONE
Total				NONE	NONE	NONE

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	MISSION VIEJO MEDICAL VENTURES, INC	95-2837780	2018-12	NONE	NONE	NONE
2	METHODIST HOSPITAL LEVELLAND	75-2246348	2018-12	NONE	NONE	NONE
3	METHODIST HOSPITAL PLAINVIEW	75-2426010	2018-12	NONE	NONE	NONE
4	LUBBOCK METHODIST HOSPITAL SERVICES INC	75-2118585	2018-12	NONE	NONE	NONE
5	LUBBOCK METHODIST HOSP PRAC DBA MET HD MED GR	75-2578995	2018-12	NONE	NONE	NONE
6	METHODIST CHILDREN'S HOSPITAL	75-2428911	2018-12	NONE	NONE	NONE
7	COVENANT HEALTH SYSTEM	75-2765566	2018-12	NONE	NONE	NONE
8	ST JOSEPH HEALTH SYSTEM	95-3589356	2018-12	NONE	NONE	NONE
9	ST JOSEPH HEALTH	46-2340232	2018-12	NONE	NONE	NONE
10	ST JOSEPH HEALTH SOURCE, INC	46-1900168	2018-12	NONE	NONE	NONE
Total						

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	SANTA ROSA MEMORIAL HOSPITAL	94-1231005	2018-12	NONE	NONE	NONE
2	DATU HEALTH, INC & SUBSIDIARY	46-3070062	2018-12	NONE	NONE	NONE
3	PROVIDENCE HEALTH & SERVICES - OREGON	51-0216587	2018-12	NONE	NONE	NONE
4	PROVIDENCE HEALTH & SERVICES - WASHINGTON	51-0216586	2018-12	NONE	NONE	NONE
5	PROVIDENCE HEALTH & SERVICES - MONTANA	81-0231793	2018-12	NONE	NONE	NONE
6	PROVIDENCE HEALTH VENTURES INC	33-0122216	2018-12	NONE	NONE	NONE
7	SWEDISH HEALTH SERVICES	91-0433740	2018-12	NONE	NONE	NONE
8	INLAND NORTHWEST HEALTH SERVICES	91-1307555	2018-12	NONE	NONE	NONE
9	PROVIDENCE SAINT JOHN'S HEALTH CENTER	95-1684082	2018-12	NONE	NONE	NONE
10	PROVIDENCE HEALTH CARE VENTURES	90-0155714	2018-12	NONE	NONE	NONE
Total						

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	CARON CORPORATION	81-0486082	2018-12	NONE	NONE	NONE
2	PROVIDENCE HEALTH SYSTEM - SO CA	51-0216589	2018-12	NONE	NONE	NONE
3	PHN HOLDINGS	46-1814184	2018-12	NONE	NONE	NONE
4	PROVIDENCE HEALTH NETWORK	80-0886966	2018-12	NONE	NONE	NONE
5	WESTERN HEALTHCONNECT VENTURES INC	80-0953654	2018-12	NONE	NONE	NONE
6	PIONEER INNOVATIONS INC	36-4818191	2018-12	NONE	NONE	NONE
7	PROVIDENCE ST JOSEPH MEDICAL CENTER	81-0463482	2018-12	NONE	NONE	NONE
8	SWEDISH EDMONDS	27-2305304	2018-12	NONE	NONE	NONE
9	INSTITUTE OF SYSTEMS BIOLOGY	91-2003593	2018-12	NONE	NONE	NONE
10	VINSERRA INCORPORATED	95-3943315	2018-12	NONE	NONE	NONE
Total						

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	ST JOSEPH HERITAGE HEALTHCARE	33-0185031	2018-12	NONE	NONE	NONE
2	GRACE CLINIC SERVICES, INC	20-3857067	2018-12	NONE	NONE	NONE
3	GRACE CLINIC OF LUBBOCK	20-3856995	2018-12	NONE	NONE	NONE
4	LUMEDIC ACQUISITION CO INC	83-3881097	2018-12	NONE	NONE	NONE
5	AYIN HEALTH SOLUTIONS, INC	83-3037172	2018-12	NONE	NONE	NONE
6	COVENANT HEALTH SYSTEM FOUNDATION	75-2897026	2018-12	NONE	NONE	NONE
7	COVENANT HEALTH PARTNERS	46-3516417	2018-12	NONE	NONE	NONE
8	COVENANT MEDICAL GROUP	75-2743883	2018-12	NONE	NONE	NONE
9	HOSPICE OF LUBBOCK	75-2133781	2018-12	NONE	NONE	NONE
10	ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	81-4791043	2018-12	NONE	NONE	NONE
Total						

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	ST JUDE HOSPITAL, INC	95-1643325	2018-12	NONE	NONE	NONE
2	REDWOOD MEMORIAL HOSPITAL	94-1384665	2018-12	NONE	NONE	NONE
3	SRM HOSPITAL ALLIANCE SERVICES	68-0395200	2018-12	NONE	NONE	NONE
4	ST JOSEPH HOME CARE NETWORK	68-0331084	2018-12	NONE	NONE	NONE
5	ST JOSEPH HOSPITAL OF EUREKA	94-1156596	2018-12	NONE	NONE	NONE
6	PROVIDENCE ST VINCENT MEDICAL FOUNDATION	93-0575982	2018-12	NONE	NONE	NONE
7	FACEY MEDICAL FOUNDATION	95-4322584	2018-12	NONE	NONE	NONE
8	JOHN WAYNE CANCER INSTITUTE	95-4291515	2018-12	NONE	NONE	NONE
9	KADLEC REGIONAL MEDICAL CENTER	91-0655392	2018-12	NONE	NONE	NONE
10	PACMED CLINICS	56-2290878	2018-12	NONE	NONE	NONE
Total						

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	PROVIDENCE MEDICAL INSTITUTE	33-0283773	2018-12	NONE	NONE	NONE
2	PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION	81-4542216	2018-12	NONE	NONE	NONE
3	PROVIDENCE TRINITYCARE HOSPICE	95-3264139	2018-12	NONE	NONE	NONE
4	SEATTLE SCIENCE FOUNDATION	61-1502822	2018-12	NONE	NONE	NONE
5	PROVIDENCE ST JOSEPH HEALTH	81-1244422	2018-12	NONE	NONE	NONE
6	PROVIDENCE ASSURANCE INC	20-8194071	2018-12	NONE	NONE	NONE
7	UNIVERSITY OF PROVIDENCE	81-0231777	2018-12	NONE	NONE	NONE
8	PROVIDENCE ST PETER FOUNDATION	91-1097056	2018-12	NONE	NONE	NONE
9	KADLEC FOUNDATION	23-7005501	2018-12	NONE	NONE	NONE
10						
Total						