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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COVENANT HEALTH SYSTEM

Doing business as
COVENANT HEALTH

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1801 LIND AVE SW ATTN TAX DEPT

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

F Name and address of principal officer:
RICHARD PARKS
3615 19TH STREET
LUBBOCK, TX 794101203

D Employer identification number
75-2765566

E Telephone number
(806) 725-0000

G Gross receipts \$ 89,452,397

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.COVENANTHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: TX

Part I

Summary

Activities & Governance

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

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 18
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 739
6 Total number of volunteers (estimate if necessary) 6 85
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 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 7,068,430 4,350,923
9 Program service revenue (Part VIII, line 2g) 687,735,842 84,205,475
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,345,255 895,999
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 696,149,527 89,452,397

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,356,435 100,250
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) 214,581,900 34,418,511
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,201,941
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 466,486,741 50,868,065
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 686,425,076 85,386,826
19 Revenue less expenses. Subtract line 18 from line 12 9,724,451 4,065,571

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 716,587,857 143,533,032
21 Total liabilities (Part X, line 26) 254,415,449 192,136,243
22 Net assets or fund balances. Subtract line 21 from line 20 462,172,408 -48,603,211

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.

Sign Here

Signature of officer
JOHN A GRIGSON CFO
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 560 MISSION STREET SUITE 1600
SAN FRANCISCO, CA 94105

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 34-6565596
Phone no. (415) 894-8000

PTIN
P01286320

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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.

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 \$ 51,337,208 including grants of \$ 100,250) (Revenue \$ 84,205,475)
See Additional Data

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 ▶ 51,337,208

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	No
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	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	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	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
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	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
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	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
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	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
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	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	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	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	Yes
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	Yes
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	No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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:
 DYANA KERR 2107 OXFORD AVE LUBBOCK, TX 79410 (806) 725-5234

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 ☐

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, or 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.

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,912,362	4,777,832	1,315,419

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 49
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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					
	d	Related organizations	1d	4,350,923				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f		4,350,923				
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 622110	80,439,422	80,439,422			
	b	COVENANT SPECIALTY HOS	622110	1,409,716	1,409,716			
	c	MOB RENTAL REVENUE	531120	1,336,843	1,336,843			
	d	BILLING/MANAGEMENT FEE	541611	274,482	274,482			
	e							
	f	All other program service revenue.		745,012	745,012			
	g	Total. Add lines 2a-2f		84,205,475				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-23,053			-23,053	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real (ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	616,676 302,376				
	b	Less: cost or other basis and sales expenses		0 0				
	c	Gain or (loss)		616,676 302,376				
	d	Net gain or (loss)		919,052				919,052
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions		89,452,397	84,205,475	0		895,999	

Form 990 (2019)

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	100,250	100,250		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,176,905		1,176,905	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,620,077		1,620,077	
7 Other salaries and wages	27,754,725	17,163,484	10,591,241	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,467,287	873,750	593,537	
9 Other employee benefits	256,010	10,318	245,692	
10 Payroll taxes	2,143,507	1,274,276	869,231	
11 Fees for services (non-employees):				
a Management	8,356,483	8,354,593	1,890	
b Legal	2,747,985		2,747,985	
c Accounting	746		746	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	583		583	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,615,150	5,697,463	8,917,687	
12 Advertising and promotion	797,990	7,988	790,002	
13 Office expenses	2,776,989	2,668,835	107,247	907
14 Information technology				
15 Royalties				
16 Occupancy	7,845,676	7,643,367	202,309	
17 Travel	988,516	603,669	385,655	-808
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,044	16,359	46,687	1,998
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	408,555	315,582	92,973	
23 Insurance				
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 MEDICAL SUPPLIES	5,013,728	4,789,820	222,680	1,228
b OTHER DIRECT EXPENSES	4,163,617	47,308	1,918,026	2,198,283
c SYSTEM COST ALLOCATION	2,779,676	1,756,897	1,022,779	
d DUES & SUBSCRIPTION	307,327	13,249	293,745	333
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	85,386,826	51,337,208	31,847,677	2,201,941
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		42,108,107	1	40,707,793	
	2	Savings and temporary cash investments		11,490,191	2	523,244	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		67,580,247	4	19,439,692	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,250,120	8	0	
	9	Prepaid expenses and deferred charges		2,038,240	9	449,649	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	111,732,551			
	b	Less: accumulated depreciation	10b	50,452,582	408,772,723	10c	61,279,969
	11	Investments—publicly traded securities		46,168,365	11	0	
	12	Investments—other securities. See Part IV, line 11		3,363,590	12	0	
	13	Investments—program-related. See Part IV, line 11		106,925	13	0	
	14	Intangible assets		22,500,000	14	0	
	15	Other assets. See Part IV, line 11		103,209,349	15	21,132,685	
16	Total assets. Add lines 1 through 15 (must equal line 34)		716,587,857	16	143,533,032		
Liabilities	17	Accounts payable and accrued expenses		50,237,067	17	8,597,754	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		204,178,382	25	183,538,489	
	26	Total liabilities. Add lines 17 through 25		254,415,449	26	192,136,243	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		462,172,408	27	-48,603,211	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		462,172,408	32	-48,603,211		
33	Total liabilities and net assets/fund balances		716,587,857	33	143,533,032		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,452,397
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,386,826
3	Revenue less expenses. Subtract line 2 from line 1	3	4,065,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462,172,408
5	Net unrealized gains (losses) on investments	5	818
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-514,842,008
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-48,603,211

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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.	Yes	

Software ID:
Software Version:
EIN: 75-2765566
Name: COVENANT HEALTH SYSTEM

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O PROVIDENCE ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO FORM PROVIDENCE ST. JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER, PROVIDENCE 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 51 HOSPITALS, 1,085 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. 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. REALIZING OUR MISSION COVENANT HEALTH SYSTEM (COVENANT HEALTH) PROVIDES KEY COMMUNITY BENEFIT STRATEGY SUPPORT TO SEVEN LOCAL HOSPITALS ON COMMUNITY BENEFIT PLANNING, COMMUNITY HEALTH NEEDS ASSESSMENTS, AND INTERNAL AND EXTERNAL REPORTING. THIS WORK IS ACCOMPLISHED WITH VARIOUS KEY SYSTEM OFFICE DEPARTMENTS INCLUDING ADVOCACY, COMMUNITY OUTREACH, LEGAL AND STRATEGIC SERVICES. COVENANT HEALTH OVERSEES THE TEXAS/EASTERN NEW MEXICO REGION OF PROVIDENCE, ONE OF THE LARGEST TAX-EXEMPT HEALTH SYSTEMS IN THE U.S.. COVENANT HEALTH IS THE LARGEST AND MOST CLINICALLY INTEGRATED HEALTH NETWORK SERVING THE WEST TEXAS/EASTERN NEW MEXICO REGION. COVENANT'S CHRISTIAN MINISTRY OF HEALING SERVES A SIXTY-TWO COUNTY SERVICE AREA COVERING MORE THAN 30,000 SQUARE MILES AND 1.2 MILLION PEOPLE. OUR MISSION OF HEALING INCLUDES SEVEN HOSPITALS, MORE THAN 1,100 LICENSED BEDS, 5,000 CAREGIVERS, 350 OWNED OR ALIGNED PROVIDERS, AND MORE THAN 600 ADMITTING PHYSICIANS. COVENANT HEALTH DELIVERS ANNUALLY AN AVERAGE DAILY CENSUS OF MORE THAN 400 AT ITS HOSPITALS, MORE THAN 28,000 PATIENT DISCHARGES, AND MORE THAN 87,000 EMERGENCY ROOM VISITS. COVENANT IS THE MOST AWARDED HEALTH PROVIDER IN THE REGION BASED ON ANNUAL QUALITY AND SAFETY AWARDS FROM HEALTHGRADES AND US NEWS. MORE THAN A HEALTH SYSTEM, COVENANT HEALTH IS THE LARGEST PRIVATE EMPLOYER IN LUBBOCK AND THE SOUTH PLAINS PROVIDING MORE THAN \$1.1 BILLION IN ANNUAL ECONOMIC IMPACT TO THE COMMUNITIES IT SERVES AND IS CONSISTENTLY RATED AS ONE OF THE BEST PLACES TO WORK IN LUBBOCK. COVENANT IS COMMITTED TO OFFERING ACCESSIBLE, AFFORDABLE CARE TO LUBBOCK'S SURROUNDING AREAS WITH HOSPITALS AND SERVICES OFFERED BY COVENANT HOSPITAL LEVELLAND AND COVENANT HOSPITAL PLAINVIEW, AND COVENANT MEDICAL GROUP, A LARGE EMPLOYED PHYSICIAN GROUP COMPRISED OF APPROXIMATELY 200 PRIMARY CARE AND SPECIALIST PHYSICIANS ACROSS WEST TEXAS AND EASTERN NEW MEXICO. PROGRAM SERVICE ACCOMPLISHMENTS MENTAL/BEHAVIORAL HEALTH - COVENANT COMMUNITY OUTREACH COUNSELING CENTER PROVIDES COUNSELING SERVICES TO UNDERSERVED AND LOW-INCOME PERSONS IN OUR COMMUNITY OFFERING INDIVIDUAL, COUPLES AND FAMILY THERAPY TO PEOPLE OF ALL AGES. A PARTNERSHIP WAS FORMED WITH TEXAS TECH UNIVERSITY'S CENTER FOR ADOLESCENT RESILIENCY TO IMPLEMENT AND CO-FUND A PROGRAM WITHIN LUBBOCK INDEPENDENT SCHOOL DISTRICT TO PROVIDE FREE COUNSELING SERVICES AND IN-SCHOOL ADVOCATES FOR IDENTIFIED AT-RISK MIDDLE AND HIGH SCHOOL STUDENTS. A FREE MENTAL HEALTH FIRST AID COURSE WAS HOSTED BY COVENANT HEALTH FOR LOCAL SCHOOL POLICE OFFICERS. ADDITIONALLY, A COUNSELOR WAS ASSIGNED TO THE COVENANT LEVELLAND TO PROVIDE FREE COMMUNITY COUNSELING SERVICES WITH AN EMPHASIS ON SUICIDE PREVENTION. DIABETES WELLNESS AND PREVENTION COVENANT HEALTH OFFERS A FREE DIABETIC AND PREVENTION EDUCATION PROGRAM TO THE COMMUNITY. THIS INCLUDES A FULL TIME REGISTERED DIETITIAN AND CERTIFIED DIABETES EDUCATOR WHO IS DEDICATED TO DIABETES EDUCATION/PREVENTION AND GENERAL HEALTH /NUTRITION EDUCATION FOR ALL AGES. WE ALSO PARTNER WITH COVENANT MEDICAL GROUP WHICH PROVIDES A FULL-TIME REGISTERED NURSE AND A SECOND CERTIFIED DIABETES EDUCATOR WHO ALSO PROVIDE FREE EDUCATION. EDUCATION AND INTERVENTION PROGRAMMING WAS OFFERED MONTHLY AT CATHOLIC CHARITIES, LUBBOCK CHILDREN'S CLINIC AND AT THE COVENANT DIABETES EDUCATION CLINIC. THE HEALTH EDUCATION TEAM ALSO PARTICIPATED LOCAL IN HEALTH SCREENINGS AND HEALTH FAIRS THROUGH THE YEAR. COVENANT HEALTH ALSO FUNDED GO NODDLE PLUS BRINGING PROGRAMING TO 83 SCHOOLS, 1,892 TEACHERS AND 34,500 STUDENTS IN LUBBOCK, HALE AND HOCKLEY COUNTIES IN WEST TEXAS. ADDITIONALLY, COVENANT HEALTH PROVIDES SUBSTANTIAL FUNDING TO COMMUNITY PARTNER AGENCIES THROUGH THE WELLNESS AND PREVENTION GRANT PROGRAM ANNUALLY. DENTAL HEALTH - COMMUNITY OUTREACH DENTAL CLINIC SERVES LOW-INCOME FAMILIES OFFERING COMPREHENSIVE DENTAL CARE TO PATIENTS AGED 5 AND UP AND INCLUDES MOBILE DENTAL UNIT THAT SERVES PATIENTS IN A 75-MILE RADIUS OF LUBBOCK. COVENANT DENTAL PROVIDED DENTAL SEALANTS AND ORAL HEALTH SCREENINGS TO THIRD GRADERS IN THREE AREA SCHOOL DISTRICTS INCLUDING LEVELLAND, SUNDOWN AND LUBBOCK. 107 STUDENTS WERE SCREENED AND 105 SEALANT TREATMENTS WERE COMPLETED. THE DENTAL TEAM PARTICIPATED IN MULTIPLE HEALTH EDUCATION EVENTS AND EDUCATED OVER 500 CHILDREN ON ORAL HYGIENE. COVENANT HEALTH ALSO PROVIDED FUNDING TO THE SOUTH PLAINS COMMUNITY ACTION ASSOCIATION TO PROVIDE DENTAL SERVICES FOR LOW-INCOME CHILDREN IN THEIR HEAD START PROGRAM. EFFECTIVE FEBRUARY 1, 2018, COVENANT HEALTH ACQUIRED GRACE HEALTH SYSTEM TO CREATE THE MOST CLINICALLY INTEGRATED HEALTH NETWORK IN LUBBOCK, WEST TEXAS AND EASTERN NEW MEXICO. TOGETHER, COVENANT HEALTH SYSTEM IS ABLE TO DELIVER MORE EFFECTIVE CARE TO ITS COMMUNITY BY PROVIDING GREATER ACCESS TO SERVICES, PHYSICIANS AND INNOVATION IN THE DELIVERY OF HEALTH CARE. GRACE HEALTH SYSTEM INCLUDES GRACE CLINIC AND GRACE MEDICAL CENTER. GRACE HEALTH SYSTEM IS AN INNOVATIVE HEALTHCARE PROVIDER DEDICATED TO CLINICAL EXCELLENCE, DELIVERING AN ENJOYABLE PATIENT EXPERIENCE AND PROVIDING BEST VALUE. GRACE IS COMMITTED TO DELIVERING THE POSITIVE EFFECTS OF PREVENTIVE MEDICINE AND BELIEVES IN THE IMPORTANCE OF A STRONG PATIENT/DOCTOR RELATIONSHIP. GRACE WAS BUILT ON THE MISSION OF DELIVERING THE KIND OF CARE EACH OF US WANTS FOR OUR OWN FAMILY. FOR MORE INFORMATION ABOUT COVENANT MEDICAL CENTER, PLEASE VISIT [HTTPS://WWW.COVENANTHEALTH.ORG/](https://www.covenanthealth.org/) FOR MORE INFORMATION ABOUT GRACE MEDICAL CENTER, PLEASE VISIT [HTTPS://GRACEHEALTHSYSTEM.COM/](https://gracehealthsystem.com/) FOR MORE INFORMATION ABOUT PROVIDENCE ST. JOSEPH HEALTH, PLEASE VISIT [HTTPS://WWW.PSJHEALTH.ORG/](https://www.pshealth.org/) FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH, PLEASE VISIT [WWW.STJHS.ORG](http://www.stjhs.org).

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
RICHARD PARKS REG CE - WEST TX/EASTERN NM	24.00 28.00	X		X				0	1,263,188	247,209
CRAIG RHYNE MD FORMER REG CHIEF MEDICAL OFFICER	50.00 0.00						X	871,132	0	206,595
JOHN GRIGSON REGIONAL CHIEF FINANCIAL OFFICER	12.00 38.00			X				718,138	0	91,266
WALTER CATHEY CHIEF EXECUTIVE, COVENANT	20.00 40.00			X				53,894	612,750	121,311
KERRY HENDERSHOT MD BOARD MEMBER/COMMITTEE V CHAIR	2.00 48.00	X						0	645,989	34,091
BRIAN NICHOLSON MD BOARD MEMBER	2.00 48.00	X						0	623,439	35,465
PAUL ARRINGTON REG VP - STRATEGIC SVCS - SW (PT YR)	50.00 0.00					X		602,483	0	39,856
BRIAN SCHROEDER MD CMO, CMC	0.00 50.00					X		598,091	0	43,984
KAREN BAGGERLY FORMER VP CHIEF NURSING EXEC	0.00 50.00						X	41,863	450,928	69,920
JAMES KELLY SECRETARY/CHIEF GOVERNANCE OFFICER	20.00 30.00			X				0	466,782	91,121

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

(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			
ROBERT SALEM MD EXEC MEDICAL DIRECTOR	50.00 2.00					X		503,236	0	51,051
STEVEN BECK CHIEF ADMIN OFFICER-LB	50.00 0.00					X		444,181	0	53,516
CHRISTINE SHAVER FORMER VP CHIEF HR - COVHS	50.00 0.00						X	0	359,788	67,374
ROBERT TURNER VP MISSION INTEGRATION	24.00 26.00			X				274,656	89,113	44,106
KELLY MCDANIEL EXEC DIR, SUPPORT SERVICES	50.00 0.00					X		351,679	0	44,930
DYANA KERR FORMER CFO, SERVICE AREA COV	40.00 10.00						X	319,531	0	39,513
DAVID GRAY DO BOARD MEMBER/CHIEF OF STAFF CCH	2.00 48.00	X						0	265,855	30,461
SHARON PRATHER FORMER CHIEF GOVERNANCE OFFICER	19.00 31.00						X	133,478	0	3,650
BRIAN BRUENING MD BOARD MEMBER/BOARD VICE CHAIR	4.00 4.00	X		X				0	0	0
JIM GILBREATH BOARD MEMBER/BOARD CHAIR	5.00 5.00	X		X				0	0	0

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

[illegible]

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CHRISTY MCCLENDON BOARD MEMBER	4.00 4.00	X						0	0	0
KEITH MANN BOARD MEMBER	5.00 5.00	X						0	0	0
SISTER MARIAN SCHUBERT BOARD MEMBER	2.00 48.00	X						0	0	0
TRAVIS FUNK BOARD MEMBER	2.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COVENANT HEALTH SYSTEM

Employer identification number
75-2765566

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.)

- 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 **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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
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). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 75-2765566
Name: COVENANT HEALTH SYSTEM

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493318127820

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

2019

Open to Public Inspection

Name of the organization
COVENANT HEALTH SYSTEM

Employer identification number
75-2765566

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶

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:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		27,663,623		27,663,623
b Buildings		78,930,517	49,494,517	29,436,000
c Leasehold improvements		32,619	9,499	23,120
d Equipment		3,705,148	948,566	2,756,582
e Other		1,400,644		1,400,644
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				61,279,969

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) OTHER ASSETS	21,132,685
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	21,132,685

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	183,538,489

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.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COVENANT HEALTH SYSTEM

Employer identification number
75-2765566

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 17500.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			47,634	0	47,634	0.060 %
b Medicaid (from Worksheet 3, column a)			44,425	60,725	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			92,059	60,725	47,634	0.060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			0	0		
f Health professions education (from Worksheet 5)			0	0		
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0		
j Total. Other Benefits						
k Total. Add lines 7d and 7j			92,059	60,725	47,634	0.060 %

Part II

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

1

No

2

3

9a

Yes

9b

Yes

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

6

Enter Medicare allowable costs of care relating to payments on line 5

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

5

14,289,484

6

14,988,529

7

-699,045

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9a

Yes

9b

Yes

Part IV **Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 METHODIST DIAGNOSTIC	HEALTHCARE	60.000 %		40.000 %
2 2 COVENANT LONG-TERM CARE LP	HEALTHCARE	85.220 %		14.780 %
3 3 COVENANT HIGH PLAINS SURGERY CENTER LLC	HEALTHCARE	31.070 %		68.930 %
4 4 COVENANT REHABILITATION HOSPITAL OF LUBBOCK	HEALTHCARE	49.000 %		51.000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
COVENANT SPECIALTY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

COVENANT SPECIALTY HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☒ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

COVENANT SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

COVENANT SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 1 - COVENANT HIGH PLAINS SURGERY CTR LLC 10000 MEMORIAL DR STE 540 HOUSTON, TX 77024	SURGERY CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR. THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT. IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS.
PART I, LINE 6A:	COVENANT HEALTH PREPARES AN ANNUAL REPORT AS A SYSTEM WHICH INCLUDES COVENANT MEDICAL CENTER, COVENANT CHILDREN'S HOSPITAL AND COVENANT SPECIALTY HOSPITAL (JOINT VENTURE), AND IT IS PUBLICLY AVAILABLE AT HTTPS://WWW.COVENANTHEALTH.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM. THE ORGANIZATION'S COST ACCOUNTING SYSTEM ADDRESSED ALL PATIENT SEGMENTS.
PART I, LINE 7G:	NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE.
PART III, LINE 3:	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT. COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS RECEIVED A 100 PERCENT WRITE-OFF OF THE BALANCE DUE. AFTER THE RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	FOOTNOTE FROM THE PROVIDENCE ST. JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/2019: AS A RESULT OF ADOPTING ASU 2014-09, THE HEALTH SYSTEM CONTINUED TO MAINTAIN AN ALLOWANCE FOR BAD DEBTS RELATED TO PERFORMANCE OBLIGATIONS SATISFIED PRIOR TO JANUARY 1, 2018. THESE ACCOUNTS HAVE ALL BEEN FULLY RESOLVED, THEREFORE THE ALLOWANCE FOR BAD DEBTS HAS DECLINED TO \$0 AS OF DECEMBER 31, 2019. THE HEALTH SYSTEM PROVIDED FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE. THE HEALTH SYSTEM ESTIMATED THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS. THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS. THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM. THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.
PART III, LINE 8:	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	COVENANT HEALTH SYSTEM PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES. SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE. PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE. ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED. THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE.
PART VI, LINE 2:	NEEDS ASSESSMENTCOVENANT HEALTH AS PART OF ITS STRATEGIC PLANNING PROCESS DEVELOPS A FIVE-YEAR STRATEGIC PLAN WHICH ESTABLISHES A VISION FOR THE ORGANIZATION WHILE SETTING A GUIDE FOR THE ANNUAL STRATEGIC PLAN. AS PART OF THE PLANNING PROCESS, WE ANALYZE EXTERNAL MARKET INFORMATION (INCLUDING BUT NOT LIMITED TO POPULATION ESTIMATES, DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION, REGIONAL USE RATES AND MARKET UTILIZATION TREND ANALYSES) AND INTERNAL INFORMATION (INCLUDING BUT NOT LIMITED TO INPATIENT, OUTPATIENT/SAME DAY, AND EMERGENCY VISIT DATA BY PATIENT ORIGIN, BY AGE COHORTS, BY RACE AND ETHNICITY AND INCOME STRATA) TO BETTER UNDERSTAND THE NEEDS OF OUR PATIENTS AND COMMUNITY. THIS WORK IS USED TO DEVELOP SERVICE AND PHYSICIAN/PROVIDER NEED PROJECTIONS TO DETERMINE GAPS IN OUR COMMUNITY. AS A FAITH-BASED PROVIDER THIS INFORMATION ALSO IS USED TO DETERMINE NEEDS FOR THE UNDERSERVED AND VULNERABLE IN OUR COMMUNITY AND REGION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM. NOTICES WERE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL. NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE. THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA. ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE.
PART VI, LINE 4:	COMMUNITY INFORMATION COVENANT HEALTH'S TOTAL HOSPITAL SERVICE AREA INCLUDES 25 COUNTIES. THE MOST DENSE POPULATION OF THE TSA IS IN LUBBOCK COUNTY, AND APPROXIMATELY 100 PERCENT OF LUBBOCK COUNTY'S POPULATION IS WITHIN THE TSA. THE TOTAL HOSPITAL SERVICE AREA POPULATION IS 750,000 WITH A MEDIAN HOUSEHOLD INCOME OF \$45,365. THE TOTAL SERVICE HAS 34.6 PERCENT OF THE POPULATION WITH A HOUSEHOLD INCOME BELOW 200% FPL AND 24.5 PERCENT OF CHILDREN AND 10.8 PERCENT OF OLDER ADULTS LIVE BELOW 100% OF POVERTY LEVEL. WHEN LOOKING AT THE PRIMARY SERVICE AREA, 25.4 PERCENT OF THE POPULATION IS UNDER THE AGE OF 18 AND 13.2 OF THE POPULATION IS OVER THE AGE OF 65. LUBBOCK COUNTY DEMOGRAPHICS INCLUDE: 54% WHITE NON-HISPANIC, 35% HISPANIC/LATINO, 2.4% ASIAN/PACIFIC ISLANDER, 7.8% AFRICAN AMERICAN, 1% NATIVE AMERICAN. COVENANT HEALTH'S TOTAL SERVICE AREA INCLUDES: 43.9% HISPANIC/LATINO, 47.8% WHITE NON-HISPANIC, 5% AFRICAN AMERICAN, 1.4% ASIAN/PACIFIC ISLANDER, 0.5% NATIVE AMERICAN. THE FOLLOWING ZIP CODES HAVE HIGH LEVELS OF POVERTY: 79401, 79411, 79404, 79415, 79403, 79412, 79064, 79041, 79357, 79410, 79339, 79316, 79414, 79072, 79241. OTHER HOSPITALS IN THE TSA INCLUDE: COCHRAN MEMORIAL HOSPITAL, CROSBYTON CLINIC HOSPITAL, MEDICAL ARTS HOSPITAL, W.J. MANGOLD MEMORIAL HOSPITAL, MEMORIAL HOSPITAL, YOAKUM COUNTY HOSPITAL, COVENANT HEALTH - PLAINVIEW, COVENANT HEALTH - LEVELL, LANDLAMB HEALTHCARE CENTER, COVENANT MEDICAL CENTER, COVENANT CHILDREN'S HOSPITAL, LUBBOCK HEART HOSPITAL, GRACE HOSPITAL, UNIVERSITY MEDICAL CENTER, LYNN COUNTY HOSPITAL, DISTRICT BROWNFIELD REGIONAL MEDICAL CENTER, YOAKUM COUNTY HOSPITAL, COGDELL MEMORIAL HOSPITAL, PLAINS REGIONAL MEDICAL CENTER, LEA REGIONAL MEDICAL CENTER, NOR-LEA GENERAL HOSPITAL, HEALTH PROFESSIONS SHORTAGE AREA - MENTAL, DENTAL, OTHER, THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SHORTAGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS. THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHICS (I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE HEALTH CENTERS). COVENANT HEALTH IS LOCATED IN A SHORTAGE AREA, THE MAJORITY OF THE TOTAL SERVICE AREA IS DESIGNATED AS SHORTAGE AREAS. MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA/MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES. THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED. MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE." MEDICALLY UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES. MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY. THE MAJORITY OF THE COVENANT HEALTH SERVICE AREA, IS LOCATED IN A MEDICALLY UNDERSERVED AREA/MEDICALLY UNDERSERVED POPULATIONS AREA, SIGNIFYING THE IMPORTANCE OF COVENANT MEDICAL CENTER TO THE COMMUNITY IT SERVES. FOR MORE INFORMATION, GO TO THE COVENANT HEALTH'S COMMUNITY BENEFIT REPORT POSTED AT HTTPS://WWW.COVENANTHEALTH.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHCOVENANT CHILDREN'S PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE. COVENANT HEALTH IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY. THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS:1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES2) OPEN MEDICAL STAFF3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS.SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.
PART VI, LINE 6:	AFFILIATED HEALTH CARE SYSTEMON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (LEGACY PHS) AND ST. JOSEPH HEALTH SYSTEM (LEGACY SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY COMING TOGETHER, PROVIDENCE 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 51 HOSPITALS AND OVER 1,085 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TX

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	THE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH THE CHNA PROCESS AND ARE LISTED IN RANK ORDER (PRIORITIZED).

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 4 AND 8	THE FILING ORGANIZATION COMPLETED A CHNA PRIOR TO ITS JUNE 30, 2017 YEAR END. DURING 2017, THE FILING ORGANIZATION CHANGED ITS TAX YEAR END FROM JUNE 30 TO DECEMBER 31 IN 2017. AS A RESULT OF THIS CHANGE, A SHORT PERIOD TAX RETURN WAS FILED FOR THE PERIOD JULY 1, 2017 TO DECEMBER 31, 2017. THE FILING ORGANIZATION ADOPTED A CHNA FOR TAX YEAR 2019 AND WHILE ALL OF THE STEPS WERE COMPLETED PRIOR TO THE FILING OF THIS RETURN, THEY WERE NOT COMPLETED BY DECEMBER 31, 2019. THE COMPLETION OF THE CHNA AFTER DECEMBER 31, 2019 IS NOT AN IRC 501(R) FAILURE PURSUANT TO SECTION 1.501(R)-2(B) OF THE REGULATIONS BECAUSE IT WAS MINOR, INADVERTENT AND DUE TO REASONABLE CAUSE, AND HAS BEEN CORRECTED. IT WAS MINOR BECAUSE IT WAS A SINGLE TIMING ERROR BY A FILING ORGANIZATION OTHERWISE COMPLIANT WITH SECTION 501(R). IT WAS INADVERTENT AND DUE TO REASONABLE CAUSE BECAUSE THE SAME ERROR HAS NOT BEEN MADE PREVIOUSLY AND THE FILING ORGANIZATION HAS AN ESTABLISHED PROCESS FOR COMPLETING CHNAS. THE FILING ORGANIZATION IS AFFILIATED WITH A LARGE HEALTH SYSTEM WHERE THE COMPLETION OF THE CHNA IS COORDINATED ON A SYSTEM-WIDE LEVEL BY A TEAM DEDICATED TO COMMUNITY HEALTH IMPROVEMENT. IT HAS BEEN CORRECTED THROUGH THE COMPLETION OF THE CHNA PRIOR TO FILING THE 2019 FORM 990 AND BY MAKING THE RESULTS OF THE 2019 CHNA WIDELY AVAILABLE.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM COMMUNITY REPRESENTATIVES THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORMS: COMMUNITY RESIDENT FOCUS GROUPS, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, AND A COMMUNITY FORUM. EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY COVENANT HEALTH. WE DEVELOPED A PROTOCOL (NOTED IN CHNA APPENDIX 3B, POSTED ON THE COVENANT WEBSITE) FOR EACH GROUP TO ENSURE CONSISTENCY ACROSS INDIVIDUAL FOCUS GROUPS, ALTHOUGH THE FACILITATORS HAD SOME DISCRETION ON ASKING FOLLOW-UP QUESTIONS OR PROBES AS THEY SAW FIT. INVITATION AND RECRUITMENT PROCEDURES VARIED FOR EACH TYPE OF GROUP. CHNA APPENDIX 3, AVAILABLE ONLINE, ON COVENANT HEALTH WEBSITE, INCLUDES A FULL REPORT OF THE COMMUNITY INPUT PROCESS AND FINDINGS ALONG WITH DESCRIPTIONS OF THE PARTICIPANTS. RESIDENT FOCUS GROUPS:FOR COMMUNITY RESIDENT GROUPS, COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMITTEES AND THE SYSTEM OFFICE, IDENTIFIED GEOGRAPHIC AREAS WHERE DATA SUGGESTED THERE WERE SIGNIFICANT HEALTH, PHYSICAL ENVIRONMENT, AND SOCIOECONOMIC CONCERNS. THIS PROCESS ALSO IDENTIFIED THE LANGUAGE NEEDS OF THE COMMUNITY, WHICH DETERMINED THE LANGUAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED. COMMUNITY BENEFIT STAFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FOR AND HOST THE FOCUS GROUPS. THE COMMUNITY-BASED ORGANIZATION DEVELOPED AN INVITATION LIST USING THEIR CONTACTS AND KNOWLEDGE OF THE AREA, AND PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME. DESCRIPTION OF MEDICALLY UNDERSERVED, LOW INCOME AND/OR MINORITY POPULATIONS REPRESENTED IN COMMUNITY INPUT PROCESS:TWO CONSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACILITATORS AND NOTE TAKERS. THESE CONSULTANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY TO ENSURE CANDOR FROM THE PARTICIPANTS.THE DEMOGRAPHICS OF THE RESIDENT FOCUS GROUPS ARE AS FOLLOWS:FEMALE - 81%MALE - 19% RACE/ETHNICITY:HISPANIC/LATINO - 69%NON-LATINO WHITE - 15%BLACK/AFRICAN-AMERICAN - 12%NATIVE AMERICAN 4%CHRONIC CONDITIONS:PERSON WITH CHRONIC CONDITIONS OR A LEADER OR REPRESENTATIVE OF INDIVIDUALS WITH CHRONIC CONDITIONS - 58%INCOME:TOTAL HOUSEHOLD INCOME BEFORE TAXES LESS THAN \$20,000 - 68%.NONPROFIT & GOVERNMENT STAKEHOLDER FOCUS GROUP:FOR THE NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FROM ORGANIZATIONS THAT SERVE DIVERSE CONSTITUENCIES WITHIN THE HOSPITAL'S SERVICE AREA. MINISTRY STAFF SOUGHT TO INVITE ORGANIZATIONS WITH WHICH THEY HAD EXISTING RELATIONSHIPS, BUT ALSO USED THE FOCUS GROUP AS AN OPPORTUNITY TO BUILD NEW RELATIONSHIPS WITH STAKEHOLDERS. PARTICIPANTS WERE NOT GIVEN A MONETARY INCENTIVE FOR ATTENDANCE. AS WITH THE RESIDENT FOCUS GROUPS, THIS GROUP WAS FACILITATED BY OUTSIDE CONSULTANTS WITHOUT A DIRECT LINK TO ST. JOSE PH HEALTH. RESIDENT COMMUNITY FORUM:RECRUITMENT FOR THE COMMUNITY RESIDENT FORUM WAS MUCH BROADER TO ENCOURAGE AS MANY PEOPLE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	OPLE AS POSSIBLE TO ATTEND THE SESSION. COMMUNITY BENEFIT STAFF PUBLICIZED THE EVENT THROU GH FLYERS AND EMAILS USING THEIR EXISTING OUTREACH NETWORKS, AND ALSO ASKED THEIR PARTNER ORGANIZATIONS TO INVITE AND RECRUIT PARTICIPANTS. NO FORMAL INVITATION LIST WAS USED FOR T HE FORUMS AND ANYONE WHO WISHED TO ATTEND WAS WELCOMED. THE FORUM WAS CONDUCTED BY AN OUTS IDE CONSULTANT IN ENGLISH, WITH SIMULTANEOUS SPANISH LANGUAGE TRANSLATION FOR ANYONE WHO R EQUESTED IT.WHILE THE FOCUS GROUPS FOLLOWED A SIMILAR PROTOCOL TO EACH OTHER IN WHICH FIVE TO SIX QUESTIONS WERE ASKED OF THE GROUP, THE FORUM FOLLOWED A DIFFERENT PROCESS. THE LEA D FACILITATOR SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO FAR AND AS KED THE PARTICIPANTS TO COMMENT ON THEM AND ADD ANY OTHER CONCERNS. ONCE THE DISCUSSION WA S COMPLETE, THE PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS. THROUGH THIS PROCESS, THE FORUM SERVED AS SOMETHING OF A "CAPSTO NE" TO THE COMMUNITY INPUT PROCESS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	CHNA HOSPITAL FACILITIES THE NEEDS ASSESSMENT WAS CONDUCTED AS A COLLABORATIVE EFFORT BETWEEN THE FOLLOWING COVENANT HEALTH ENTITIES: COVENANT HEALTH MEDICAL CENTER, COVENANT HEALTH CHILDREN'S, COVENANT HEALTH PLAINVIEW, COVENANT HEALTH LEVELLAND AND COVENANT SPECIALTY HOSPITAL (JOINT VENTURE). THESE FACILITIES ARE REFERRED TO COLLECTIVELY AS COVENANT HEALTH AND ALL SERVE THE SAME GEOGRAPHIC SERVICE AREA OF WEST TEXAS AND EASTERN NEW MEXICO.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	THE CHNA FOR COVENANT HEALTH SYSTEM CAN BE FOUND ON ITS WEBSITE AT HTTPS://WWW.COVENANTHEALTH.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	HTTPS://WWW.COVENANTHEALTH.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	COVENANT HEALTH IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTNERS TO ADDRESS SIGNIFICANT HEALTH NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. COVENANT HEALTH'S COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORT FOCUSES ON THREE AREAS, MENTAL/BEHAVIORAL HEALTH, DIABETES PREVENTION AND INTERVENTION, AND DENTAL HEALTH.BELOW IS A HIGH-LEVEL SUMMARY OF THE CB PLAN/IMPLEMENTATION STRATEGY REPORT:MENTAL/BEHAVIORAL HEALTH - WORK WITH COMMUNITY PARTNERS TO EXPAND AND INVESTIGATE CREATIVE SOLUTIONS ACCESS TO CARE, TO CREATE COMMUNITY RESILIENCE, REDUCE DEPRESSION AND ANXIETY, AND EXPAND SUBSTANCE ABUSE (INCLUDING ALCOHOL) PREVENTION/INTERVENTION INITIATIVES THROUGH EITHERDIRECT PROGRAMMING OR FINANCIAL SUPPORT OF PARTNER AGENCIES. IN FY19 ADDITIONAL ONSITE COUNSELING SERVICES WERE ADDED AT THE LEGACY HOME FOR WOMEN; WORKED WITH THE YWCA TO ESTABLISH COUNSELING SERVICES ONSITE FOR CHILDREN AND FAMILIES; OFFERED FREE MENTAL HEALTH FIRST AID TRAINING TO THE COMMUNITY; FUNDED AND SUPPORTED COMMUNITY ADVOCACY PROGRAM FOR LUBBOCK ISD STUDENTS AT RISK.DIABETES PREVENTION AND INTERVENTION - EXPAND CURRENT OUTREACH TO INCLUDE MORE INNOVATIVE APPROACHES TO PREVENTION WITH EMPHASIS ON EARLY INTERVENTIONS WITH CHILDREN AND FAMILIES, COLLABORATE WITH INTERNAL AND EXTERNAL PARTNERS TO IMPLEMENT EVIDENCE BASED PRACTICES, AND INCREASE ACCESS TO MEDICATION. INCLUDING FOCUS ON PREVENTIVE LIFESTYLE ISSUES SUCH AS OBESITY REDUCTION, UNHEALTHY LIFESTYLES, FOOD CHOICES AND EXERCISE. EXPANDED AND/OR ADDED SERVICES TO THE DREAM CENTER, LEGACY HOME FOR WOMEN, CATHOLIC CHARITIES, THE LUBBOCK CHILDRENS HEALTH CLINIC; FUNDED GO NOODLE PLUS FOR ALL SCHOOLS WITHIN LUBBOCK, PLAINVIEW AND LEVELLAND SERVICES AREA; ADDED GO NOODLE PLUS TO LEA COUNTY.DENTAL HEALTH - ENHANCE CURRENT OUTREACH PRACTICES TO INCLUDE MORE EARLY INTERVENTION WITH CHILDREN AND NEW PARENTS, INCREASE SCHOOL PARTNERSHIPS AND EXPLORE WAYS TO CONTINUE TO IMPROVE ACCESS TO SERVICES. COMPLETED DENTAL SEALANT CLINICS AT LOW INCOME SCHOOLS IN THE REGION; PARTICIPATED IN ELEMENTARY SCHOOL HEALTH FAIRS IN LUBBOCK AND IN THE SURROUNDING REGION; ADDED FIXED SITE DENTAL CLINIC IN PLAINVIEW; TREATED LOW-INCOME AND UNINSURED CHILDREN IN FIXED SITE LUBBOCK DENTAL OUTREACH CLINIC.NEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAMTHE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MINISTRY CHINA ARE NOT ADDRESSED THROUGH DIRECT ONGOING HOSPITAL PROGRAMMING HOWEVER ARE ADDRESSED BY COVENANT HEALTH COMMUNITY PARTNERSHIPS:RESOURCE AWARENESS, POVERTY, TEEN PREGNANCY AND CRIME AND FOOD INSECURITYCOVENANT HEALTH PARTNERS WITH AND PROVIDES FUNDING TO SEVERAL ORGANIZATIONS THAT PROVIDE SERVICES IN THESE AREAS, INCLUDING BUT NOT LIMITED TO CATHOLIC CHARITIES, LOCAL FQHC'S, THE SOUTH PLAINS FOOD BANK, YWCA, WOMEN'S PROTECTIVE SERVICES, MEALS ON WHEELS, AND FAMILY GUIDANCE AND OUTREACH CENTER. WE ALSO HAVE BEGUN HOSTING AN ANNUAL CHILD ABUSE PREVENTION SUMMIT AND HAVE AN INTERNAL FOOD PANTRY FOR PATIENT'S FAMILIES IN NEED.WE ARE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	COMMITTED TO CONTINUE OUR MISSION THROUGH COMMUNITY BENEFIT PROGRAM AND BY FUNDING OTHER LOCAL NON-PROFITS THROUGH OUR WELLNESS AND PREVENTION GRANTS FUNDED THROUGH OUR CARE FOR THE POOR DOLLARS AND MANAGED BY COVENANT HEALTH COMMUNITY OUTREACH. IN ADDITION, WE COLLABORATE WITH LOCAL ORGANIZATION(S) AND LOCAL FEDERALLY QUALIFIED HEALTH CLINICS THAT ADDRESS A FOREMENTIONED COMMUNITY NEEDS TO COORDINATE CARE.FOR MORE INFORMATION ON THE KEY STRATEGIES FOR ADDRESSING THIS HEALTH NEEDS GO TO THE COVENANT HEALTH CB PLAN LOCATED AVAILABLE ONLINE AT HTTPS://WWW.COVENANTHEALTH.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A	HTTPS://WWW.COVENANTHEALTH.ORG/DOCUMENTS/PATIENT-FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-POLICY-SJH-TX.ENGLISH_7.20.PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B	HTTPS://WWW.COVENANTHEALTH.ORG/DOCUMENTS/PATIENT-FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-APPLICATION-SJH-TX.ENGLISH.PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C	HTTPS://WWW.COVENANTHEALTH.ORG/PATIENTS-AND-VISITORS/FOR-PATIENTS/BILLING-AND-PAYMENTS/PATIENT-FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY. THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP) WEBSITE. IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS. INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS TO PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES. NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON REQUEST. WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA.

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
COVENANT HEALTH SYSTEM

Employer identification number
75-2765566

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(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) LUBBOCK AREA UNITED WAY 1655 MAIN STREET SUITE 101 LUBBOCK, TX 74901	75-0961812	501(C)(3)	100,000				GENERAL SUPPORT

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(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.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE APPLICATION FOR SUPPORT, A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS REQUESTED. IF THE APPLICATION FOR SUPPORT IS APPROVED, A LETTER IS SENT INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR. GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS AS THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE. OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization COVENANT HEALTH SYSTEM		Employer identification number 75-2765566

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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., 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, 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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	No
b Any related organization?		5b	No
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	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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 are not listed on Form 990, Part VII.

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT OFFICIAL THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN 2019: PAUL ARRINGTON - \$175,729 ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. NO INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR.
PART I, LINE 7	NON-FIXED PAYMENTS THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF CARE THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST, AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE PRACTICES IN THE INDUSTRY.

Additional Data

Software ID:
Software Version:
EIN: 75-2765566
Name: COVENANT HEALTH SYSTEM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1RICHARD PARKS REG CE - WEST TX/EASTERN NM	(i)	0	0	0	0	0	0	0
	(ii)	797,406	453,878	11,904	216,500	30,709	1,510,397	0
1CRAIG RHYNE MD FORMER REG CHIEF MEDICAL OFFICER	(i)	610,380	241,893	18,859	180,103	26,492	1,077,727	0
	(ii)	0	0	0	0	0	0	0
2JOHN GRIGSON REGIONAL CHIEF FINANCIAL OFFICER	(i)	509,152	197,097	11,889	61,357	29,909	809,404	0
	(ii)	0	0	0	0	0	0	0
3WALTER CATHEY CHIEF EXECUTIVE, COVENANT	(i)	53,259	36	599	5,429	3,739	63,062	0
	(ii)	381,252	227,243	4,255	83,857	28,286	724,893	0
4KERRY HENDERSHOT MD BOARD MEMBER/COMMITTEE V CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	361,963	275,954	8,072	10,000	24,091	680,080	0
5BRIAN NICHOLSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	404,394	211,704	7,341	7,333	28,132	658,904	0
6PAUL ARRINGTON REG VP - STRATEGIC SVCS - SW (PT YR)	(i)	261,509	141,726	199,248	11,200	28,656	642,339	0
	(ii)	0	0	0	0	0	0	0
7BRIAN SCHROEDER MD CMO, CMC	(i)	413,399	176,840	7,852	11,200	32,784	642,075	0
	(ii)	0	0	0	0	0	0	0
8KAREN BAGGERLY FORMER VP CHIEF NURSING EXEC	(i)	40,316	35	1,512	2,381	1,934	46,178	0
	(ii)	304,734	134,804	11,390	50,846	14,759	516,533	0
9JAMES KELLY SECRETARY/CHIEF GOVERNANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	327,532	135,680	3,570	65,128	25,993	557,903	0
10ROBERT SALEM MD EXEC MEDICAL DIRECTOR	(i)	355,810	140,485	6,941	25,200	25,851	554,287	0
	(ii)	0	0	0	0	0	0	0
11STEVEN BECK CHIEF ADMIN OFFICER-LB	(i)	302,354	133,653	8,174	25,200	28,316	497,697	0
	(ii)	0	0	0	0	0	0	0
12CHRISTINE SHAVER FORMER VP CHIEF HR - COVHS	(i)	0	0	0	0	0	0	0
	(ii)	232,429	121,785	5,574	45,590	21,784	427,162	0
13ROBERT TURNER VP MISSION INTEGRATION	(i)	163,300	107,374	3,982	7,171	22,612	304,439	0
	(ii)	87,005	34	2,074	3,658	10,665	103,436	0
14KELLY MCDANIEL EXEC DIR, SUPPORT SERVICES	(i)	246,834	100,549	4,296	23,464	21,466	396,609	0
	(ii)	0	0	0	0	0	0	0
15DYANA KERR FORMER CFO, SERVICE AREA COV	(i)	230,799	86,473	2,259	16,622	22,891	359,044	0
	(ii)	0	0	0	0	0	0	0
16DAVID GRAY DO BOARD MEMBER/CHIEF OF STAFF CCH	(i)	0	0	0	0	0	0	0
	(ii)	192,018	37,994	35,843	10,000	20,461	296,316	0
17SHARON PRATHER FORMER CHIEF GOVERNANCE OFFICER	(i)	16,703	116,129	646	1,762	1,888	137,128	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
COVENANT HEALTH SYSTEM

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

75-2765566

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	COVENANT HEALTH SYSTEM TRANSFERRED THE OPERATIONS OF ITS ACUTE CARE HOSPITAL, COVENANT MEDICAL CENTER, TO A NEWLY FORMED TAX-EXEMPT SUBSIDIARY, COVENANT MEDICAL CENTER (EIN: 82-2913146). ALL OF THE SERVICES THAT WERE PROVIDED BY THIS ACUTE CARE HOSPITAL WHILE OPERATED BY COVENANT HEALTH SYSTEM ARE STILL PROVIDED TO THE COMMUNITY IN THE SAME MANNER, HOWEVER, THE SERVICES ARE NOW PROVIDED DIRECTLY BY COVENANT MEDICAL CENTER AND HAVE BEEN REPORTED ON ITS FORM 990.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 15	INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF THE RELATED ORGANIZATION. IT IS THE INTENTION OF PROVIDENCE AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE EMPLOYEES OF A RELATED ORGANIZATION WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION. THE RELATED ORGANIZATION COMMON LAW EMPLOYEES ARE INCLUDED IN THE RELATED ORGANIZATIONS SECTION 4960 TAX ANALYSIS AND REPORTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS ST. JOSEPH HEALTH SYSTEM AND LUBBOCK METHODIST HOSPITAL SYSTEM ARE THE CORPORATE MEMBERS OF COVENANT HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS COVENANT HEALTH SYSTEM HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE COVENANT HEALTH SYSTEM BOARD. ALL TRUSTEE APPOINTMENTS THAT COME FROM THE COVENANT HEALTH SYSTEM BOARD AS NOMINATIONS MUST BE APPROVED BY THE ST. JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER, AND THE ST. JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR. THE ST. JOSEPH HEALTH SYSTEM MEMBER APPROVES 50% OF THE BOARD NOMINATIONS, PLUS THE VOTING CEO. THE LUBBOCK METHODIST HEALTH SYSTEM APPROVES THE OTHER 50% OF BOARD NOMINATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST. JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS. THE CORPORATE MEMBER, ST. JOSEPH HEALTH SYSTEM MEMBER, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY 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, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY. ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/ EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT MEMBER, ST. JOSEPH HEALTH SYSTEM, IS DISCLOSE D AS A PERSON PAID BY A RELATED ORGANIZATION. IT IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGH T INTO HOW PROVIDENCE ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCE S, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PA RAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FO R TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. PROVIDENCE HAS A SINGLE FIDUCIARY BOARD, WIT H RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MIS SION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL ENTITIES. PROVIDENC E ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF C ARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROVIDENCE H AS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR EXECUTIVES, INCLUDING ALL OF FICERS. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COM PENSATION COMMITTEE, WHICH IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OUTSI DE, INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS, THAT NO MEMB ER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY EXECUTIVE WHOSE COMPENSATION IS R VIEWED BY THE COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONS ULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN T HE 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 IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXE CUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE SUBSTANTIA LLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING A SIMILAR AMOUNT OF ANNUA L NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE OFTEN LOOKS TO GENERAL INDUSTRY FOR LEADE RS IN CERTAIN FUNCTIONAL AREAS, PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE GENER ALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE SALARIES IN THE DAT A ARE LOWER AND HALF THE SALARIES IN THE DATA ARE HIGHER), AS IDENTIFIED BY THE INDEPENDEN T CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT/CEO UTI LIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVAL UATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INC LUDES A RIGOROUS ANALYSIS OF T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	HOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE'S 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 SETTING, REVIEWING AND APPROVING EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL COMPENSATION IS CONSIDERED REASONABLE) AND REFLECTS BEST GOVERNANCE PRACTICES IN THE INDUSTRY. THE PROCESS WAS LAST COMPLETED IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PROVIDENCE INTERNET SITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	AGENCY & CONTRACT LABOR: PROGRAM SERVICE EXPENSES 161,843. MANAGEMENT AND GENERAL EXPENSES 180,445. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 342,288. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 19,559. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 19,559. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 1,399,143. MANAGEMENT AND GENERAL EXPENSES 6,892,923. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,292,066. MEDICAL DIRECTOR & MED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 265,051. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 265,051. REPAIRS & MAINTENANCE: PROGRAM SERVICE EXPENSES 3,851,867. MANAGEMENT AND GENERAL EXPENSES 1,844,319. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,696,186.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGANIZATIONS -472,348,073. CHANGE IN EQUITY RELATED TO INVESTMENTS -41,084,219. K-1 INCOME FROM JV -1,409,716.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COVENANT HEALTH SYSTEM

Employer identification number
75-2765566

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) CHS HOLDING GP LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-5477307	HEALTHCARE	TX	0	0	CHS
(2) COVENANT LTC-GP LLC 1802 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-5477333	HEALTHCARE	TX	0	0	CHS
(3) GRACE CLINIC HOLDINGS LLC 1803 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-3857168	HEALTHCARE	TX	274,482	23,142,501	CHS
(4) GRACE FINANCE LLC 1804 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	0	0	CHS

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.

See Additional Data Table

(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	No

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.

See Additional Data Table

(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?		(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	

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.

See Additional Data Table

(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	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-2765566
Name: COVENANT HEALTH SYSTEM

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

(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS. CARE	WA	501(C)(3)	10	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
2081 BUSINESS CENTER DR STE 195 NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7005501	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0093565	HEALTHCARE	AK	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1554288	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3078543	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0143024	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-4171900	SHELL CORPORATION	WA	501(C)(3)	12,II	PHS W WA	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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	No
1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC.	WA	N/A	C					No
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE BD	CAPTIVE INSURANCE	BD	N/A	C					No
AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3037172	HEALTHCARE	DE	N/A	C					No
BLUETREE NETWORK INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	N/A	C					No
BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	N/A	C					No
CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MED PHYS SVCS	MT	N/A	C					No
COMMUNITY TECHNOLOGIES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4722399	IT SVCS	DE	N/A	C					No
DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3070062	IT SVCS	DE	N/A	C					No
ENGAGE IT SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4058573	IT SVCS	DE	N/A	C					No
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	N/A	C					No
HOAG PHYSICIAN PARTNERS 16148 SAND CANYON AVE IRVINE, CA 92618 83-4276044	HEALTHCARE	CA	N/A	C					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	CHS	C		531,170	100.000 %	Yes	
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	CHS	C	1,346,197	33,214,729	100.000 %	Yes	
LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3881097	HEALTHCARE	WA	N/A	C					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	N/A	C					No

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								Yes	No
PERFORMANCE HEALTH TECHNOLOGY LTD 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302 93-1211733	HEALTHCARE	OR	N/A	C					No
MEDIREVV INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8783763	HEALTHCARE	DE	N/A	C					No
PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRAT PLAN SVCS	CA	N/A	C					No
PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 36-4818191	HEALTH INNOVATNS	WA	N/A	C					No
PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C					No
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	N/A	C					No
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 90-0155714	CLIN/MED LAB	WA	N/A	C					No
PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTH	CA	N/A	C					No
PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0122216	INVESTMENT	CA	N/A	C					No
PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1216033	HEALTHCARE	WA	N/A	C					No
PROVIDENCE RCM GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE SERVICES GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	N/A	C					No
ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	N/A	C					No
ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	N/A	C					No
ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	CA	N/A	C					No

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								Yes	No
VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENTS	CA	N/A	C					No
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0953654	INVESTMENTS	WA	N/A	C					No
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	N/A	S					No
GRADY BLOCKER LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOSEPH HEALTH FOUNDATION	B	7,911,600	COST
ST JOSEPH HEALTH FOUNDATION	C	2,622,906	COST
COVENANT CHILDREN'S HOSPITAL	J	1,547,145	COST
COVENANT MEDICAL CENTER	J	26,650,567	COST
COVENANT MEDICAL GROUP	J	9,256,004	COST
COVENANT MEDICAL CENTER	J	26,650,567	COST
COVENANT MEDICAL CENTER	L	657,533	COST
COVENANT HEALTH SYSTEM FOUNDATION	L	111,627	COST
COVENANT HEALTH SYSTEM FOUNDATION	L	2,312,527	COST
COVENANT MEDICAL CENTER	M	657,532	COST
COVENANT HEALTH SYSTEM FOUNDATION	M	1,133,018	COST
COVENANT HEALTH PARTNERS	M	13,082,350	COST
COVENANT MEDICAL CENTER	O	767,959	COST
COVENANT MEDICAL CENTER	O	762,000	COST
COVENANT CHILDREN'S HOSPITAL	P	48,851,031	COST
COVENANT CHILDREN'S HOSPITAL	P	29,276,147	COST
COVENANT HOSPITAL PLAINVIEW	P	3,432,470	COST
ST JOSEPH HEALTH SYSTEM	P	257,270,879	COST
COVENANT HEALTH SYSTEM FOUNDATION	P	452,192	COST
COVENANT HOSPITAL LEVELLAND	P	3,487,446	COST
COVENANT HOSPITAL PLAINVIEW	P	5,447,547	COST
COVENANT MEDICAL CENTER	P	129,074,694	COST
HOSPICE OF LUBBOCK	P	938,056	COST
COVENANT MEDICAL CENTER	P	227,964,080	COST
ST JOSEPH HEALTH SYSTEM	P	3,350,012	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COVENANT MEDICAL GROUP	P	12,973,521	COST
COVENANT HEALTH SYSTEM FOUNDATION	P	99,052	COST
COVENANT HEALTH PARTNERS	P	3,041,781	COST
COVENANT HOSPITAL LEVELLAND	P	2,771,905	COST
HOSPICE OF LUBBOCK	P	516,490	COST
COVENANT HEALTH PARTNERS	P	1,124,714	COST
COVENANT HOSPITAL LEVELLAND	Q	2,987,136	COST
COVENANT HEALTH SYSTEM FOUNDATION	Q	455,334	COST
COVENANT HEALTH PARTNERS	Q	2,927,337	COST
COVENANT MEDICAL CENTER	Q	128,557,655	COST
COVENANT HOSPITAL PLAINVIEW	Q	3,431,279	COST
COVENANT CHILDREN'S HOSPITAL	Q	28,570,435	COST
HOSPICE OF LUBBOCK	Q	884,670	COST
COVENANT MEDICAL GROUP	Q	17,966,102	COST
ST JOSEPH HEALTH SYSTEM	Q	8,790,143	COST
COVENANT MEDICAL CENTER	Q	212,097,474	COST
ST JOSEPH HEALTH SYSTEM	Q	6,343,211	COST
COVENANT HOSPITAL LEVELLAND	Q	3,093,366	COST
COVENANT HOSPITAL PLAINVIEW	Q	5,217,902	COST
COVENANT HOSPITAL PLAINVIEW	R	1,029,037	COST
COVENANT HOSPITAL PLAINVIEW	R	3,250,725	COST
ST JOSEPH HEALTH SYSTEM	R	230,670	COST
COVENANT HOSPITAL LEVELLAND	R	1,341,136	COST
COVENANT HEALTH PARTNERS	R	2,355,904	COST
HOSPICE OF LUBBOCK	R	256,200	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOSPICE OF LUBBOCK	R	696,871	COST
COVENANT HEALTH SYSTEM FOUNDATION	R	384,403	COST
COVENANT HEALTH SYSTEM FOUNDATION	R	3,600,395	COST
COVENANT MEDICAL GROUP	R	4,735,004	COST
COVENANT MEDICAL CENTER	R	74,924,857	COST
COVENANT MEDICAL CENTER	R	82,344,898	COST
COVENANT CHILDREN'S HOSPITAL	R	125,003,000	COST
COVENANT HOSPITAL LEVELLAND	R	797,086	COST
COVENANT HEALTH PARTNERS	R	14,703,742	COST
COVENANT CHILDREN'S HOSPITAL	R	51,965,802	COST
COVENANT MEDICAL CENTER	S	73,201,091	COST
COVENANT CHILDREN'S HOSPITAL	S	51,032,888	COST
COVENANT HEALTH PARTNERS	S	14,550,654	COST
HOSPICE OF LUBBOCK	S	184,960	COST
HOSPICE OF LUBBOCK	S	714,726	COST
COVENANT HOSPITAL LEVELLAND	S	559,629	COST
COVENANT HEALTH SYSTEM FOUNDATION	S	3,598,888	COST
COVENANT CHILDREN'S HOSPITAL	S	125,234,815	COST
COVENANT MEDICAL GROUP	S	70,184,822	COST
COVENANT MEDICAL CENTER	S	67,725,085	COST
COVENANT HOSPITAL LEVELLAND	S	1,399,743	COST
COVENANT HEALTH SYSTEM FOUNDATION	S	1,568,561	COST
COVENANT HEALTH PARTNERS	S	2,394,547	COST
COVENANT HOSPITAL PLAINVIEW	S	3,325,259	COST
COVENANT HOSPITAL PLAINVIEW	S	723,667	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOSEPH HEALTH SYSTEM	S	3,018,479	COST
LUBBOCK HERITAGE HOSPITAL LLC	C	185,000	COST
COVENANT HEALTH SYSTEM FOUNDATION	C	4,165,923	COST