

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
HOSPICE OF LUBBOCK INC
% JEREMY L BROWN MD
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
3702 21ST STREET
City or town, state or province, country, and ZIP or foreign postal code
LUBBOCK, TX 794101203
F Name and address of principal officer
JEREMY L BROWN MD
3702 21ST STREET
LUBBOCK, TX 794101203

D Employer identification number
75-2133781
E Telephone number
(806) 795-2751
G Gross receipts \$ 8,902,636
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

L Year of formation 1986 **M** State of legal domicile TX

K Form of organization Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) **3** 14
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 13
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** 57
6 Total number of volunteers (estimate if necessary) **6** 86
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0
b Net unrelated business taxable income from Form 990-T, line 34 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	174,584	200,004
9 Program service revenue (Part VIII, line 2g)	8,229,909	8,633,858
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	990	68,774
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)	8,405,483	8,902,636
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	3,598,466	3,800,193
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,808,703	4,465,770
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,407,169	8,265,963
19 Revenue less expenses Subtract line 18 from line 12	998,314	636,673

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,181,653	8,688,456
21 Total liabilities (Part X, line 26)	700,488	573,022
22 Net assets or fund balances Subtract line 21 from line 20	7,481,165	8,115,434

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 _____ Date 2018-05-08
JEREMY L BROWN MD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name KARA ADAMS Preparer's signature KARA ADAMS Date
Check if self-employed PTIN P00023315
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 18101 VON KARMAN AVD STE 1700 Phone no (949) 794-2300
IRVINE, CA 92612

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

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,601,135 including grants of \$ 0) (Revenue \$ 8,633,858)
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 ▶ 7,601,135

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, sponsoring organizations, and Section 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAYNE FIELD BOARD MEMBER	2 0 0 0	X						0	0	0
(2) MARINDA HEINRICH BOARD MEMBER	2 0 0 0	X						0	0	0
(3) MISTIE HILL BOARD MEMBER/SECRETARY	3 0 0 0	X		X				0	0	0
(4) BECKY GARZA BOARD MEMBER	2 0 0 0	X						0	0	0
(5) KATHY GILBREATH BOARD MEMBER	2 0 0 0	X						0	0	0
(6) MARY JO LOVINGIER BOARD MEMBER	2 0 0 0	X						0	0	0
(7) MONT MCCLENDON BOARD MEMBER	2 0 0 0	X						0	0	0
(8) EDDIE OWENS BOARD MEMBER	2 0 0 0	X						0	0	0
(9) MELINDA PHARIES BOARD MEMBER	2 0 0 0	X						0	0	0
(10) ALLISON QUISENBERRY BOARD MEMBER	2 0 0 0	X						0	0	0
(11) CHARLEY WASSON EXC DIR/CEO/CFO/TRES (5/10/17)	50 0 0 0	X		X				121,158	0	16,907
(12) JEREMY L BROWN MD BOARD MEMBER/MED DIRECTOR	2 0 38 0	X						0	268,181	29,835
(13) LALANI CARTER BOARD MEMBER/BOARD CHAIR	5 0 0 0	X						0	0	0
(14) MARCY ERWIN BOARD MEMBER/BOARD V CHAIR	5 0 0 0	X						0	0	0
(15) Katie Salter BOARD MEMBER	2 0 0 0	X						0	0	0
(16) CINDY LAND MANAGER, NURSING	40 0 0 0					X		100,312	0	12,293

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	0				
	d Related organizations	1d	200,004				
	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 \$ _____		0				
	h Total. Add lines 1a-1f		200,004				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REV		621610	8,633,858	8,633,858	0	
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		8,633,858					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			68,774		68,774	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)		0	0		
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			0		
		b Less direct expenses	b		0		
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a			0		
b Less direct expenses		b		0			
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a			0			
	b Less cost of goods sold	b		0			
	c Net income or (loss) from sales of inventory			0			
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			8,902,636	8,633,858	0	68,774	

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.	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	116,665	0	116,665	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	2,567,183	2,234,440	332,743	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	166,503	139,806	26,697	0
9 Other employee benefits.	710,901	596,910	113,991	
10 Payroll taxes.	238,941	200,629	38,312	0
11 Fees for services (non-employees)				
a Management.	0	0	0	0
b Legal.	0	0	0	0
c Accounting.	0	0	0	0
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	565,385	565,385	0	0
12 Advertising and promotion.	71,904	71,904	0	0
13 Office expenses.	2,108,064	2,071,644	36,420	0
14 Information technology.	0	0	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	167,196	167,196	0	0
17 Travel.	347,429	347,429	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	0	0	0	0
20 Interest.	0	0	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	5,919	5,919	0	0
23 Insurance.	30,000	30,000	0	0
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	1,168,079	1,168,079	0	0
b REPAIRS & MAINTENANCE	1,794	1,794	0	0
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	8,265,963	7,601,135	664,828	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	500	1	500
	2 Savings and temporary cash investments	7,009,039	2	7,686,557
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	996,870	4	834,479
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	595,664		
	b Less accumulated depreciation	569,350		
		32,233	10c	26,314
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	143,011	15	140,606	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,181,653	16	8,688,456	
Liabilities	17 Accounts payable and accrued expenses	598,143	17	229,362
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	102,345	25	343,660
	26 Total liabilities. Add lines 17 through 25	700,488	26	573,022
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,338,154	27	7,974,828
	28 Temporarily restricted net assets	143,011	28	140,606
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,481,165	33	8,115,434	
34 Total liabilities and net assets/fund balances	8,181,653	34	8,688,456	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,902,636
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,265,963
3	Revenue less expenses Subtract line 2 from line 1	3	636,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,481,165
5	Net unrealized gains (losses) on investments	5	-2,404
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,115,434

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b		No
<p>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</p>	2c		
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 75-2133781

Name: HOSPICE OF LUBBOCK INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service
Name of the organization
HOSPICE OF LUBBOCK INC

Employer identification number
75-2133781

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	183,760	180,000	180,000	174,584	200,034	918,378
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	7,077,100	6,822,084	7,762,926	8,229,909	8,633,858	38,525,877
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	7,260,860	7,002,084	7,942,926	8,404,493	8,833,892	39,444,255
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						39,444,255

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	7,260,860	7,002,084	7,942,926	8,404,493	8,833,892	39,444,255
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,354	213,734	43,986	990	68,774	354,838
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	27,354	213,734	43,986	990	68,774	354,838
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,288,214	7,215,818	7,986,912	8,405,483	8,902,666	39,799,093
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.108 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99.226 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.892 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.774 %

19a 33 1/3% support tests—2016. 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—2015. 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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. **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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization HOSPICE OF LUBBOCK INC

Employer identification number 75-2133781

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements modified, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, 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)?, 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.

Form with multiple sections: 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; 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; Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X; 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; Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	143,011	143,324	143,202	119,446	117,680
b Contributions					
c Net investment earnings, gains, and losses	-2,405	-313	122	23,756	1,766
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	140,606	143,011	143,324	143,202	119,446

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				
c Leasehold improvements				
d Equipment		595,664	569,350	26,314
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				26,314

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

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	0
DUE TO AFFILIATES	107,387
PAYROLL LIABILITIES	236,273
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	343,660

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-2133781

Name: HOSPICE OF LUBBOCK INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	LUBBOCK AREA FOUNDATION INVESTMENT THE LUBBOCK AREA FOUNDATION SHALL USE THE FUND FOR THE CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES FOR THE HOSPICE AND ITS AFFILIATED AGENCIES, IF ANY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization HOSPICE OF LUBBOCK INC	Employer identification number 75-2133781
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	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 in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	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									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEREMY L BROWN MD BOARD MEMBER/MED DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	243,033	12,765	12,383	8,000	21,835	298,016	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED BY ITS CORPORATE MEMBER, COVENANT HEALTH SYSTEM. SEE SCHEDULE O FOR FORM 990, PART VI, LINES 15A & 15B FOR THE PROCESS THAT IS COMPLETED BY COVENANT HEALTH SYSTEM.
SCHEDULE J, PART I, LINE 7	A PORTION OF EXECUTIVE SALARIES ARE PLACED AT-RISK AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE STRATEGIC OBJECTIVES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOSPICE OF LUBBOCK INC

Employer identification number

75-2133781

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	ORGANIZATIONS MISSION WE ARE COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS GROUNDED IN OUR COMMITMENT TO COMMUNITY AS A MEMBER OF ST JOSEPH HEALTH SYSTEM (SJHS), HOSPICE OF LUBBOCK IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE THAT MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO BUT THE ROOTS OF HOSPICE OF LUBBOCK AND THE LESSONS TO SERVE OUR DEAR NEIGHBORS DATE BACK TO THE YEAR 1650 WHEN THE SISTERS' FIRST CONGREGATION WAS FORMED IN LE PUY, FRANCE SINCE THAT TIME, THE PEOPLE OF OUR ORGANIZATION CONTINUE TO ASSESS THE NEEDS OF THE COMMUNITIES WE SERVE, BUILD COLLABORATIVE PARTNERSHIPS WITH LOCAL RESIDENTS, BUSINESS AND COMMUNITY NOT FOR-PROFITS, AND TOGETHER THROUGH THOSE PARTNERSHIPS, MEET COMMUNITY NEEDS THE HEALTH SYSTEM IS ORGANIZED INTO THREE REGIONS- NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO AND CONSISTS OF 14 ACUTE CARE HOSPITALS, AS WELL AS HOME HEALTH AGENCIES, HOSPICE CARE, OUT PATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS PROVIDENCE ST JOSEPH HEALTH ON JULY 1, 2016, PROVIDENCE HEALTH SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT, THE PURPOSE OF WHICH WAS TO BETTER SERVE BOTH ORGANIZATIONS COMMUNITIES, MAINTAIN STRONG TRADITIONS OF CATHOLIC HEALTHCARE, AND PROVIDE GREATER AFFORDABILITY AND ACCESS TO HEALTHCARE SERVICES AS PART OF THE BUSINESS COMBINATION, PHS AND SJHS ALIGNED UNDER A SINGLE PARENT CORPORATION, PSJH, WITH A CONSOLIDATED BOARD OF DIRECTORS AND CO-SPONSORSHIP FROM THE PUBLIC JURIDIC PERSONS PROVIDENCE MINISTRIES AND ST JOSEPH HEALTH MINISTRY HOSPICE OF LUBBOCK IS ONE OF ONLY TWO NON-PROFIT HOSPICES IN OUR SERVICE AREA HOSPICE OF LUBBOCK IS STILL THE ONLY HOSPICE PROVIDER IN THE REGION TO CARE FOR PEDIATRIC PATIENTS THE AGENCY WAS INCORPORATED IN JULY 1986 AND BEGAN ADMITTING PATIENTS IN OCTOBER 1987 WHILE THE LARGEST PERCENTAGE OF OUR PATIENTS WERE SERVED IN LUBBOCK COUNTY THIS FISCAL YEAR, HOSPICE OF LUBBOCK SERVED TERMINALLY ILL PATIENTS AND THEIR FAMILIES WITH CARE AND SUPPORT IN THE MAJORITY OF THE SURROUNDING COUNTIES THE MAJORITY OF HOSPICE PATIENTS WERE SERVED IN THEIR HOMES BUT SERVICES ARE PROVIDED IN NURSING HOMES, ASSISTED LIVING FACILITIES, HOSPITALS, AS WELL AS OTHER FACILITIES HOSPICE OF LUBBOCK PATIENTS ARE REFERRED BY PHYSICIANS WHILE THE MAJORITY OF PATIENTS WERE FUNDED BY MEDICARE, FUNDING IS ALSO RECEIVED BY MEDICAID, PRIVATE INSURANCE, SELF PAY AS WELL AS UNFUNDED PATIENTS FOR MORE INFORMATION ON HOSPICE OF LUBBOCK GO TO WWW.COVENANTHEALTH.ORG FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH SYSTEM AND PROVIDENCE ST JOSEPH HEALTH, PLEASE VISIT WWW.STJHS.ORG AND WWW.PSJHEALTH.ORG</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINES 11F AND 12B & PART XII, LINE 2B	HOSPICE OF LUBBOCK WAS INCLUDED IN CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR PROVIDENCE ST JOSEPH HEALTH FOR THE PERIOD ENDED DECEMBER 31, 2017 AS SUCH, AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED FOR THE TAX YEAR ENDED JUNE 30, 2017 THE REPORTING ORGANIZATION WILL CHANGE ITS TAX YEAR END TO DECEMBER 31 FOR 2017 FORM 990, PART V, LINE 1 ST JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR SJH ENTITIES UNDER SJH AP SHARED SERVICES THEREFORE, SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID SJHS COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS COVENANT HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF HOSPICE OF LUBBOCK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS HOSPICE OF LUBBOCK HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE HOSPICE OF LUBBOCK BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE HOSPICE OF LUBBOCK BOARD AS NOMINATIONS MUST BE APPROVED BY COVENANT HEALTH, AS THE CORPORATE MEMBER, AND THE ST JOSEPH HEALTH SYSTEM, AS THE TAX EXEMPT PARENT OF COVENANT HEALTH, AND ST JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQ APPR & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE COVENANT HEALTH 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2018 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN ALTHOUGH THE CHIEF EXECUTIVE OFFICER IS COMPENSATED BY THE ORGANIZATION, HIS COMPENSATION DETERMINED BY ITS CORPORATE MEMBER, COVENANT HEALTH SYSTEM It is St Joseph Health System's intention to make financial information accessible and transparent Although the filing of Form 990 provides insight into how St Joseph Health System achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees St Joseph Health System has a single fiduciary Board, with responsibility for financial oversight associated with fulfillment of the St Joseph Health System Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of St Joseph Health System's legal entities St Joseph Health System also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments St Joseph Health System has a consistent compensation philosophy for all of its officers, including our senior executives Salaries for senior executives are reviewed by the Providence St Joseph Health Committee and approved by the full Board of Directors, none of whom is a St Joseph Health System employee The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States St Joseph Health System is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of St Joseph Health System Additionally, St Joseph Health System's labor market continues to spread across health care and into general industry Because of this, St Joseph Health System also takes into consideration general industry for-profit market data, where applicable Base salaries for St Joseph Health System executives are generally targeted to the median level of the market, as identified by the independent consultant and reviewed with the Executive Compensation Committee The President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives This process includes a rigorous analysis of those recommendations with the Executive Compensation Committee as a part of the review and approval process Performance incentives allow executives to earn additional compensation if they achieve specific orga</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	nizational goals for furthering St Joseph Health System operating commitments and strategic objectives The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate market practices THE LAST REVIEW WAS PERFORMED BY S T JOSEPH HEALTH SYSTEM IN SEPTEMBER 2016 AND BY COVENANT MEDICAL GROUP IN SEPTEMBER 2016

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOSPICE OF LUBBOCK INC

Employer identification number

75-2133781

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	<p>IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP ADVANCED SURGERY INSTITUTE, LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, STE 110, PETALUMA, CA 94954 SOUTHERN CALIFORNIA SURGERY CENTER, LLC EIN 33-0939000 ADDRESS 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92664 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128 ALPHA MEDICAL LABORATORY, LLC EIN 91-2017347 ADDRESS 611 N PERRY, SPOKANE, WA 99202 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY, MISSOULA, MT 59802 CALIFORNIA LABORATORY ASSOCIATES, LLC EIN 27-3888692 ADDRESS 501 BUENA VISTA, BURBANK, CA 91505 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES ROAD, PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST, BLDG II #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 GREATER VALLEY MEDICAL BUILDING, LP EIN 95-4570858 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 MINOR & JAMES MEDICAL, PLLC EIN 91-1340223 ADDRESS 515 MINOR AVENUE #200, SEATTLE, WA 98104 MOUNTAINSTAR CLINICAL LABORATORIES, LLC EIN 26-1345983 ADDRESS 611 N PERRY, SPOKANE, WA 99202 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PACLAB, LLC EIN 91-1743952 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC EIN 27-0943279 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET, SEATTLE, WA 98104 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE IMAGING CENTER EIN 92-0118807 ADDRESS 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE STREET, MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS, LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SOUTHERN IDAHO REGIONAL LABORATORY, LLC EIN 82-0511819 ADDRESS 611 N PERRY, SPOKANE, WA 99202 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204 TRI-CITIES LABORATORY, LLC EIN 91-1773986 ADDRESS 611 N PERRY, SPOKANE, WA 99202 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW, AUBURN, WA 98001 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVE, LUBBOCK, TX 79410 CALIFORNIA SPECIALTY SURGERY CENTER, LP EIN 33-0939003 ADDRESS 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691</p>

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 75-2133781
Name: HOSPICE OF LUBBOCK INC

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
(1) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
(1) 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(2) 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3) 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4) 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5) 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(6) 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
(7) 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(8) 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(9) 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10) 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(11) 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(12) 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13) 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14) 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(15) 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(16) 3300 RENNEN DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
(17) 3300 RENNEN DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(18) 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	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
(21) 3345 MICHELSON DRIVE IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
(1) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(2) 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
(3) 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(4) 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(5) 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(6) 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(7) 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(8) 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(9) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(10) 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
(11) 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(12) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	Yes	
(13) PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
(14) 15451 SAN FERNANDO MISSION BLVD 2 MISSION HILLS, CA 91345 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCIAL	Yes	
(15) 1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(16) 2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(17) 601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
(18) 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
(19) 401 TERRY AVE N SEATTLE, WA 98109 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	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
(41) 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
(1) 888 SWIFT BLVD RICHLAND, WA 99352 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
(2) 888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501(C)(3)	12,I	KRMC	Yes	
(3) 1268 LEE BLVD RICHLAND, WA 99352 91-1266345	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(4) 888 SWIFT BLVD RICHLAND, WA 99352 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(5) 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6) 5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(7) 747 BROADWAY SEATTLE, WA 98122 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
(8) 1200 12TH AVENUE S SEATTLE, WA 98144 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(9) 501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(10) 3300 PROVIDENCE DR TOWER 2 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501(C)(3)	12,I	PHS WA	Yes	
(11) 540 SOUTH MAIN STREET MT ANGEL, OR 973629532 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(12) 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(13) 830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(14) 1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15) 1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
(16) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(17) 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
(19) 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793	HEALTHCARE	MT	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
(61) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
(1) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
(2) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
(3) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
(4) 101 W 8TH AVENUE SPOKANE, WA 99204 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(5) 914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(6) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
(7) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
(8) 811 13TH ST HOOD RIVER, OR 97031 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(9) 2731 WETMORE AVENUE STE 500 EVERETT, WA 98201 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(10) 425 PONTIUS AVENUE NORTH 300 SEATTLE, WA 980195452 91-2077378	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(11) 4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL	Yes	
(12) 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(13) 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCIAL	Yes	
(14) 10150 SE 32ND MILWAUKIE, OR 97222 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15) 4831 35TH AVENUE SW SEATTLE, WA 981262799 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(16) 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(17) 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
(19) 4805 NE GLISAN STREET PORTLAND, OR 972132967 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

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

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						Yes	No
(81) 1700 PROVIDENCE PLACE CENTRALIA, WA 98531 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
(1) 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(2) 20555 EARL ST TORRANCE, CA 90503 81-4542216	HEALTHCARE	CA	501(C)(3)	Pending	PHS SOCAL	Yes	
(3) 725 S WAHANNA RD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(4) 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5) 3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(6) 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	NA		No
(7) PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
(8) 401 W POPLAR STREET WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(9) 413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(10) 9205 SW BARNES ROAD PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(11) 5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
(12) 5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
(13) 1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
(14) 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
(15) 550 17TH AVENUE SEATTLE, WA 98122 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
(16) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		
(17) 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18) 500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
(19) 1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	

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

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						Yes	No
(101) 21601 76TH AVENUE EDMONDS, WA 98026 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(1) 747 BROADWAY SEATTLE, WA 98122 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(2) 747 BROADWAY SEATTLE, WA 98122 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(3) 747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
(4) 312 NORTH FOURTH STREET YAKIMA, WA 98901 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5) 540 23RD STREET OAKLAND, CA 94612 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6) 5520 NE GLISAN PORTLAND, OR 97213 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
(7) 1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
(8) 747 BROADWAY SEATTLE, WA 98122 45-4171900	SHELL CORP	WA	501(C)(3)	12,II	PHS W WA	Yes	
(9) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	NA		No

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
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
(1) COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(2) DATU HEALTH INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	NA	C-CORP					
(3) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	NA	C-CORP					
(4) LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	NA	C-CORP					
(5) LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(6) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
(7) ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(8) ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(9) ST JOSEPH PROF SVCS ENTERPRSES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(10) OPHIE HEALTHCARE SERVICES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1002825	HEALTHCARE	CA	NA	C-CORP					
(11) PROVIDENCE HEALTH VENTURES INC 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA	NA	C-CORP					
(12) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(13) PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(14) PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	CLIN/MED LAB	WA	NA	C-CORP					

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
(16) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					
(1) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(2) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(3) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654	INVESTMENTS	WA	NA	C-CORP					
(4) PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					
(5) PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(6) PIONEER INNOVATIONS INC 800 5TH AVE 10TH FLOOR SEATTLE, WA 98104 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(7) VINSERRA INC 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315	INVESTMENTS	CA	NA	C-CORP					

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
(1) COVENANT HEALTH SYSTEM FOUNDATION	C	200,004	ACCRUAL
(1) COVENANT HEALTH SYSTEM	O	240,089	ACCRUAL
(2) COVENANT HEALTH SYSTEM	q	244,881	ACCRUAL
(3) COVENANT HEALTH SYSTEM	S	343,758	ACCRUAL
(4) COVENANT HEALTH SYSTEM	I	320,269	ACCRUAL
(5) COVENANT HEALTH SYSTEM	J	102,000	ACCRUAL
(6) COVENANT HEALTH SYSTEM	p	575,292	ACCRUAL