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CHANGE IN ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Form 990

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: HOSPICE OF LUBBOCK, INC. D Employer identification number: 75-2133781. E Telephone number: (806) 795-2751. G Gross receipts \$: 4,264,566. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [X] No. I Tax-exempt status: X 501(c)(3). J Website: WWW.COVENANTHEALTH.ORG. K Form of organization: X Corporation. L Year of formation: 1986. M State of legal domicile: TX.

Part I Summary. Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22. Includes a 'RECEIVED' stamp from IRS-OIG, OGDEN, UT, dated NOV 19 2018.

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: Jeremy L. Brown, mo. Date: 11/13/18. Type or print name and title: Executive Director/CEO.

Paid Preparer Use Only. Preparer's name: INAS RAOUF. Preparer's signature: [Signature]. Date: 11/9/18. Check self-employed: [X]. PTIN: P01254678. Firm's name: ERNST & YOUNG U.S. LLP. Firm's EIN: 34-6565596. Firm's address: 18101 VON KARMAN AVENUE, STE 1700 IRVINE, CA 92612. Phone no: 949-794-2300.

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

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

SCANNED FEB 2 1 2019

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No  X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code: ) (Expenses \$ 3,628,045 including grants of \$ 0 ) (Revenue \$ 4,036,512 )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses 3,628,045.

ABDJOR

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with various questions about organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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> . . . . .		X
<b>22</b> 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> . . . . .		X
<b>23</b> 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> . . . . .	X	
<b>24a</b> 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> . . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25b</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> . . . . .		X
<b>26</b> 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> . . . . .		X
<b>27</b> 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> . . . . .		X
<b>28</b> 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).		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28c</b> 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> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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> . . . . .		X
<b>33</b> 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> . . . . .		X
<b>34</b> 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> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</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> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, response box, and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. JEREMY L. BROWN, MD 3702 21ST STREET LUBBOCK, TX 79410 806-795-2751

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCY ERWIN BOARD MEMBER/BOARD V. CHAIR	5.00 0.	X						0.	0.	0.
(2) JAYNE FIELD BOARD MEMBER	2.00 0.	X						0.	0.	0.
(3) BECKY GARZA BOARD MEMBER	2.00 0.	X						0.	0.	0.
(4) KATHY GILBREATH BOARD MEMBER	2.00 0.	X						0.	0.	0.
(5) MARINDA HEINRICH BOARD MEMBER	2.00 0.	X						0.	0.	0.
(6) MISTIE HILL BOARD MEMBER/SECRETARY	4.00 0.	X		X				0.	0.	0.
(7) MARY JO LOVINGIER BOARD MEMBER	2.00 0.	X						0.	0.	0.
(8) MONT MCCLENDON BOARD MEMBER	2.00 0.	X						0.	0.	0.
(9) EDDIE OWENS BOARD MEMBER	2.00 0.	X						0.	0.	0.
(10) MELINDA PHARIES BOARD MEMBER	2.00 0.	X						0.	0.	0.
(11) ALLISON QUISENBERRY BOARD MEMBER	2.00 0.	X						0.	0.	0.
(12) JEREMY L. BROWN, MD EXEC DIR/CEO/MEDICAL DIRECTOR	26.00 24.00	X		X				0.	301,447.	32,187.
(13) LALANI CARTER BOARD MEMBER/BOARD CHAIR	5.00 0.	X						0.	0.	0.
(14) KATIE SALTER BOARD MEMBER	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) LAFONDA TRANTHAM HOSPICE CARE MANAGER RN	40.00 0.					X		105,740.	0.	12,562.
<b>1b Sub-total</b>								0.	301,447.	32,187.
<b>c Total from continuation sheets to Part VII, Section A</b>								105,740.	0.	12,562.
<b>d Total (add lines 1b and 1c)</b>								105,740.	301,447.	44,749.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b> 100,002					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f . . . . . ▶		100,002			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	<b>Business Code</b> 621610	4,036,512	4,036,512		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue . . . . .					
	<b>g</b> Total. Add lines 2a-2f . . . . . ▶		4,036,512			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		128,052		128,052
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
<b>5</b> Royalties . . . . . ▶			0			
		(i) Real (ii) Personal				
<b>6a</b> Gross rents . . . . .						
<b>b</b> Less rental expenses . . . . .						
<b>c</b> Rental income or (loss) . . . . .						
<b>d</b> Net rental income or (loss) . . . . . ▶			0			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis and sales expenses . . . . .						
<b>c</b> Gain or (loss) . . . . .						
<b>d</b> Net gain or (loss) . . . . . ▶			0			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e</b> Total. Add lines 11a-11d . . . . . ▶		0				
<b>12</b> Total revenue. See instructions . . . . . ▶		4,264,566	4,036,512		128,052	

**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.			
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	1,368,603.	1,178,437.	190,166.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,844.	72,778.	11,066.	
9 Other employee benefits . . . . .	392,324.	340,546.	51,778.	
10 Payroll taxes . . . . .	108,796.	94,437.	14,359.	
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	372,982.	372,982.		
12 Advertising and promotion . . . . .	9,597.	9,597.		
13 Office expenses . . . . .	802,044.	783,484.	18,560.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	88,451.	88,451.		
17 Travel . . . . .	166,077.	166,077.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,960.	2,960.		
23 Insurance . . . . .	15,000.	15,000.		
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	503,296.	503,296.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,913,974.	3,628,045.	285,929.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	500.	1	500.
	2	Savings and temporary cash investments	7,686,557.	2	8,132,640.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	834,479.	4	925,490.
	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.	10a	
	10b	Less: accumulated depreciation	572,310.	10b	
	10c		26,314.	10c	23,354.
	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	140,606.	15	150,272.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,688,456.	16	9,232,256.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	229,362.	17	282,913.
	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	343,660.	25	473,651.
	26	<b>Total liabilities.</b> Add lines 17 through 25	573,022.	26	756,564.
<b>Net Assets or Fund Balances</b>	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	7,974,828.	27	8,325,420.
	28	Temporarily restricted net assets	140,606.	28	150,272.
	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	<b>Total net assets or fund balances</b>	8,115,434.	33	8,475,692.	
34	<b>Total liabilities and net assets/fund balances</b>	8,688,456.	34	9,232,256.	

**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	4,264,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,913,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	350,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,115,434.
5	Net unrealized gains (losses) on investments	5	9,666.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,475,692.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	180,000	180,000	174,584	200,034	100,002	834,620
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 . . . . .	6,822,084	7,762,926	8,229,909	8,633,858	4,036,511	35,485,288
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. . . . .	7,002,084	7,942,926	8,404,493	8,833,892	4,136,513	36,319,908
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) . . . . .						36,319,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6. . . . .	7,002,084	7,942,926	8,404,493	8,833,892	4,136,513	36,319,908
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	213,734	43,986	990	68,774	128,052	455,536
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .					0	0
c Add lines 10a and 10b . . . . .	213,734	43,986	990	68,774	128,052	455,536
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .					0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	7,215,818	7,986,912	8,405,483	8,902,666	4,264,565	36,775,444

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	15	98.76%
16 Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	16	99.11%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.24%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	18	.89%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

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

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

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

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

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017. (reasonable cause required-explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .			
c	From 2014 . . . . .			
d	From 2015 . . . . .			
e	From 2016 . . . . .			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder: Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7	<b>Excess distributions carryover to 2018</b> Add lines 3j and 4c.			
8	Breakdown of line 7			
a	Excess from 2013 . . . . .			
b	Excess from 2014 . . . . .			
c	Excess from 2015 . . . . .			
d	Excess from 2016 . . . . .			
e	Excess from 2017 . . . . .			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment 100.0000 %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).

**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	
(2) DUE TO AFFILIATES	198,039.
(3) PAYROLL LIABILITES	275,612.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	473,651.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

**Part XIII Supplemental Information.**

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

SCHEDULE D, PART V, LINE 4

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.



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE OF LUBBOCK, INC.

Employer identification number

75-2133781

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <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 (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**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.

- |  |  |
|--|--|
| <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? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- 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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEREMY L. BROWN, MD	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
1 EXEC DIR/CEO/MEDICAL DIRECTOR	(ii) 247,220.	19,130.	35,097.	8,000.	24,187.	333,634.	0.
2	(i)						
3	(i)						
4	(i)						
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY A RELATED TAX

EXEMPT ORGANIZATION, COVENANT MEDICAL GROUP, AND IS DISCLOSED AS A PERSON

PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O FOR FORM 990, PART VI,

LINES 15A & 15B FOR THE PROCESS THAT IS COMPLETED BY THE ORGANIZATION'S

TAX EXEMPT PARENT, COVENANT HEALTH SYSTEM.

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2017**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

HOSPICE OF LUBBOCK, INC.

75-2133781

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

ORGANIZATION'S MISSION

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

FORM 990, PART III, LINE 4A

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

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

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

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

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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HEALTH CARE.

PROVIDENCE HEALTH & SERVICES

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

ST. JOSEPH HEALTH SYSTEM

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

REALIZING OUR MISSION

HOSPICE OF LUBBOCK IS ONE OF ONLY TWO NON-PROFIT HOSPICES IN OUR SERVICE

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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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.

#### PROGRAM SERVICE ACCOMPLISHMENTS

GROUNDING 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

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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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.

FOR MORE INFORMATION ON HOSPICE OF LUBBOCK GO TO:

[WWW.COVENANTHEALTH.ORG](http://WWW.COVENANTHEALTH.ORG)

FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH SYSTEM AND PROVIDENCE ST.

JOSEPH HEALTH, PLEASE VISIT [WWW.STJHS.ORG](http://WWW.STJHS.ORG) AND [WWW.PSJHEALTH.ORG](http://WWW.PSJHEALTH.ORG).

FORM 990, PART V, LINE 1A

ST. JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR HOSPICE OF LUBBOCK FROM ITS SHARED SERVICES. SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID NUMBER AND COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS.

FORM 990, PART VI, LINE 6

CLASSES OF MEMBERS OR STOCKHOLDERS

COVENANT HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF HOSPICE OF LUBBOCK.



Name of the organization

HOSPICE OF LUBBOCK, INC.

Employer identification number

75-2133781

FORM 990, PART VI, LINE 7A

CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

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

FORM 990, PART VI, LINE 7B

CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS

THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE COVENANT HEALTH MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, EXEMPT PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS.

THE CORPORATE MEMBER OF COVENANT HEALTH, ST. JOSEPH HEALTH SYSTEM, RESERVES THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS.

FORM 990, PART VI, LINE 11B

PROCESS TO REVIEW 990

Name of the organization

HOSPICE OF LUBBOCK, INC.

Employer identification number

75-2133781

THE FORM 990 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION. A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD. DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING.

FORM 990, PART VI, LINE 12C

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

Name of the organization

HOSPICE OF LUBBOCK, INC.

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PERIODICALLY.

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

FORM 990, PART VI, LINES 15A & 15B

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY A RELATED TAX  
EXEMPT ORGANIZATION, COVENANT MEDICAL GROUP, AND IS DISCLOSED AS A PERSON  
PAID BY A RELATED ORGANIZATION.

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

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH  
RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE  
PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES,  
PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE  
STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL  
ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF  
COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.

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

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

THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

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

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

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

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

THE PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

Name of the organization HOSPICE OF LUBBOCK, INC.	Employer identification number 75-2133781
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ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NATIONAL HME INC 7451 AIRPORT FREEWAY RICHLAND HILLS, TX 76118	MEDICAL SERVICES	315,969.
MEDLINE INDUSTRIES INC DEPT 1080/PO BOX 121080 DALLAS, TX 75312	MEDICAL SERVICES	176,165.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

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**2017**

Open to Public  
Inspection

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▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	COVENANT HEALTH NETWORK, INC 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501 (C) (3)	12, III	SJHS	X	
(2)	COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501 (C) (3)	12, I	CHS	X	
(3)	COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501 (C) (3)	3	SJHS	X	
(4)	COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501 (C) (3)	7	CHS	X	
(5)	COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501 (C) (3)	3	CHS	X	
(6)	COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501 (C) (3)	12, I	CHS	X	
(7)	HMTS, INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501 (C) (3)	12, I	HMHP	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

Name of the organization

HOSPICE OF LUBBOCK, INC.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

75-2133781

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501 (C) (3)	7	HHF	X	
(2)	HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501 (C) (3)	7	HMHP	X	
(3)	HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD, BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501 (C) (3)	3	CHN	X	
(4)	LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501 (C) (3)	7	CHS	X	
(5)	METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501 (C) (3)	3	CHS	X	
(6)	METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501 (C) (3)	3	CHS	X	
(7)	METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501 (C) (3)	3	CHS	X	

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Schedule R (Form 990) 2017



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047  
**2017**

Open to Public  
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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 entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501 (C) (3)	3	CHN		X
(2) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(3) REDWOOD MEMORIAL FOUNDATION 3300 RENNEN DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501 (C) (3)	7	RMH		X
(4) REDWOOD MEMORIAL HOSPITAL 3300 RENNEN DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(5) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(6) SRM ALLIANCE HOSPITAL SERVICES (PVI) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501 (C) (3)	3	SRMH		X
(7) SISTERS OF ST JOSEPH OF ORANGE 480 S. BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501 (C) (3)	1	N/A		X

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Schedule R (Form 990) 2017

**SCHEDULER  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Inspection

Employer identification number

75-2133781

OMB No. 1545-0047  
**2017**

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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501 (C) (3)	1	SSJO		X
(2)	ST. JOSEPH HEALTH NOR CAL, LLC 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(3)	ST. JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501 (C) (3)	12, I	PSJH		X
(4)	ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501 (C) (3)	7	SJHS		X
(5)	ST JOSEPH HOME CARE NETWORK 1111 SONOMA, STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501 (C) (3)	10	SJHS		X
(6)	ST. JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(7)	ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501 (C) (3)	3	CHN		X

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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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
(1)						
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ST JOSEPH HERITAGE HEALTHCARE 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501 (C) (3)	3	SJHS	X	
(2)	ST JUDE HOSPITAL, INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501 (C) (3)	3	CHN	X	
(3)	ST. MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501 (C) (3)	3	CHN	X	
(4)	ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501 (C) (3)	7	CHS	X	
(5)	E WA & MT UNEMPLOYMENT COMP INSR TRUST 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016 91-1082119	UNEMPLOYMENT	WA	501 (C) (3)	12, I	PHS WA	X	
(6)	EVERETT TRANSITIONAL CARE SERVICES P O BOX 5128 EVERETT, WA 98206-5128 94-3264605	TRANS. CARE	WA	501 (C) (3)	10	N/A		X
(7)	FACHE MEDICAL FOUNDATION 15451 SAN FERNANDO MISSION BLV MISSION HILLS, CA 91345 95-4322584	SUPPORT	CA	501 (C) (3)	7	PHS SOCIAL	X	

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Employer identification number

75-2133781

OMB No. 1545-0047  
**2017**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

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

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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75-2133781

OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KADLEC FOUNDATION 888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501 (C) (3)	12, I	KRMC		X
(2) KADLEC NEUROLOGICAL RESOURCE CENTER 1268 LEE BLVD RICHLAND, WA 99352 91-1266345	HEALTHCARE	WA	501 (C) (3)	10	WHC		X
(3) KADLEC REGIONAL MEDICAL CENTER 888 SWIFT BLVD RICHLAND, WA 99352 91-0655392	HEALTHCARE	WA	501 (C) (3)	3	WHC		X
(4) LITTLE COMPANY OF MARY ANCILLARY SVCS CO 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SVCS	CA	501 (C) (3)	10	PHS SOCIAL		X
(5) LUNDBERG ASSOCIATION/PROVIDENCE HOUSE 5921 E. BURNSIDE PORTLAND, OR 97215 91-1562797	SUPPORT	OR	501 (C) (3)	7	PHS OR		X
(6) MARSHA RIVKIN CENTER FOR OVARIAN CANCER 747 BROADWAY SEATTLE, WA 98122 91-2054035	RESEARCH	WA	501 (C) (3)	7	SHS		X
(7) PACHED CLINICS 1200 12TH AVENUE S SEATTLE, WA 98144 56-2290878	HEALTHCARE	WA	501 (C) (3)	10	WHC		X

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Schedule R (Form 990) 2017

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(Form 990)**

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							Yes	No
(1)	PHAS FOUNDATION/SEVSA & SCVSA 501 S. BUENA VISTA STREET BURBANK, CA 91505 95-3544877	HEALTHCARE	CA	501 (C) (3)	7	PHS SOCAL	X	
(2)	PROVIDENCE ALASKA FOUNDATION 3300 PROVIDENCE DR, TOWER #2 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501 (C) (3)	12, I	PHS WA	X	
(3)	PROVIDENCE BENEDICTINE NURSING CTR FNDN 540 SOUTH MAIN STREET MT ANGEL, OR 97362-9532 91-1940286	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(4)	PROVIDENCE BLANCHET ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	SUPPORT	WA	501 (C) (3)	7	PHS WA	X	
(5)	PROVIDENCE CHILD CENTER FOUNDATION 830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501 (C) (3)	7	PHS OR	X	
(6)	PROVIDENCE COMMUNITY HEALTH FOUNDATION 1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(7)	PROVIDENCE DETTMAN HOUSE 1205 MONTELEO AVE HOOD RIVER, OR 97031 47-3385506	SUPPORT	WA	501 (C) (3)	7	N/A		X

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Schedule R (Form 990) 2017

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(Form 990)**

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							Yes	No
(1)	PROVIDENCE FOUNDATION 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	12, I	PHS WA	X	
(2)	PROVIDENCE GABELIN HOUSE ASSOCIATION 4515 MLK JR WAY S, STE 200 SEATTLE, WA 98108	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(3)	PROVIDENCE HEALTH & SERVICES 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		X
(4)	PROVIDENCE HEALTH & SERVICES - MONTANA 500 W BROADWAY, P O. BOX 4587 MISSOULA, MT 59806-4587	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(5)	PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	3	PHS	X	
(6)	PROVIDENCE HEALTH & SERVICES - WA 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	PHS	X	
(7)	PROVIDENCE HEALTH & SERVICES - WEST WA 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	PM/WHC	X	

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Schedule R (Form 990) 2017

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(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	PROVIDENCE HEALTH ASSURANCE 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	MEDICAID	OR	501 (C) (4)	N/A	PHP	X	
(2)	PROVIDENCE HEALTH CARE FNDN - E WA 101 W. 8TH AVENUE SPOKANE, WA 99204	HEALTHCARE	WA	501 (C) (3)	7	PHS WA	X	
(3)	PROVIDENCE HEALTH CARE FNDN (CENTRALIA) 914 S SCHEUBER ROAD CENTRALIA, WA 98531	HEALTHCARE	WA	501 (C) (3)	7	PHS W WA	X	
(4)	PROVIDENCE HEALTH PLAN 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	HEALTHCARE	OR	501 (C) (4)	N/A	PPP	X	
(5)	PROVIDENCE HEALTH SYSTEM - SO CAL 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	CA	501 (C) (3)	3	PHS	X	
(6)	PROVIDENCE HOOD RIVER MEM HOSP FDN 811 13TH ST. HOOD RIVER, OR 97031	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(7)	PROVIDENCE HOSPICE AND HOME CARE FNDN 2731 WETHORE AVENUE, STE 500 EVERETT, WA 98201	HEALTHCARE	WA	501 (C) (3)	7	PHS W WA	X	

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

Schedule R (Form 990) 2017



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

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.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 425 PONTIUS AVENUE NORTH, #300 SEATTLE, WA 98019-5452	HEALTHCARE	WA	501 (C) (3)	12, I	PHS W WA	X	
(2)	PROVIDENCE LITTLE COMPANY OF MARY FNDN 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	7	PHS SOCAL	X	
(3)	PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 98029-7219	HEALTHCARE	WA	501 (C) (3)	12, I	PHS W WA	X	
(4)	PROVIDENCE MEDICAL INSTITUTE 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	12, I	PHS SOCAL	X	
(5)	PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND MILWAUKIE, OR 97222	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(6)	PROVIDENCE MINISTRIES 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	RELIGIOUS ORG	WA	501 (C) (3)	1	N/A		X
(7)	PROVIDENCE MOUNT ST VINCENT FOUNDATION 4831 35TH AVENUE SW SEATTLE, WA 98126-2799	HEALTHCARE	WA	501 (C) (3)	7	PHS WA	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE OF LUBBOCK, INC.

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Open to Public  
Inspection

Employer identification number

75-2133781

OMB No. 1545-0047  
**2017**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	PROVIDENCE NEWBERG HEALTH FOUNDATION 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501 (C) (3)	7	PHS OR		X
(2)	PROVIDENCE PETER CLAVER ASSOCIATION 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	SUPPORT	WA	501 (C) (3)	7	PHS WA		X
(3)	PROVIDENCE PLAN PARTNERS 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213 91-1861964	HEALTHCARE	WA	501 (C) (4)	N/A	PHS OR		X
(4)	PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN STREET PORTLAND, OR 97213-2967 93-1231494	HEALTHCARE	OR	501 (C) (3)	7	PHS OR		X
(5)	PROVIDENCE ROSSI ASSOCIATION 1700 PROVIDENCE PLACE CENTRALIA, WA 98531 31-1584166	SUPPORT	WA	501 (C) (3)	10	PHS WA		X
(6)	PROVIDENCE SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501 (C) (3)	3	PHS SOCIAL		X
(7)	PROVIDENCE SAINT JOHN'S MEDICAL FNDN 20555 EARL ST TORRANCE, CA 90503 81-4542216	HEALTHCARE	CA	501 (C) (3)	PENDING	PHS SOCIAL		X

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

Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE OF LUBBOCK, INC.

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**2017**  
Open to Public  
Inspection

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PROVIDENCE ST VINCENT MEDICAL FNDN 9205 SW BARNES ROAD PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(2)	PROVIDENCE TRINITYCARE HOSPICE 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCIAL	X	
(3)	PROVIDENCE TRINITYCARE HOSPICE FNDN 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	X	
(4)	PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN 1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(C)(3)	12,I	PHS OR	X	
(5)	SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	X	
(6)	SEATTLE SCIENCE FOUNDATION 550 17TH AVENUE SEATTLE, WA 98122 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	X	
(7)	SISTERS OF PROVIDENCE OF MONTANA CORP 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA	X	

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
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OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

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.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ST. LUKE ASSOCIATION 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2)	ST PATRICK HOSPITAL FOUNDATION 500 WEST BROADWAY, P O BOX 45 MISSOULA, MT 59806-4587 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	X	
(3)	ST THOMAS CHILD AND FAMILY CENTER 1710 BENEFITS COURT GREAT FALLS, MT 59405 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	X	
(4)	SWEDISH EDMONDS 21601 76TH AVENUE EDMONDS, WA 98026 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(5)	SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(6)	SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	X	
(7)	SWEDISH MJM HOLDINGS 747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	X	

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Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2017**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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.

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(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)	THE GAMELIN ASSOCIATION 312 NORTH FOURTH STREET YAKIMA, WA 98901	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2)	THE GAMELIN CALIFORNIA ASSOCIATION 540 23RD STREET OAKLAND, CA 94612	SUPPORT	CA	501(C)(3)	10	PHS SOCIAL	X	
(3)	THE GAMELIN OREGON ASSOCIATION 5520 NE GLISAN PORTLAND, OR 97213	SUPPORT	OR	501(C)(3)	10	PHS OR	X	
(4)	UNIVERSITY OF GREAT FALLS 1301 20TH STREET SOUTH GREAT FALLS, MT 59405	EDUCATION	MT	501(C)(3)	2	PHS	X	
(5)	WESTERN HEALTHCONNECT 747 BROADWAY SEATTLE, WA 98122	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	X	
(6)	COVENANT MEDICAL CENTER 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(7)								

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) CA SPECIALTY SURGERY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) COASTAL ASC HOLDINGS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) COVENANT LONG-TERM CARE, LP SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(4) HERITAGE INVESTMENT GROUP SEE PART VII	INVESTMENTS	CA	N/A	N/A								
(5) HOAG ORTHOPEDIC INSTITUTE SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6) LSC REAL PROPERTY, LLC SEE PART VII	REAL ESTATE	TX	N/A	N/A								
(7) METHODIST DIAGNOSTIC IMAGING SEE PART VII	HEALTHCARE	TX	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE, BD HM08	CAPTIVE INSURANCE	BD	N/A	C-CORP					
(2) HOAG CLINIC 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP					
(3) DATU HEALTH, INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR, SUITE 250 CHESTERFIELD, MO 63017	IT SVCS	DE	N/A	C-CORP					
(4) HOAG MANAGEMENT SERVICES, INC 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP					
(5) LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET, SUITE 300 LUBBOCK, TX 79410	INACTIVE	TX	N/A	C-CORP					
(6) LUBBOCK METHODIST HOSPITAL SVCS P O BOX 1201 LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	C-CORP					
(7) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD, SUITE 354 MISSION VIEJO, CA 92699	HEALTHCARE	CA	N/A	C-CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
<b>(1)</b> NEWPORT IMAGING CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
<b>(2)</b> NORTH BAY ENDOSCOPY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
<b>(3)</b> SHA, LLC SEE PART VII	HEALTHCARE	TX	N/A	N/A								
<b>(4)</b> SOUTHERN CALIFORNIA SURG CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
<b>(5)</b> ST JOSEPH PHYSICIAN VENTURES SEE PART VII	REAL ESTATE	CA	N/A	N/A								
<b>(6)</b> ST. JOSEPH/SATELLITE DIALYSIS SEE PART VII	HEALTHCARE	CA	N/A	N/A								
<b>(7)</b> ALPHA MEDICAL LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
<b>(1)</b> OPHE HEALTHCARE SERVICES, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP				
<b>(2)</b> ST JOSEPH HEALTH 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HOLDING COMPANY	CA	N/A	C-CORP				
<b>(3)</b> ST JOSEPH PROF SVCS. ENTERPRISES, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP				
<b>(4)</b> 1221 MADISON STREET OWNERS ASSOC. 747 BROADWAY SEATTLE, WA 98122	OWNERS' ASSOC	WA	N/A	C-CORP				
<b>(5)</b> BOURGET HEALTH SERVICES, INC P O. BOX 2687 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C-CORP				
<b>(6)</b> CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802	MED PHYS SVCS	MT	N/A	C-CORP				
<b>(7)</b> PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503	STRAT PLAN SVCS	CA	N/A	C-CORP				



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(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	
(1) BROADWAY IMAGING, LLC SEE PART VII	MEDICAL IMAGING	MT	N/A	N/A								
(2) CALIFORNIA LABORATORY ASSOCS SEE PART VII	OUTPATIENT LAB	CA	N/A	N/A								
(3) CENTER FOR SPECIALTY SURGERY SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(4) CLACKMAS RADIATION ONCOL CTR SEE PART VII	RADIATION ONCOL	OR	N/A	N/A								
(5) CTR FOR MED IMAGING-BRIDGEPORT SEE PART VII	IMAGING DIAG	OR	N/A	N/A								
(6) CTR FOR MED IMAGING-TANASBOURNE SEE PART VII	IMAGING DIAG.	OR	N/A	N/A								
(7) GREATER VALLEY MED BLDG SEE PART VII	REAL ESTATE - MOB	CA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PIONEER INNOVATIONS, INC 800 5TH AVE, 10TH FLOOR SEATTLE, WA 98104	HEALTH INNOVATIONS	WA	N/A	C-CORP					
(2) PROVIDENCE HEALTH CARE VENTURES, INC 101 W 8TH AVE., TAF C-9 SPOKANE, WA 99204	CLIN/MED LAB	WA	N/A	C-CORP					
(3) PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503	PREPAID HEALTH INVESTMENTS	CA	N/A	C-CORP					
(4) PROVIDENCE HEALTH VENTURES, INC. 4101 TORRANCE BLVD. TORRANCE, CA 90503	INVESTMENTS	CA	N/A	C-CORP					
(5) VINSERRA, INC. 1328 22ND STREET SANTA MONICA, CA 90403	INVESTMENTS	CA	N/A	C-CORP					
(6) WESTERN HEALTHCONNECT VENTURES, INC 1801 LIND AVE SW #9016 RENTON, WA 98057	INVESTMENTS	WA	N/A	C-CORP					
(7) YAKIMA MEDICAL ARTS, INC 611 N PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C-CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) HCSA PROPERTIES LLC SEE PART VII	REAL ESTATE RENT	WA	N/A	N/A								
(2) MOUNTAINSTAR CLIN LAB SEE PART VII	OUTPATIENT LAB	MT	N/A	N/A								
(3) OREGON ADVANCED IMAGING, LLC SEE PART VII	MEDICAL IMAGING	OR	N/A	N/A								
(4) OREGON OUTPATIENT SURGERY CTR SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(5) PACLAB, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(6) PATHOLOGY ASSOCS MED LAB SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(7) PET/CT IMG SWEDISH CANCER INST SEE PART VII	MEDICAL IMAGING	WA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets controlled by entity	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) ST. JOSEPH HEALTH SOURCE, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	N/A	C-CORP				
(2) PROVIDENCE ASSURANCE, INC. 3131 CAMELBACK ROAD, STE 400 PHOENIX, AZ 85016 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C-CORP				
(3)								
(4)								
(5)								
(6)								
(7)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) PHS INVESTMENT TRUST HEDGE FUN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST BANK LOAN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRANSITION PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST RISK PART SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST LONG TREA SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST MLP PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST RELATIVE SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) PHS INVESTMENT TRUST TIPS PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQ SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST LDI PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST PUBLIC DE SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST TACTICAL SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST COMMODITI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST 2015 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) PHS INVESTMENT TRUST SHORT TER SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PORTLAND MEDICAL IMAGING, LLC SEE PART VII	IMAGING DIAGNOSTI	OR	N/A	N/A								
(5) PROV RADIATION ONCOLOGY DEV SEE PART VII	REAL ESTATE - MOB	OR	N/A	N/A								
(6) PROVIDENCE IMAGING CENTER SEE PART VII	MEDICAL IMAGING	AK	N/A	N/A								
(7) PROVIDENCE PARTNERS FOR HEALTH SEE PART VII	CLIN QUALITY/INT	CA	N/A	N/A								

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) PROVIDENCE SURGERY CENTER, LLC SEE PART VII	AMBULATORY SURG	MT	N/A	N/A								
(2) PROVIDENCE/SILVERTON REHAB SEE PART VII	REHAB SERVICES	OR	N/A	N/A								
(3) PROVIDENCE/USP SANTA CLARITA SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(4) PROVIDENCE/USP SURGERY CTRS SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(5) SOUTHERN IDAHO REGIONAL LAB SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A								
(6) THE MADISON SPOKANE INN, LLC SEE PART VII	HOTEL SERVICES	WA	N/A	N/A								
(7) TRI-CITIES LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) SJO ASC HOLDINGS LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) HOAG OUTPATIENT CENTERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) NEWPORT BAY SURGERY CTR, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(4) NEWPORT BEACH ENDOSCOPY CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(5) NEWPORT SURGICAL PARTNERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6)												
(7)												

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

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

**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.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COVENANT HEALTH SYSTEM FOUNDATION	C	100,002.	ACCRUAL
(2)	COVENANT HEALTH SYSTEM	J	51,000.	ACCRUAL
(3)	COVENANT HEALTH SYSTEM	P	1,460,036.	ACCRUAL
(4)	COVENANT HEALTH SYSTEM	Q	2,864,158.	ACCRUAL
(5)	COVENANT HEALTH SYSTEM	S	124,355.	ACCRUAL
(6)				



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

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

CALIFORNIA SPECIALTY SURGERY CENTER, LP

EIN: 33-0939003

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

COASTAL ASC HOLDINGS, LLC

EIN: 81-0986844

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

COVENANT LONG-TERM CARE, LP

EIN: 20-5033419

ADDRESS: 4000 24TH STREET, LUBBOCK, TX 79410

HERITAGE INVESTMENT GROUP I, LLC

EIN: 27-1000061

ADDRESS: 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868

HOAG ORTHOPEDIC INSTITUTE

EIN: 61-1588294

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

LSC REAL PROPERTY, LLC

EIN: 47-4646059

ADDRESS: 2301 QUAKER AVE, LUBBOCK, TX 79410

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

METHODIST DIAGNOSTIC IMAGING

EIN: 75-2343261

ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410

NEWPORT IMAGING CENTER

EIN: 33-0191776

ADDRESS: 360 SAN MIGUEL, NEWPORT BEACH, CA 92660

NORTH BAY ENDOSCOPY CENTER, LLC

EIN: 61-1559876

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

SHA, LLC

EIN: 75-2569094

ADDRESS: 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750

SOUTHERN CALIFORNIA SURGERY CENTER, LLC

EIN: 33-0939000

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

ST. JOSEPH PHYSICIAN VENTURES I, LLC

EIN: 45-4521884

ADDRESS: 1100 WEST STEWART DRIVE, ORANGE, CA 92868

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC

EIN: 81-4657391

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

ALPHA MEDICAL LABORATORY, LLC

EIN: 91-2017347

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

BROADWAY IMAGING, LLC

EIN: 52-2405971

ADDRESS: 500 W. BROADWAY, MISSOULA, MT 59802

CALIFORNIA LABORATORY ASSOCIATES, LLC

EIN: 27-3888692

ADDRESS: 501 BUENA VISTA, BURBANK, CA 91505

CENTER FOR SPECIALTY SURGERY, LLC

EIN: 26-3638838

ADDRESS: 11782 SW BARNES ROAD, PORTLAND, OR 97225

CLACKAMAS RADIATION ONCOLOGY CENTER, LLC

EIN: 26-0381897

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC

EIN: 26-0796953

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

CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC

EIN: 20-0477972

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

GREATER VALLEY MEDICAL BUILDING, LP

EIN: 95-4570858

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

HCSA PROPERTIES, LLC

EIN: 46-0620892

ADDRESS: 1600 M STREET NW, AUBURN, WA 98001

MOUNTAINSTAR CLINICAL LABORATORIES, LLC

EIN: 26-1345983

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

OREGON ADVANCED IMAGING, LLC

EIN: 45-0471748

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

OREGON OUTPATIENT SURGERY CENTER

EIN: 22-3883387

ADDRESS: 7300 SW CHILDS ROAD, TIGARD, OR 97224

PACLAB, LLC

EIN: 91-1743952

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC

EIN: 27-0943279

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC

EIN: 20-3132044

ADDRESS: 1221 MADISON STREET, SEATTLE, WA 98104

PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO

EIN: 47-2293255

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

PHS INVESTMENT TRUST BANK LOANS PORTFOLIO

EIN: 47-2357735

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PHS INVESTMENT TRANSITION PORTFOLIO

EIN: 47-2279711

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

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

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

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

EIN: 47-2385238

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

PHS INVESTMENT TRUST MLP PORTFOLIO

EIN: 47-2367538

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

PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO

EIN: 47-2314743

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

PHS INVESTMENT TRUST TIPS PORTFOLIO

EIN: 47-2402609

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

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

PHS INVESTMENT TRUST LDI PORTFOLIO

EIN: 47-2392060

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

PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO

EIN: 47-2353569

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

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

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

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

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

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

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



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

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

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

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

PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO

EIN: 81-2960145

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

PORTLAND MEDICAL IMAGING, LLC

EIN: 20-1054971

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

PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC

EIN: 26-0682491

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

PROVIDENCE IMAGING CENTER

EIN: 92-0118807

ADDRESS: 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PROVIDENCE PARTNERS FOR HEALTH, LLC

EIN: 45-4041798

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

PROVIDENCE SURGERY CENTER, LLC

EIN: 84-1401625

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

PROVIDENCE/SILVERTON REHAB, LLC

EIN: 48-1287267

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

PROVIDENCE/USP SANTA CLARITA GP, LLC

EIN: 20-2829660

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

PROVIDENCE/USP SURGERY CENTERS, LLC

EIN: 20-0905938

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

SOUTHERN IDAHO REGIONAL LABORATORY, LLC

EIN: 82-0511819

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

**Part VII Supplemental Information**

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THE MADISON SPOKANE INN, LLC

EIN: 84-1606484

ADDRESS: 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204

TRI-CITIES LABORATORY, LLC

EIN: 91-1773986

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

SJO ASC HOLDINGS LLC

EIN: 82-1655501

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

HOAG OUTPATIENT CENTERS, LLC

EIN: 45-3587572

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

NEWPORT BAY SURGERY CENTER, LLC

EIN: 56-2518360

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

NEWPORT BEACH ENDOSCOPY CENTER, LLC

EIN: 77-0368744

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

**Part VII Supplemental Information**

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NEWPORT SURGICAL PARTNERS, LLC

EIN: 39-2060266

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