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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHRISTUS HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2707 North Loop West

City or town, state or country, and ZIP + 4
Houston, TX 77008

D Employer identification number
76-0590551

E Telephone number
(281) 936-3642

G Gross receipts $ 11,596,685,894

F Name and address of Principal Officer
Thomas Royer MD
6363 N Highway 161 Suite 450
Irving, TX 75038

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ www christushealth org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1999

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALING MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	2,128
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	1,461,253
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-469,694

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	56,304	353,830
9	Program service revenue (Part VIII, line 2g)	319,449,235	360,857,103
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,275,190	-30,673,666
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,431,730	4,267,940
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,212,459	334,805,207
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,312,269	8,898,925
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	97,816,634	112,228,356
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	288,877,449	284,670,412
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	399,006,352	405,797,693
19	Revenue less expenses Subtract line 18 from line 12	14,206,107	-70,992,486
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	2,556,476,045	2,396,209,601
21	Total liabilities (Part X, line 26)	2,061,495,944	2,279,327,985
22	Net assets or fund balances Subtract line 21 from line 20	494,980,101	116,881,616

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

Please Sign Here

▶ Signature of officer — Date: 2010-05-10

▶ Jay Herron Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 1401 MCKINNEY SUITE 1200 HOUSTON, TX 77010			EIN ▶ Phone no ▶ (713) 750-1500

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 37,938,703 including grants of $) (Revenue $ 208,902,348)

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 142-YEAR-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO FOUNDED WITH THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS HEALTH REACHES OUT TO, AND BEYOND, THE MORE THAN 60 COMMUNITIES WE SERVE TO HELP THOSE IN NEED THE VISION OF CHRISTUS HEALTH AS A CATHOLIC, FAITH-BASED MINISTRY, IS TO BE A LEADER, A PARTNER AND ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE CHRISTUS HEALTH RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED IN MORE THAN 350 SERVICES AND FACILITIES, INCLUDING MORE THAN 50 HOSPITALS AND LONG-TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS AND DOZENS OF OTHER HEALTH MINISTRIES AND VENTURES CHRISTUS SERVICES ARE FOUND IN 60 CITIES IN TEXAS, ARKANSAS, IOWA, LOUISIANA, MISSOURI, GEORGIA, NEW MEXICO AND UTAH IN THE U S AND CHIHUAHUA, COAHUILA, NUEVO LEN, PUEBLA, SAN LUIS POTOSI AND TAMAULIPAS IN MEXICO WHILE SPECIFIC PROGRAMS AND SERVICES DIFFER FROM FACILITY TO FACILITY TO MEET COMMUNITY NEEDS, EACH OF OUR HEALTH CARE ENTITIES HAS THE SAME OBJECTIVE -- TO FULFILL OUR MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY CHRISTUS HEALTH PROVIDES VARIOUS ADMINISTRATIVE SERVICES TO THE CHRISTUS REGIONS, INCLUDING EMPLOYEE BENEFITS, WELFARE BENEFITS, COLLECTION SERVICES, COMPUTER SERVICES, INSURANCE, EQUIPMENT MAINTENANCES AND OTHER BUSINESS OFFICE SERVICES COMBINED, THE CHRISTUS HEALTH SERVICE AREA COMPRISES A POPULATION OF APPROXIMATELY 7,611,163 IN OUR FISCAL YEAR 2009 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 844,758 VISITS TO OUR EMERGENCY DEPARTMENTS, 71,754 INPATIENT SURGERY PROCEDURES, 71,271 OUTPATIENT SURGERY PROCEDURES, 206,094 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE AND 3,163,564 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS HEALTH STAND APART ALLOWING OTHERS TO TOUCH US GIVES CHRISTUS HEALTH A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS HEALTH'S HOSPITALS AND VARIOUS OTHER HEALTH CARE SERVICES PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS CARE FOR THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED EMPLOYEES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS' MISSION TO MEET THE NEEDS OF AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE A DISCOUNT ON IMPORTANT SERVICES PROVIDED TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS CHRISTUS HEALTH PROVIDES A RANGE OF INPATIENT AND OUTPATIENT SERVICES TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE WE CONDUCT OUR ACTIVITIES AND PROVIDE HEALTH CARE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN PARTICULAR HEALTH CARE SERVICES VARY BY MARKET AND ARE BASED ON THE NEEDS OF EACH PARTICULAR COMMUNITY OUR SERVICES RANGE FROM THE MOST SOPHISTICATED RESEARCH AND BREAKTHROUGH MEDICAL TECHNOLOGY SERVICES TO MUCH-NEEDED PRIMARY CARE EACH OF OUR ACUTE CARE HOSPITALS PROVIDES AN EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES IN ADDITION, MANY OF OUR HOSPITALS ARE ENGAGED IN RESEARCH AND CLINICAL TRIALS TO ADVANCE CARE AND CURE FOR CERTAIN DISEASES, AND SOME CHRISTUS HOSPITALS HOST GRADUATE MEDICAL EDUCATION PROGRAMS THAT TRAIN FUTURE HEALTH CARE PROVIDERS AND LEADERS INCLUDING NURSES, PHYSICIANS AND VARIOUS ALLIED HEALTH PROFESSIONALS AS A NOT-FOR-PROFIT ORGANIZATION, A GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT PROFESSIONALS WHO HELP SHAPE THE STRATEGIES AND POLICIES OF OUR HEALTH SYSTEM GUIDES CHRISTUS HEALTH IN ADDITION, A BOARD OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GOVERNS EACH OF OUR HEALTH CARE ENTITIES WE ARE PRIVILEGED TO HAVE OPEN MEDICAL STAFFS IN EACH OF OUR HOSPITALS AND CLINICS COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS ARE WHO ARE GRANTED PRIVILEGES TO SERVE IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

4b (Code) (Expenses $ 2,564,618 including grants of $ 2,564,618) (Revenue $)

COMMUNITY SERVICES ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES SOME EXAMPLES OF CHRISTUS HEALTH COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (CDI) AND THE CHRISTUS FUND THE CHRISTUS BOARD OF DIRECTORS APPROVED THE FUNDING OF A CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME THAT WOULD HAVE BEEN EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES LOANS HAVE BEEN PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS $ 1,750,000 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $110,914 IN CHRISTUS HEALTH GULF COAST REGION $1,260,035 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $ 857,913 IN CHRISTUS HEALTH SANTA ROSA HEALTH SYSTEM REGION $1,313,160 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $864,471 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $500,000 IN CHRISTUS HEALTH SPOHN HEALTH SYSTEM REGION $ 2,624,434 TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2009 $9,280,927 CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IMPROVEMENTS IN OUR COMMUNITIES DURING FY2009, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS IN CHRISTUS HEALTH ARK-LA-TEX REGION $175,125 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $111,000 IN CHRISTUS HEALTH GULF COAST REGION $186,500 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $50,000 IN CHRISTUS SANTA ROSA HEALTH SYSTEM REGION $180,000 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $607,050 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $35,000 IN CHRISTUS SPOHN HEALTH SYSTEM REGION $791,825 IN CHRISTUS HEALTH SPONSOR/RELATED REGION $167,469 IN CHRISTUS HEALTH SYSTEM-WIDE INITIATIVE $260,649 IN CHRISTUS HEALTH UTAH REGION $-0- TOTAL CHRISTUS FUND $2,564,618 MONEY DISTRIBUTED FROM DESIGNATED FUNDS/OTHER DIRECT FUNDS $-0-

4c (Code) (Expenses $ 6,514,204 including grants of $ 6,334,307) (Revenue $)

COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR THE ELDERLY, HIV/AIDS AND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING FY 2009, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH--AND IN SOME INSTANCES AUGMENT--GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE

4d Other program services (Describe in Schedule O)
(Expenses $ 135,629,139 including grants of $) (Revenue $ 150,838,132)

4e Total program service expenses $ 182,646,664 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	727		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,128		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country CJ , MX See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KIM REYNOLDS
2707 North Loop West
Houston, TX 77008
(281) 936-3630

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								7,256,400	68,150	1,517,754

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 271

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
BROADLANE INC 13727 NOEL ROAD STE 1400 DALLAS, TX 75240	Purchasing Agents	7,739,784
G E MEDICAL SYSTEMS 8200 W TOWER AVE MILWAUKEE, WI 53223	Contract Maintenance	6,856,313
MEDICAL INFORMATION TECHNOLOGY INC MEDITEC CIRCLE WESTWOOD, MA 02090	Contract Maintenance	3,606,251
MICROSOFT LICENSING GP 1950 N STEMMONS FWY STE 5010 DALLAS, TX 75207	Contract Maintenance	2,915,624
FORSYTHE SOLUTIONS GROUP INC 7770 FRONTAGE ROAD SKOKIE, IL 60077	Contract Maintenance	2,607,567

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 131

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 269,391				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 84,439				
	g	Noncash contributions included in lines 1a-1f $ 128,364				
	h	**Total (Add lines 1a-1f)** ▶	353,830			
Program Service Revenue		Business Code				
	2a	Capitation Revenue 621,400	150,838,132	150,838,132		
	b	SYSTEM OFFICE FEES AND MANAGEMENT SEVS 561,000	38,214,311	38,214,311		
	c	COLLECTION FEES 561,000	8,459,389	8,459,389		
	d	SERVICE FEE INCOME 541,900	130,549,295	130,549,295		
	e	PREMIUM INCOME 524,298	16,941,234	16,941,234		
	f	All other program service revenue	15,854,742	14,738,119	1,116,623	
	g	**Total. Add lines 2a-2f** ▶ $ 360,857,103				
	3	Investment income (including dividends, interest other similar amounts) ▶	24,853,657			24,853,657
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	1,672,883			1,672,883
		(i) Real / (ii) Personal				
	6a	Gross Rents 2,721				
	b	Less rental expenses				
	c	Rental income or (loss) 2,721				
	d	Net rental income or (loss) ▶	2,721		2,721	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 11,198,555,811 / 6,620,256				
	b	Less cost or other basis and sales expenses 11,255,592,485 / 5,110,905				
	c	Gain or (loss) -57,036,674 / 1,509,351				
	d	Net gain or (loss) ▶	-55,527,323		17,945	-55,545,268
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a 2,335,969				
	b	Less cost of goods sold b 1,177,297				
	c	Net income or (loss) from sales of inventory ▶	1,158,672			1,158,672
		Miscellaneous Revenue / Business Code				
	11a	BROADLANE REBATE PAYMENTS 900,099	688,637			688,637
	b	Fitness Center 713,940	125,497		125,497	
	c	Spa 812,900	163,994		163,994	
	d	All other revenue _____	455,536		34,473	421,063
	e	**Total. Add lines 11a-11d** ▶ $ 1,433,664				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	334,805,207	359,740,480	1,461,253	-26,750,356

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	8,723,425	8,723,425		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	20,500	20,500		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	155,000	155,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,462,224	687,286	7,774,938	
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	89,939,322	7,304,705		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,876,172		4,876,172	
9	Other employee benefits	2,371,962		2,371,962	
10	Payroll taxes	6,578,676	532,114	6,046,562	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	863,951	75,385	788,566	
c	Accounting	3,079,735		3,079,735	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	1,188,857	1,188,857		
g	Other	212,532,612	134,867,734	77,664,878	
12	Advertising and promotion	614,713	167,644	447,069	
13	Office expenses	17,391,277	1,224,035	16,167,242	
14	Information technology	52,385		52,385	
15	Royalties . .	0			
16	Occupancy	11,817,250	6,431,695	5,385,555	
17	Travel	3,704,770	114,002	3,590,768	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	2,190,786	51,452	2,139,334	
20	Interest	1,960,172		1,960,172	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,025,554	6,622,968	4,402,586	
23	Insurance	6,514,716	6,404,642	110,074	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	USFHP Profit	7,304,186	7,304,186		
b	Miscellaneous	3,357,022	231,925	3,125,097	
c	Claims-Property Insurance	365,780	365,780		
d	Subscriptions	307,340	20,198	287,142	
e	Recruitment/Placement Fees	217,330	18,306	199,025	
f	All other expenses	181,977	134,825	47,150	
25	**Total functional expenses.** Add lines 1 through 24f	405,797,693	182,646,664	223,151,029	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		165,376	1	0
	2	Savings and temporary cash investments		0	2	254,700,919
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0	4	8,455,749
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		117,673,154	7	1,110,414,229
	8	Inventories for sale or use		273,714	8	904,987
	9	Prepaid expenses and deferred charges		15,625,995	9	17,567,519
	10a	Land, buildings, and equipment cost basis	10a 123,972,148			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 33,423,537	120,727,078	10c	90,548,611
	11	Investments—publicly traded securities		681,327,958	11	324,054,306
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		320,701,970	12	110,695,510
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		0	13	245,869,315
	14	Intangible assets		0	14	51,124,176
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		1,299,980,800	15	181,874,280
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		2,556,476,045	16	2,396,209,601
Liabilities	17	Accounts payable and accrued expenses		97,756,543	17	151,662,363
	18	Grants payable			18	
	19	Deferred revenue		390,119	19	696,246
	20	Tax-exempt bond liabilities		1,118,828,090	20	1,207,946,976
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		48,309,332	23	0
	24	Unsecured notes and loans payable		0	24	92,197,528
	25	Other liabilities *Complete Part X of Schedule D*		796,211,860	25	826,824,872
	26	**Total liabilities.** *Add lines 17 through 25*		2,061,495,944	26	2,279,327,985
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		489,136,640	27	111,118,904
	28	Temporarily restricted net assets		1,188,848	28	1,108,733
	29	Permanently restricted net assets		4,654,613	29	4,653,979
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		494,980,101	33	116,881,616
	34	Total liabilities and net assets/fund balances		2,556,476,045	34	2,396,209,601

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)
3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
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 organization that normally receives (1) more than 331/3% 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 331/3% 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)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
11 ☑ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CONG OF SISTERS OF CHARITY OF INCARNATE WORD SAN ANTONIO	742790137	01	Yes		Yes		Yes		91323332
CONG OF SISTERS OF CHARITY OF INCARNATE WORD HOUSTON	237152879	01	Yes		Yes		Yes		91323332
Total									182,646,664

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

CHRISTUS HEALTH IS EXEMPT UNDER THE GROUP RULING ISSUED TO THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS WITH RESPECT TO THE FEDERAL TAX STATUS OF CATHOLIC ORGANIZATIONS LISTED IN THE 2009 EDITION OF THE OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH IS A SUPPORTING ORGANIZATION THAT IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF ITS 2 FOUNDING CONGREGATIONS, THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD SAN ANTONIO AND THE CONGREGATION OF THE SISTERS OF CHARITY OF INCARNATE WORD HOUSTON CHRISTUS HEALTH IS OPERATED, SUPERVISED AND CONTROLLED BY THE SUPPORTED CONGREGATIONS SCHEDULE A, PART I, BOX 11A HAS BEEN CHECKED TO APPROPRIATELY REFLECT CHRISTUS HEALTH'S REASON FOR NON-PRIVATE FOUNDATION STATUS THIS REPORTING CHANGE IS NOT A RESULT OF A NEW DIRECTION FOR THE ENTITY OR A SHIFT IN PROGRAM SERVICE ACTIVITIES THIS REPORTING CHANGE IS MADE TO MORE ACCURATELY INDICATE ITS SUPPORTING ORGANIZATION STATUS

Additional Data

Software ID:	
Software Version:	
EIN:	76-0590551
Name:	CHRISTUS HEALTH

Additional Data

Software ID:
Software Version:
EIN: 76-0590551
Name: CHRISTUS HEALTH

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Phyllis Cowling , Director	1 0	X						0	0	0
Celina Garza-Ridge , Director	1 0	X						300	0	0
Sister Walter Maher , Director	1 0	X						0	0	0
Dennis Stine , Director	1 0	X						1,139	0	0
Kenneth Wells MD , Director	1 0	X						0	0	0
Charles Bouchard , Director	1 0	X						0	0	0
Richard Clarke , Director	1 0	X						0	0	0
Sister Kathleen Coughlin , Director	1 0	X						300	0	0
Catherine Dulle , Director/Chairperson	1 0	X		X				0	0	0
Robert Gussin , Director	1 0	X						144	0	0
Sister Deenan Hubbard , Director	1 0	X						300	0	0
Pedro Martin , Director	1 0	X						1,139	0	0
Mary Jo Potter , Director	1 0	X						300	0	0
Sister Celeste Trahan , Director	1 0	X						300	0	0
Thomas Royer MD , President/CEO/Ex Officio Dir	40 0	X		X				1,454,996	0	43,858
Sister Helena Monahan Trmd 409 , Director/Vice Chairperson	1 0	X		X				300	0	0
Margaret ConyersTrm 509 , Corporate Secretary	40 0			X				147,071	0	13,204
Jay Herron , Treasurer	40 0			X				503,391	0	144,476
William L Pardue EFF 5109 , Corporate Secretary	40 0			X				0	0	0
Cynthia Zatorski , Assistant Corporate Secretary	40 0			X				82,143	0	11,688
George Conklin , SR VP-Chief Info Officer	40 0				X			387,688	0	103,076
John A Gillean MD , SR VP-Chief Medical Officer	40 0				X			487,996	0	130,572
Mary T Lynch , SR VP-HR & Corporate Integrity	40 0				X			329,239	0	98,287
Peter Maddox , SR VP-Bus, Strategy & Corp Dev	40 0				X			443,514	0	96,308
Ernie Sadau , SR VP Patient & Res Care Oper	40 0				X			780,585	0	209,009
John Zipprich , SR VP-Legal Services	40 0				X			445,127	0	132,892
Linda K McClung , SR VP-Comm, Philan & Sys Svcs	40 0				X			308,095	0	78,321
Sister Theresa McGrath TM 72508 , SR VP-Mission and Ethics	40 0				X			0	0	0
Gerard F HeeleyEFF 708 , SR VP-Mission and Ethics	40 0				X			165,131	0	29,999
Jeffrey M Puckett , Corp VP-Mngd Cr, Bus Adv & Svc	40 0				X			372,426	0	91,101

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Marshall Bolyard , Executive Director USFHP	40 0				X			221,123	0	24,026
Darrell DixonTrf 21708 , Syst Med Dir/Syst Dir Prof Dev	40 0					X		255,744	68,150	107,443
Stephen Barnabee , Syst Sr Dir, Assoc Fin Officer	40 0					X		209,269	0	44,583
Patricia Eileen Sampanes , Syst Sr Dir Cln Exl/Pt Saf Ofc	40 0					X		233,327	0	34,639
Scott Weber , Syst Sr Dir, Reg Gen Counsel	40 0					X		221,822	0	68,071
Christopher L Blakemore , Syst Sr Dir, Assoc CIO	40 0					X		203,491	0	56,201

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Capitation Revenue	621,400	150,838,132	150,838,132		
b SYSTEM OFFICE FEES AND MANAGEMENT SEVS	561,000	38,214,311	38,214,311		
c COLLECTION FEES	561,000	8,459,389	8,459,389		
d SERVICE FEE INCOME	541,900	130,549,295	130,549,295		
e PREMIUM INCOME	524,298	16,941,234	16,941,234		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL AND RELIGIOUS PURPOSES OF ADVANCING, PROMOTING AND SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS WHICH OPERATE AND ARE CONTROLLED IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH, AND PROMOTING EFFICIENT GOVERNANCE AND MANAGEMENT, COOPERATIVE PLANNING AND THE SHARING OF RESOURCES AMONG SUCH HEALTH CARE MINISTRIES. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE CORPORATION'S MISSION SHALL BE TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, AND CONSISTENT THEREWITH, SHALL OPERATE ACCORDING TO THE DOCTRINES, RESOLUTIONS, DECREES AND ETHICAL PRINCIPLES OF THE SPONSORING CONGREGATIONS, AND THE ETHICAL AND RELIGIOUS DIRECTORS FOR CATHOLIC HEALTH CARE SERVICES AS PROMULGATED OR AMENDED FROM TIME TO TIME BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS. IT IS ALSO A PURPOSE OF THE CORPORATION TO AID, LEND FINANCIAL SUPPORT AND AS

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
CHRISTUS HEALTH	76-0590551

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		520,740
j	Total lines 1c through 1i			520,740
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1I	OTHER LOBBYING ACTIVITIES	HEALTH CARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATION OF KEY HEALTH CARE POLICIES LOBBYING INCLUDED IN VARIOUS HOSPITAL ASSOCIATION DUES IN FY09 TOTALED $348,407 TWO ADVOCACY AND PUBLIC POLICY CONSULTANTS ALLOCATED $81,000 OF THEIR FEES TO LOBBYING RELATED TO LOUISIANA STATE HEALTH CARE ISSUES, REIMBURSEMENTS AND EARMARK FUNDING CHRISTUS HEALTH ASSOCIATES MADE DIRECT CONTACT THROUGH LETTERS, EMAILS, AND A LIMITED NUMBER OF IN PERSON VISITS WITH STATE AND U S LEGISLATIVE REPRESENTATIVES ON A STATE LEVEL THESE TOPICS INCLUDED CHIP, SCHOOL BASED HEALTH PROGRAMS, MEDICAID FUNDING, BOARD OF NURSING ISSUES, UNINSURED POLICY EXPANSION, PHYSICIAN STAFFING ISSUES, HEALTH INFORMATION TECHNOLOGY, MEDICAL MALPRACTICE REFORM, STATE NON-SUBSCRIPTION ISSUES, INDIGENT CARE PILOTS, AND COMMUNITY BASED SERVICES WAIVERS ON A FEDERAL LEVEL ADVOCACY EFFORTS WERE RELATED TO HEALTH REFORM INITIATIVES, FINANCIAL CHALLENGES, DISASTER RECOVERY EFFORTS, INFORMATION TECHNOLOGY, CHILDREN'S HEALTH ISSUES, PUTTING CARE WITHIN REACH INITIATIVES, AND SUBSIDIZING HEALTH INSURANCE FOR LOW AND MODEST-INCOME AMERICANS THESE EFFORTS IN EMPLOYEE TIME AND RELATED OUT OF POCKET EXPENSES TOTALED $ 91,063 THE TOTAL AMOUNT OF RESOURCES, INCLUDING TIME AND MONEY INVOLVED IN LOBBYING ACTIVITIES IS INSUBSTANTIAL

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		25,362,385		25,362,385
b Buildings		46,565,838	5,552,601	41,013,237
c Leasehold improvements		8,669,600	1,582,788	7,086,812
d Equipment		37,797,488	23,916,616	13,880,872
e Other		5,576,837	2,371,532	3,205,305
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				90,548,611

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Hedge Funds	95,927,513	F
Other Hedge Fund with Lock Up Provis	7,594,688	F
Other Mineral Interest	7,023,359	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Investment in Subsidiaries	245,869,315	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	245,869,315	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Security Lending Collateral	53,364,957
Securities Pledged to Creditor	53,054,108
Net Amort Bond Issue Costs	20,412,393
Due from Related Organizations	42,469,716
Executive Benefit Programs	11,900,565
Deposits	672,541
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	181,874,280

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
CASH - SEE PART XIV	509,260,982
Collections Payable	4,491,864
Payable to CCVI	2,451,798
Pension Liability	213,672,099
Security Lending Agreement	54,238,457
Other Long Term Liabilities	42,709,672
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	826,824,872

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FORM 990, PART X, LINES 1 AND 2	CASH--NON-INTEREST-BEARING AND SAVINGS AND TEMPORARY CASH INVESTMENTS	CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY CASH BALANCES FOR EACH CHRISTUS HEALTH ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990
FORM 990, SCHEDULE D, PART V	ENDOWMENT FUNDS	CHRISTUS HEALTH HAS A 50% INTEREST IN BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES SHOW ENDOWMENTS INCLUDED IN PERMANENTLY RESTRICTED NET ASSETS THEREFORE, CHRISTUS HEALTH REPORTS 50% OF SUCH ENDOWMENTS ON ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS HOWEVER, SUCH ENDOWMENTS ARE NOT REPORTED ON THE CHRISTUS HEALTH FORM 990, SCHEDULE D, PART V BECAUSE CHRISTUS HEALTH DOES NOT HAVE A CONTROLLING INTEREST OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES, AND THEREFORE IT IS NOT A RELATED ORGANIZATION PER THE IRS FORM 990 INSTRUCTIONS
FORM 990, SCHEDULE D, PART X	UNCERTAIN TAX POSITIONS UNDER FIN 48	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, ON JULY 1, 2007, CHRISTUS HEALTH ADOPTED FIN 48, AND THE ADOPTION HAD NO IMPACT ON ITS CONSOLIDATED FINANCIAL STATEMENTS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2008

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
North America	0	1	Program Services	Edu & Prog Consulting	118,141
South America	0	0	Program Services	Program/Business Dvpt	14,484
North America	0	0	Grantmaking		155,000
South Asia	0	0	Program Services	Program/Business Dvpt	21,793
Totals . . . . . ▶	0	1			309,418

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Sponsorship for Adelaida La Fon Community Clinics	80,000	GRANTMAKING			
		North America	Sponsorship for Nursing School Program	75,000	GRANTMAKING			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
SCHEDULE F, PART I, QUESTION 2	ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED ORGANIZATIONS CONSIDERED FOR DONATIONS MUST BY IRS SECTION 501 (C)(3) AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST, CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 76-0590551
Name: CHRISTUS HEALTH

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Sponsorship for Adelaida La Fon Community Clinics	80,000	GRANTMAKING			
		North America	Sponsorship for Nursing School Program	75,000	GRANTMAKING			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 51

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Hurricane Ike assistance	36	20,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED ORGANIZATIONS CONSIDERED FOR DONATIONS MUST BE IRS SECTION 501(C)(3) AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST, CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 76-0590551
Name: CHRISTUS HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Health Ministries 1117 TX Avenue Houston,TX 77002	71-0933434	501(c)(3)	50,000				Program support for primary healthcare for the homeless of Houston
CHRISTUS Foundation for Health CarePO Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	100,000				Operational support for clinic that provides affordable health services to low-income community
Mercy Housing1999 Broadway Suite 1000 Denver,CO 80202	47-0646706	501(c)(3)	200,000				Payment for completed work related to pre-development research and development services for the creation of affordable senior housing within CHRISTUS service areas
Community Action Corp of South Texas204 E First Street Alice,TX 78332	74-1679824	501(c)(3)	134,025				Salary and program support for collaboration to improve the health of low-income and uninsured populations
Habitat for Humanity Jefferson CountyPO Box 3174 Beaumont,TX 77704	74-2007535	501(c)(3)	75,000				Salary support for Construction Superintendent and four managers of affordable housing projects
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi,TX 78404	74-1109836	501(c)(3)	134,000				Program and salary support for a Mental Health Case Worker and Community Mental Health Technician
East Texas Health Access Network117 W Houston Street Jasper,TX 75951	20-0091803	501(c)(3)	40,000				Salary support for care management of uninsured, low-income individuals
Center of Concern1225 Otis Street NE Washington,DC 20017	52-0941367	501(c)(3)	25,000				Program support to build capacity of organization to conduct programs related to poverty, hunger, and economic and social justice
Texas A&M University SYS Health Science CTRTAMU-1266 College Station,TX 77843	74-2907553	501(c)(3)	60,649				Evaluation of economic and clinical impact of CHRISTUS' care management programs
CH Wilkinson Physician Network1700 West Loop South Houston,TX 77027	76-0422435	501(c)(3)	100,000				Program support for a rural primary health care center in South Texas

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 71301	72-0408984	501(c)(3)	75,000				Salary support for medical director and other program related services
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 71301	72-0408984	501(c)(3)	36,000				Salary support for care management of uninsured, low-income individuals
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	37,000				Program support for care management of uninsured, low-income individuals
SE TX Regional Planning Commission2210 Eastex FWY Beaumont, TX 77703	74-1675043	501(c)(3)	50,000				Salary support for Care Navigator
SE TX Regional Planning Commission2210 Eastex FWY Beaumont, TX 77703	74-1675043	501(c)(3)	74,000				Operational support for comprehensive care management program for high risk, chronically ill and uninsured individuals in the Hardin, Jefferson, and Orange counties
SE TX Regional Planning Commission2210 Eastex FWY Beaumont, TX 77703	74-1675043	501(c)(3)	100,000				Program support for comprehensive care management program
SE TX Regional Planning Commission2210 Eastex FWY Beaumont, TX 77703	74-1675043	501(c)(3)	60,000				Operational support for comprehensive care management program for high risk, chronically ill and uninsured individuals in the Hardin, Jefferson, and Orange counties
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	62,500				Program support for care management of chronically ill, uninsured, low-income individuals
El Centro Del Barrio 2300 W Commerce Suite 300 San Antonio, TX 78207	74-1787031	501(c)(3)	85,000				Salary support for FQHC to continue to provide healthcare sevices to uninsured/underinsured residents of Bexar county
Sabine Valley Regional MHMR1C Oaklawn Texarkana, TX 75501	75-1724017	501(c)(3)	137,250				Operational support for weekend psychiatric crisis response program for emergency departments

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
San Antonio Alternative Housing Corporation 1215 S Trinity San Antonio, TX 78207	74-2691645	501(c)(3)	50,000				Operational support for predevelopment foR mixed housing subdivisions in Alice and Kingsville
Christus Health Southwestern Louisiana 524 Ryan Street Lake Charles, LA 70601	72-0411322	501(c)(3)	35,000				Care partners program
Breath of Life Children's Center21715 Kingsland Blvd Katy, TX 77450	76-0626159	501(c)(3)	30,000				Program support for pediatric primary health care center in Katy, TX
Community Action Corp of South Texas204 E First Street Alice, TX 78332	74-1679824	501(c)(3)	100,000				Operational and salary support for collaboration to improve the health of low-income and uninsured populations in Brooks, Jim Wells, and Kleberg counties through innovative programs, training, and capacity building
Neighbor for Neighbor505 East 36th Street North Tulsa, OK 74106	73-0776404	501(c)(3)	26,200				Interim maintenance and management of diabetes and hypertension until an appropriate referral can be made
Christ Clinic5810 Third Street Katy, TX 77493	35-2179708	501(c)(3)	26,500				Salary support for primary health care center for uninsured
East Texas Health Access Network117 W Houston Street Houston, TX 75951	20-0091803	501(c)(3)	80,000				Salary support for care management of uninsured, low-income individuals
Global Ultrasound Equipment Donation FD 763F Main Bldg 132 S 10th Philadelphia, PA 19107	02-0681373	501(c)(3)	5,869				Ultrasound equipment for Santa Clara Clinic, Chimbote, Peru
Women's Global Connection of San AntonioPO Box 34833 San Antonio, TX 78265	42-1619919	501(c)(3)	30,000				Program support to provide educational workshops in Zambia and Tanzania and the establishment of two Model Family Learning Centers
UBI Caritas4400 Highland Avenue Beaumont, TX 77705	78-0558225	501(c)(3)	62,500				Expansion operational support for clinic that provides primary care

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Project Mend1201 Austin Street San Antonio,TX 78208	74-2647324	501(c)(3)	45,000				Program support for medical equipment loan to low-income individuals with disabilities
Catholic Charities of SE TexasPO Box 829 Beaumont,TX 77704	74-1900345	501(c)(3)	30,550				Salary support for a housing case manager for low and moderate-income families effected by hurricanes Rita and Katrina
The Catholic Foundation 10500 Steppington Dr Ste 251 Dallas,TX 75230	75-1106620	501(c)(3)	45,400				Consulting services fees to ensure compliance with state and pharmaceutical companies guidelines and establish procedures and collaboration with charitable clinics
U of A Foundation300 East 6th Street Texarkana,AR 71854	71-6056774	501(c)(3)	37,875				Salary support for a nurse practitioner and a medical assistant to provide primary care services to the uninsured population of Texarkana
CHRISTUS Foundation for Health CarePO Box 1919 Houston,TX 77251	74-6074210	501(c)(3)	30,000				Salary support for Nurse Practitioner, Medical Director, and Clerical Assistant
Grand Prairie Wellness Center1710 Small Street Grand Prairie,TX 75050	75-2877107	501(c)(3)	29,300				Salary support for primary care health center
Baptist St Anthony Health Systems1600 Wallace Blvd Amarillo,TX 79106	75-0800669	501(c)(3)	29,293				Program support for lower paid associates to increase education level and earning potential through GED, ESL, and mentoring
Christus Health Southeast Texas3010 Harrison Street Beaumont,TX 77702	76-0591590	501(c)(3)	15,000				Nightingale Experience - High school students spend one afternoon and one night on the Lamar campus and subsequent days at St E and St Mary to experience work of nurses
Christus Health Southeast Texas3010 Harrison Street Beaumont,TX 77702	76-0591590	501(c)(3)	22,986				Salary support for Masters-Prepared nurse who serves as Nurse Recruiter and also spends 3 FTE as a Lamar Instructor
Christus Health Gulf CoastPO Box 922037 Houston,TX 77292	76-0591592	501(c)(3)	14,434				Provide tuition and supplement salary for 2 associates enrolled in Medical Technician or Medical Technologist programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Christus Health Southwestern Louisiana 524 South Ryan Lake Charles, LA 70601	72-0411322	501(c)(3)	6,287				LPN to RN Bridge Program - Scholarships for 8 LPN's enrolled in specialized nursing programs
Christus Health Ark-La-Tex2600 St Michael Drive Texarkana, TX 75503	75-2796815	501(c)(3)	40,123				Faculty Teaching Assistants - Funding for 2 teaching assistants to assist local faculty with increasing the number of students accepted to the LVN transition to RN program
Christus Health Ark-La-Tex2600 St Michael Drive Texarkana, TX 75503	75-2796815	501(c)(3)	47,779				Associate Development - Provide 8 associates with tuition, etc to earn a degree in Radiology, Respiratory, Lab, Nursing LVN or RN, or PT Students must agree to work for St Michaels for at least 3 years
Christus Health Ark-La-Tex2600 St Michael Drive Texarkana, TX 75503	75-2796815	501(c)(3)	16,119				School at Work - 8 modules to increase entry level associates skills and knowledge of the health care industry, increase self confidence and self esteem to encourage them to further education
Christus Health Ark-La-Tex2600 St Michael Drive Texarkana, TX 75503	75-2796815	501(c)(3)	25,000				Masters of Nursing - Partially fund a faculty position at Texas A&M for a Masters of Nursing program in Administration and Education
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	17,850				Health Science Technology Partnership - Spohn partners with 7 school districts to explore careers in health care as well as begin compleetion of certifications while still ih high school
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	80,456				Associate Academy - Comprehensive program to provide GED classes, attend college classes, specialty certifications, or imporve personal knowledge and life skills
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	82,957				LVN Steps to RN - Tuition, etc for 12 LVN students to begin or continue prerequisite courses at Del Mar of Coastal Bend Colleges to become an RN
Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	5,178				T E C H Camp - Program support for targeted 11 - 13 year olds who exhibit an interest in health careers
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 71301	72-0408984	501(c)(3)	6,103				Part-Time Nursing Mentor - Salary support for 2 part-time Master's prepared nurses on a PRN basis to assist new nurses in making the transition from new graduate to nurse practicing independently

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 71301	72-0408984	501(c)(3)	10,964				Respiratory Care Therapist - Sallary support for LSUE faculty member to provide clinical instruction to students at Cabrini, provide one-year scholarships to 5 students admitted to LSUA
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 71301	72-0408984	501(c)(3)	50,000				Adjunct Faculty for Nursing School - Faculty salary support(1) to LSU to allow for at least 20 additional students in clinicals annually
Visitation HousePO Box 12074 San Antonio, TX 78212	74-2447137	501(c)(3)	5,080	920		CH BASKET	Sponsorship for homeless women and their children program
CHRISTUS Spohn Health System Development FD 600 Elizabeth Corpus Christi, TX 78404	74-1906005	501(c)(3)	17,500				Sponsorship for cancer research
Friends of HospicePO Box 40487 San Antonio, TX 78229	74-2608764	501(c)(3)	5,600				Sponsorship to Poinsettia Ball benefiting Patients and their families in-end of life care
Christus Health Southeast Texas3010 Harrison Street Beaumont, TX 77702	76-0591590	501(c)(3)	8,000				Sponsorship for Saint Mary Heaing and Garden Project & Childrens Miracle Network
CHRISTUS Foundation for HealthcarePO Box 1919 Houston, TX 77251	74-6074210	501(c)(3)	10,100				Sponsorship for 4th Annual Nun Run Motorcycle Ride supporting programs at the Southwest Community Health Center
Friends of Stehlin Foundation1315 St Joseph Pkwy Ste 1818 Houston, TX 77002	74-1622404	501(c)(3)	10,000				Sponsorship supporting cancer research
Hal Sutton Foundation 212 Texas St Suite 100 Shreveport, LA 71101	72-1490697	501(c)(3)	15,000				Sponsorship for Childrens Classic Golf Tournament
Christus Health Utah451 Bishop Federal Ln Salt Lake City, UT 84115	87-0231682	501(c)(3)	10,000				Sponsorship for Annual Hope Benefit to support the charity care program at St Joseph Villa

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Santa Rosa Children's Hospital Foundation343 W Houston Street Suite 505 San Antonio, TX 78205	74-1224362	501(c)(3)	10,000				Sponsorship for Santa Rosa Childrens Foundation
St Joseph's Community Foundation2800 Lamar Avenue Capital One Sec Paris, TX 75460	42-1619230	501(c)(3)	15,000				Sponsorship for Heart of Paris Gala 2009 to support healthcare services in Paris, Tx
St Vincent Hospital PO Box 2107 Santa Fe, NM 87504	85-0106941	501(c)(3)	50,000				Sponsorship for New Annual Community Lecture Program
Christus Stehlin Foundation for Cancer Research1315 St Joseph Parkway Suite 1818 Houston, TX 77002	74-1622404	501(c)(3)	2,023,500				Capital Contribution - Support Mission & Operations
Congregation-Sisters of Charity of the Incarnate W6510 Lawndale Street Houston, TX 77023	23-7152879	501(c)(3)	2,146,074				Support Mission of Sisters of Charity of the Incarnate Word
Congregation-Sisters of Charity of the Incarnate W4503 Broadway San Antonio, TX 78209	74-2790137	501(c)(3)	1,117,920				Support Mission of Sisters of Charity of the Incarnate Word
Christus Health Central Louisiana3330 Masonic Drive Alexandria, LA 70301	72-0408984	501(c)(3)	17,048				
CH Wilkinson Physician Network1700 West Loop South Houston, TX 77027	76-0422435	501(c)(3)	13,554				
Christus Health Gulf CoastPO Box 922037 Houston, TX 77292	76-0591592	501(c)(3)	10,492				
Christus Health Ark-La-Tex2600 St Michael Drive Texarkana, TX 75503	75-2796815	501(c)(3)	73,320				

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
FORM 990, PART VII, 1A AND SCHEDULE J, PART II	SUPPLEMENTAL COMPENSATION INFORMATION	DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES SISTERS' COMPENSATION IS PAID TO THE RELIGIOUS CONGREGATION AND NOT THE INDIVIDUAL BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS
FORM 990, SCHEDULE J, PART I, QUESTION 3	SUPPLEMENTAL COMPENSATION INFORMATION	CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY THE CEO HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE FILING ORGANIZATION
FORM 990, SCHEDULE J, PART I, QUESTION 4 AND PART II, COLUMN C	SUPPLEMENTAL COMPENSATION INFORMATION	DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL
FORM 990, SCHEDULE J, PART I, QUESTION 4B	SUPPLEMENTAL COMPENSATION INFORMATION	MARSHALL BOLYARD WAS PAID $11,232 DURING CALENDAR YEAR 2008 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THOMAS C ROYER, MD WAS PAID $142,750 DURING CALENDAR YEAR 2008 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PATRICIA EILEEN SAMPANES WAS PAID $12,398 DURING CALENDAR YEAR 2008 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
FORM 990, SCHEDULE J, PART II, COLUMN F	SUPPLEMENTAL COMPENSATION INFORMATION	THE FILING ORGANIZATION IS REPORTING COMPENSATION ON PART VII AND SCHEDULE J BASED ON THE CALENDAR YEAR, HOWEVER, IN PRIOR YEARS, THE ORGANIZATION ELECTED TO REPORT COMPENSATION BASED ON THE FISCAL YEAR THEREFORE, THE 2008 FORM 990, SCHEDULE J, COLUMN F INCLUDES THE INCOME REPORTED ON THE PRIOR YEAR FORM 990 FOR THE PERIOD 1/1/08 THROUGH 6/30/08
FORM 990, SCHEDULE J, PART I, QUESTION 1A	SUPPLEMENTAL COMPENSATION INFORMATION	GERARD F HEELEY RECEIVED $5,731 42 IN TAX ASSISSTANCE FOR RELOCATION DARRELL DIXON RECEIVED $1,665 64 IN TAX ASSISTANCE FOR RELOCATION DR THOMAS ROYER RECEIVED $4,996 88 REIMBURSEMENT FOR COMPANION TRAVEL FOR DESIGNATED BUSINESS TRIPS WHERE HIS SPOUSE WAS REQUIRED TO ATTEND
FORM 990, PART VII AND SCHEDULE J, PART II	SUPPLEMENTAL COMPENSATION INFORMATION	LARRY PARDUE BECAME CORPORATE SECRETARY EFFECTIVE 5/1/2009 THEREFORE, THERE IS NO COMPENSATION REPORTED FOR LARRY ON FORM 990, PART VIII OR FORM 990, SCHEDULE J BECAUSE THEY ARE REPORTED BASED ON CALENDAR YEAR 2008
FORM 990, PART VII AND SCHEDULE J, PART II	SISTER'S COMPENSATION	NOTE SISTER THERESA MCGRATH, WHO IS LISTED AS A KEY EMPLOYEE ON PART VII, RECEIVES COMPENSATION, BUT HER COMPENSATION IS PAID DIRECTLY TO THE RELIGIOUS CONGREGATION AND NOT TO HER INDIVIDUALLY SINCE THIS COMPENSATION GOES TO THE CONGREGATION, NO W-2 IS ISSUED, AND THUS NO AMOUNTS ARE LISTED FOR INFORMATIONAL PURPOSES, COMPENSATION PAID FROM THE ORGANIZATION ON HER BEHALF WAS $276,242
FORM 990, PART VII	SUPPLEMENTAL COMPENSATION INFORMATION	CHRISTUS HEALTH PAID AMERICAN EXPRESS PLATINUM FEES FOR CELINA GARZA-RIDGE, DENNIS STINE, SISTER KATHLEEN COUGHLIN, SISTER DEENAN HUBBARD, PEDRO MARTIN, MARY JO POTTER, SISTER CELESTE TRAHAN AND SISTER HELENA MONAHAN FOR THEIR USE IN PAYING FOR CHRISTUS RELATED BUSINESS EXPENSES CHRISTUS HEALTH PAID FOR COMPANION TRAVEL FOR DESIGNATED BUSINESS EVENTS WHERE SPOUSES WERE INVITED TO ATTEND FOR THE FOLLOWING DIRECTORS - DENNIS STEIN, ROBERT GUSSIN AND PEDRO MARTIN
FORM 990, SCHEDULE J, PART II, COLUMN (B) (II)	SUPPLEMENTAL COMPENSATION INFORMATION	BONUS AND INCENTIVE COMPENSATION INCLUDES AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2008

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 76-0590551
Name: CHRISTUS HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Thomas Royer MD	(I)	1,098,357	339,592	17,047	18,400	25,458	1,498,854	728,928
	(II)	0	0	0	0	0	0	0
Margaret ConyersTrm 509	(I)	146,546	0	525	11,766	1,438	160,275	73,536
	(II)	0	0	0	0	0	0	0
Jay Herron	(I)	494,391	0	9,000	126,447	18,029	647,867	251,695
	(II)	0	0	0	0	0	0	0
George Conklin	(I)	338,809	48,879	0	82,401	20,675	490,764	194,821
	(II)	0	0	0	0	0	0	0
John A Gillean MD	(I)	444,006	34,965	9,025	100,594	29,978	618,568	261,480
	(II)	0	0	0	0	0	0	0
Mary T Lynch	(I)	319,977	0	9,262	88,459	9,828	427,526	164,620
	(II)	0	0	0	0	0	0	0
Peter Maddox	(I)	353,855	80,096	9,564	73,058	23,250	539,822	239,859
	(II)	0	0	0	0	0	0	0
Ernie Sadau	(I)	654,164	116,677	9,744	186,838	22,171	989,594	400,637
	(II)	0	0	0	0	0	0	0
John Zipprich	(I)	415,098	21,029	9,000	126,219	6,673	578,019	233,078
	(II)	0	0	0	0	0	0	0
Linda K McClung	(I)	280,065	18,830	9,200	53,273	25,048	386,416	163,463
	(II)	0	0	0	0	0	0	0
Gerard F HeeleyEFF 708	(I)	110,270	15,000	39,861	27,368	2,631	195,130	0
	(II)	0	0	0	0	0	0	0
Jeffrey M Puckett	(I)	345,451	26,831	144	74,033	17,068	463,527	199,628
	(II)	0	0	0	0	0	0	0
Darrell DixonTrf 21708	(I)	230,081	15,000	10,663	55,406	32,134	343,284	0
	(II)	37,122	31,028	0	14,335	5,568	88,053	68,150
Stephen Barnabee	(I)	209,244	0	25	37,360	7,223	253,852	104,634
	(II)	0	0	0	0	0	0	0
Patricia Eileen Sampanes	(I)	200,782	32,519	25	18,753	15,886	267,966	110,464
	(II)	0	0	0	0	0	0	0
Scott Weber	(I)	221,822	0	0	52,408	15,663	289,893	110,911
	(II)	0	0	0	0	0	0	0
Christopher L Blakemore	(I)	203,466	0	25	41,925	14,276	259,692	101,746
	(II)	0	0	0	0	0	0	0
Marshall Bolyard	(I)	187,427	33,696	0	23,001	1,025	245,149	104,945
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Harris County Health Facilities DEV CORP	52-1284201	41315RFV1	11-08-2005	320,620,000	See Schedule O		X		X
B	Harris County Health Facilities DEV CORP	52-1284201	41315RFX7	11-08-2005	96,650,000	See Schedule O		X		X
C	Coastal Bend Health Facilities Develop Corp	74-2352502	19042FAB2	11-08-2005	61,300,000	See Schedule O		X		X
D	Louisiana Public Facilities Authority	72-0895871	546398LX4	11-08-2005	185,240,000	See Schedule O		X		X
E	Louisiana Public Facilities Authority	72-0895871	546398WY0	11-20-2007	113,160,000	See Schedule O		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe RETAIL INVENTORY)	X	7	122,364	COST
26	Other (describe PIANO)	X	1	6,000	FMV
27	Other (describe)				
28	Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	OTHER GOVERNMENT SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS INCLUDING MEDICARE, DEPARTMENT OF DEFENSE (DOD) AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON THEIR FEE SCHEDULE CHRISTUS HEALTH DBA US FAMILY HEALTH PLAN ALSO PROVIDES THE UNIFORM MEDICAL BENEFIT FOR 12,210 MILITARY FAMILY MEMBERS UNDER CONTRACT WITH THE DOD UNDER THIS PROGRAM, COMPREHENSIVE MEDICAL SERVICES ARE PROVIDED TO FAMILIES OF ACTIVE DUTY MILITARY PERSONNEL, AND TO RETIREES AND THEIR FAMILIES IN ALL AGE CATEGORIES INCLUDING THOSE OVER AGE 65 CHRISTUS HEALTH ALSO PARTICIPATES IN THE TRICARE STANDARD PROGRAM AND MANY OF OUR HOSPITALS CONTRACT WITH THE MANAGED CARE SUPPORT CONTRACTOR FOR THE SOUTH REGION TO PROVIDE SERVICES UNDER THE PROVISION OF TRICARE PRIME PROGRAM SERVICE EXPENSE = 135,629,139 GRANTS = $0 PROGRAM SERVICE REVENUE = $150,838,132

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 2	DESCRIPTION OF FAMILY OR BUSINESS RELATIONSHIPS	PETER MADDOX AND JOHN ZIPPRICH SERVE AS BOARD MEMBERS FOR CHRISTUS MUGUERZA S A DE C E JOHN GILLEAN, MD , ERNIE SADAU, JOHN ZIPPRICH, THOMAS ROYER, MD , AND MARY LYNCH SERVE AS BOARD MEMBERS FOR EMERALD ASSURANCE CAYMAN, LTD

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	CHRISTUS HEALTH HAS FOUR (4) CORPORATE MEMBERS, CONSISTING OF TWO SISTERS APPOINTED BY THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TX, AND TWO SISTERS APPOINTED BY THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD, SAN ANTONIO TOGETHER THOSE FOUR SISTERS COMPRISE THE CORPORATE MEMBERS AND COLLECTIVELY THEY EXERCISE THE POWERS RESERVED TO THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	THE MEMBERS OF CHRISTUS HEALTH INCLUDE TWO SISTERS OF EACH OF THE FOUNDING SPONSORING CORPORATIONS, CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD SAN ANTONIO AND CONGREGATION OF THE SISTERS OF CHARITY OF INCARNATE WORD HOUSTON THE MEMBERS HOLD THE AUTHORITY TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION (OTHER THAN THE FOUNDING SPONSORING CONGREGATION DIRECTORS), WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OR THE NOMINATING COMMITTEE OF THE CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	THE MEMBERS HOLD THE AUTHORITY TO APPROVE ANY AFFILIATION OR TRANSACTION THE RESULT OF WHICH WILL BE TO ADD A SPONSORING CONGREGATION, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPROVE ANY AFFILIATION OR TRANSACTION THE RESULT OF WHICH WILL BE TO ADD AN OTHER-THAN-CATHOLIC AFFILIATED ENTITY TO THE SYSTEM, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO ADOPT, APPROVE AND INTERPRET THE PHILOSOPHY, MISSION AND VISION OF THE CORPORATION, AS WELL AS ANY CHANGES THERETO, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO ADOPT AND APPROVE ANY AMENDMENTS, MODIFICATIONS OR RESTATEMENTS OF THE ARTICLES OF INCORPORATION OR BYLAWS OF CORPORATION, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIRPERSON OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION AFTER CONSULTATION WITH THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER OR ENCUMBRANCE OF REAL PROPERTY OF THE CORPORATION OR ANY SYSTEM PARTICIPANT WHEN THE AMOUNT INVOLVED IS IN EXCESS OF A THRESHOLD DOLLAR AMOUNT AS REQUIRED BY CANON LAW, SUBJECT TO ANY REQUIRED CANONICAL APPROVAL OF THE ORGANIZATIONS CANONICALLY ACCOUNTABLE UNDER THE ROMAN CATHOLIC CHURCH FOR SUCH REAL PROPERTY, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPROVE THE THRESHOLD AGGREGATE AMOUNT OF DEBT TO BE INCURRED BY THE SYSTEM AND ANY INCURRENCE OF DEBT THE EFFECT OF WHICH WOULD BE TO EXCEED SUCH THRESHOLD AGGREGATE AMOUNT, WITH OR WITHOUT PRIOR ACTIONS OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, LIQUIDATION OR DISSOLUTION OF THE CORPORATION, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, TO APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, LIQUIDATION OR DISSOLUTION OF ANY SYSTEM PARTICIPANT THAT OWNS DESIGNATED MINISTRY PROPERTY CORPORATION, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, AND TO APPROVE ANY COURSE OF ACTION PROPOSED BY A SYSTEM PARTICIPANT, WITH OR WITHOUT PRIOR ACTION OR RECOMMENDATION OF THE BOARD OF DIRECTORS OF THE CORPORATION, THE EFFECT OF WHICH WOULD BE TO CHANGE EITHER (A) THE FUNDAMENTAL USE OF DESIGNATED MINISTRY PROPERTY OR (B) THE TYPE OF SERVICES PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 10	PROCESS USED TO REVIEW THE FORM 990	THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990 THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2010 VIA A WEB PORTAL POLLING TOOL BY THE AUDIT AND/OR FINANCE SUBCOMMITTEES OF THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO CONFLICT OF INTEREST IS IDENTIFIED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION AT THE BEGINNING OF EACH BOARD MEETING AN ANNOUNCEMENT IS MADE THAT IF ANY BOARD MEMBER DETERMINES THAT HE OR SHE HAS A CONFLICT OF INTEREST BASED ON ANY AGENDA ITEM, HE OR SHE MUST DECLARE SO AND EXCUSE HIM OR HERSELF FROM ANY DISCUSSIONS RELATED TO SUCH ITEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	PROCESS FOR DETERMINING COMPENSATION	THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND RELATED ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND CHRISTUS HEALTH CEO'S COMPENSATION IS SUBJECT TO APPROVAL BY THE CHRISTUS HEALTH BOARD, AFTER DISCUSSION BY THE EXECUTIVE COMPENSATION COMMITTEE THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 COMPLETES A REVIEW OF THE COMPENSATION AND BENEFITS OF THE CEO AND PROVIDES A WRITTEN REPORT, AND APPEARS IN PERSON WITH THE COMMITTEE TO ADDRESS THE ANNUAL COMPENSATION REVIEW AND ANY DECISIONS RELATED TO SUCH COMPENSATION FOR THE CEO THE CONSULTANT ALSO PROVIDES ALL OF THE COMPARABLE MARKET DATA TO SUPPORT RECOMMENDATIONS AND DECISIONS 2 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED EXECUTIVES BASED ON MARKET COMPARABILITY 3 RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES 4 COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED EXECUTIVES' COMPENSATION AND BENEFITS THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, QUESTION 18	PUBLIC DISCLOSURE	CHRISTUS HEALTH AND MOST OF ITS ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATION LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	HOURS WORKED FOR RELATED ORGANIZATION	THROUGH 2/16/2008 DARRELL DIXON DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO CHRISTUS HEALTH SOUTHWESTERN LOUISIANA, A RELATED ORGANIZATION OF THE FILING ENTITY DARRELL WAS THE CMO/VP MEDICAL AFFAIRS FOR CHRISTUS HEALTH SOUTHWESTERN LOUISIANA SEVERAL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF THE FILING ORGANIZATION DEVOTE TIME TO RELATED ORGANIZATIONS AS OFFICERS OR DIRECTORS NAME Hrs at Related Org Sister Walter Maher 1 NOLA Thomas Royer, MD 1 Stehlin Fdtn 1 Emerald Assurance Cayman, LTD Margaret Conyers 1 Stehlin Fdtn Jay Herron 1 St Joseph Health System 1 CH LRT Cynthia Zatorski 1 CH Foundation George Conklin 1 Stehlin Foundation 1 CH Foundation Name Hrs at Related Org John Gillean, MD 1 St Joseph Health System 1 Stehlin Fdtn 1 Emerald Assurance Cayman, LTD Peter Maddox 1 St Vincent 1 Christus Muguerza S A DE C E Ernie Sadau 1 St Vincent 1 Emerald Assurance Cayman, LTD Linda McClung 1 St Joseph Health System 1 Christus Homecare Sister Theresa McGrath 1 CNLA (Tm 7/25/08) 1 St Joseph Community Fdn Darrell Dixon 40 SWLA (up to 2/16/09) (Transferred in 2/16/2009) Stephen Barnabee 1 Christus Homecare John Zipprich 1 Emerald Assurance Cayman, LTD 1 Christus Muguerza S A DE C E William L Pardue 1 Christus Homecare Name Hrs at Related Org Mary Lynch 1 Emerald Assurance Cayman, LTD

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2B	AUDITED FINANCIAL STATEMENTS	CHRISTUS HEALTH'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	PART I, BOND ISSUES	SCHEDULE K, PART I, PAGE 1 A HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (C) CUSIP # 41315RFS8, 41315RFT6, 41315RFU3, 41315RFV1 (F) DESCRIPTION OF PURPOSE CONSTRUCT NEW HEALTHCARE FACILITIES AND ADVANCE REFUND A PRIOR ISSUE (JULY 28, 1999) B HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (F) ACQUIRE, CONSTRUCT, FURNISH AND EQUIP NEW HEALTHCARE FACILITIES C COASTAL BEND HEALTH FACILITIES DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 17, 1998) AND CONSTRUCT NEW HEALTHCARE FACILITIES D LOUISIANA PUBLIC FACILITIES AUTHORITY (C) CUSIP # 546398LW6, 546398LX4 (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (JULY 28, 1999) E LOUISIANA PUBLIC FACILITIES AUTHORITY (F) FINANCE LAND IMPROVEMENTS, BUILDINGS AND STRUCTURE AND EQUIPMENT OF HEALTH FACILITIES SCHEDULE K, PART I, PAGE 2 A LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) B LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) C TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) D TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005, NOVEMBER 20, 2007)

Identifier	Return Reference	Explanation
FORM 990	FORMS 5471 Information	Forms 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations CHRISTUS Health recently became aware that it may meet the control definitions under Treasury Regulation 1 6038-2 (b) for seven Mexican charitable organizations associated with CHRISTUS Muguerza, S A de C V (CHRISTUS Muguerza) CHRISTUS Health is the parent of CHRISTUS Muguerza and owns greater than 50% of the stock in CHRISTUS Muguerza Since 04/04/2000, CHRISTUS Health has timely filed appropriate Forms 5471 and Forms 926 for its stock ownership in CHRISTUS Muguerza and its taxable subsidiary organizations The organization charts maintained by CHRISTUS Muguerza have evolved over time and have recently identified certain Mexican charitable organizations affiliated with the operations of CHRISTUS Muguerza These Mexican charitable organizations are all non-stock corporations recognized under Mexican Civil Law as tax exempt entities The affiliation with the charitable operations of these Mexican charities furthers the tax exempt mission of CHRISTUS Health, the exempt controlling parent of CHRISTUS Muguerza CHRISTUS Muguerza does not own the current or residual value in these charitable entities as these Mexican charitable entities are considered public community organizations However, over time CHRISTUS Muguerza has directly and/or indirectly developed more than 50% voting control of these charitable entities by virtue of their designation as the Member (patronos) of these charitable entities with ability to appoint board members Under applicable Mexican Civil Law the operations of these entities solely fulfill their stated tax-exempt purpose under applicable Mexican tax law Organization documents of these organizations require in accordance with Mexican civil law that upon dissolution, any remaining assets of these entities must be used for charitable purposes and distributed to another Mexican exempt charitable foundation with similar purposes By-laws and meeting minutes for the charitable organizations listed below are recorded only in Spanish and in most instances were maintained by unrelated third parties Furthermore, Mexican government does not provide public records on Mexican charities similar to those available in the United States on U S charities Accordingly, information gathering with respect to these Mexican charities was difficult CHRISTUS Health is in the process of developing procedures to obtain annually the identity the members (patronos) who appoint board members of the Mexican charitable entities to which CHRISTUS Muguerza affiliates CHRISTUS Health will establish contacts with appropriate third parties responsible for maintaining financial information for these Mexican charities These procedures will ensure that CHRISTUS Health can appropriately identify its filing responsibilities and provide complete and accurate Forms 5471 prospectively CHRISTUS Health will further review the structure and organization of following Mexican charitable entities to determine if the designation of CHRISTUS Muguerza as a voting Member causes such charitable entities to fall within the control of CHRISTUS Health under Treasury Regulation 1 6038-2 (b) (1) Instituto de Corazon CHRISTUS Muguerza, A C - currently not operating, organized under Civil law association involved in scientific or technological research, according to Income Tax Law article 95, XI (2) Centro Medico CM Sur, A C -administers medical office buildings associated with CHRISTUS Muguerza Civil law association whose sole objective is to manage real estate under condominium ownership, according to Income Tax Law article 95, XVIII (3) CHRISTUS Muguerza UPAEP, A C - operates charitable Hospital in Puebla health care clinics under Charity or aid institutions authorized by the pertinent laws that benefit low-income regions, sectors, or persons work to improve the living conditions of people, according to Income Tax Law article 95, Vib (4) Escuela de Enfermeria CHRISTUS Muguerza-Udem, A C -administers nursing school, Civil law association engaged in educational activities that are authorized under the General Law of Education, according to Income Tax Law article 95, X (5) Cimiento Patrimonial, A C -CHRISTUS Muguerza Employee Credit Union, Civil law partnerships or institutions established with the sole purpose of managing savings and loan associations or savings funds, according to Income Tax Law article 95, XIII (6) Centro de Investigacion CHRISTUS Muguerza, A B P - medical research institution, Civil law association involved in scientific or technological research, according to Income Tax Law article 95, XI (7) Patronata de Enfermedades Cardiovasculares y Cancar, A C - Not operational at this time, Civil law association involved in scientific or technological research

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

		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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 76-0590551
Name: CHRISTUS HEALTH

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 75-2796815	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVCS	LA	501C3	3	N/A
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX77292 76-0591592	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA71101 72-0408982	HLTHCARE SVCS	LA	501C3	3	N/A
Christus Spohn Health System Corporation 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH SOUTHEAST TEXAS 3010 HARRISON STREET BEAUMONT, TX77702 76-0591590	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA70601 72-0411322	HLTHCARE SVCS	LA	501C3	3	N/A
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH UTAH 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT84115 87-0231682	HLTHCARE SVCS	UT	501C3	3	N/A
CHRISTUS HOMECARE 4241 WOODCOCK SAN ANTONIO, TX78228 74-2898615	HLTHCARE SVCS	TX	501C3	9	N/A
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVCS	TX	501C3	11-TYPE 1	N/A
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE 2ND F PARIS, TX75460 42-1619230	SUPP HTH SVCS	TX	501C3	11-TYPE 1	N/A
CHRISTUS ST JOSEPH'S HEALTH SYSTEM 2707 NORTH LOOP WEST HOUSTON, TX77008 75-0800674	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS STEHLIN FDN FOR CANCER RESEARCH 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX77002 74-1622404	CANCER RESCH	TX	501C3	9	N/A
DUBUIS HEALTH SYSTEM INC 10333 RICHMOND AVE SUITE 300 HOUSTON, TX77042 72-1270964	HLTHCARE SVCS	TX	501C3	3	N/A
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	SUPP HTH SVCS	TX	501C3	11-TYPE 1	N/A
ST FRANCES CABRINI HPL FDN OF ALEXANDRIA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0998302	SUPP HTH SVCS	LA	501C3	7	CNLA
ST FRANCES CABRINI HOSPITAL AUXILARY 3330 MASONIC DRIVE ALEXANDRIA, LA71301 23-7255175	SUPP HTH SVCS	LA	501C3	9	CNLA
CHRISTUS FOUNDATION FOR HEALTHCARE PO BOX 1919 HOUSTON, TX772511919 74-6074210	SUPP HTH SVCS	TX	501C3	7	GULF COAST
CHRISTUS SCHUMPERT HEALTH SYSTEM FD ONE ST MARY PLACE SHREVEPORT, LA71101 72-1219280	SUPP HTH SVCS	LA	501C3	7	NOLA
CHRISTUS SPOHN HTH SYSTEM DEVELOPMENT FD 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1906005	SUPP HTH SVCS	TX	501C3	7	SPOHN HS
CHRISTUS HEALTH FDN OF SOUTHEAST OF TX 2830 CALDER BEAUMONT, TX77702 76-0136274	SUPP HTH SVCS	TX	501C3	11-TYPE 1	SETX
FRIENDS OF SANTA ROSA FOUNDATION 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-2723391	SUPP HTH SVC	TX	501C3	11-TYPE 1	CSRHCC
SANTA ROSA FAMILY HEALTH CENTER 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-2806531	SUPP HTH SVCS	TX	501C3	9	CSRHCC
SANTA ROSA CHILDREN'S HOSPITAL FDTN 343 WEST HOUSTON ST STE 505 SAN ANTONIO, TX78205 74-1224362	SUPP HTH SVCS	TX	501C3	7	SRHCC
CHRISTUS SANTA ROSA MED CTR AUXILIARY 343 W HOUSTON ST STE 505 SAN ANTONIO, TX78205 73-1655493	SUPP HTH SVCS	TX	501C3	9	SRHCC
CHRISTUS Health Liab Retention Trust 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0259623	SELF INS TRST	TX	501C3	11-Type I	NA

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
LOUISIANA ATHLETIC CLUB LLC 1140 COLLEGE DRIVE BOX 511 PINEVILLE, LA71359 72-1461793	HEALTH CLUB	LA	CH CNLA					No			No
HEART CENTER OF CENTRAL LOUISIANA LP 2108 Texas Avenue Sutie 2081 Alexandria, LA71301 72-1325012	HLTHCARE SERVICES	LA	CH CNLA					No			No
WEST HOUSTON REAL ESTATE DEVELOPMNT LLC 1700 WEST LOOP SOUTH 1200 HOUSTON, TX77027 26-2330994	HLTHCARE SERVICES	TX	CH Gulf Coast					No			No
ST CATHERINE MANAGEMENT LLC 701 S FRY ROAD KATY, TX774502255 77-0620092	HLTHCARE SERVICES	TX	CH Gulf Coast					No			No
KATY ST CATHERINE SURGERY CENTER LP 707 S FRY ROAD STE 150 KATY, TX77450 20-1168675	HLTHCARE SERVICES	TX	St Cth Mgmt LLC					No			No
SOUTHEAST TEXAS BARIATRIC CTR 3050 LIBERTY STREET BEAUMONT, TX77702 20-8358548	BARIATRIC SVCS	TX	CH SETX					No			No
SOUTHEAST TEXAS PAIN MANAGEMENT LLC PO BOX 5405 BEAUMONT, TX77726 26-1678856	PAIN MGT HTH SEVS	TX	CH SETX					No			No
ST ELIZABETH REHAB PARTNERS 2830 CALDER BEAUMONT, TX777021809 20-5657181	HLTHCARE SERVICES	TX	H VENTURES-SETX					No			No
SOUTH RYAN MRI LLC 650 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 74-3103662	IMAGING SERVICES	LA	OCCUPATIONAL HS					No			No
MCKENNA LEASING GP LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 74-1191729	INVESTMENT	TX	CSRHCC					No			No
MCKENNA EQUIPMENT LEASING LP 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 20-4177842	MED EQUIP LEASING	TX	CSRHCC					No			No
NEW BRAUNFELS SURGICAL CENTER LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 81-0571408	HLTHCARE SERVICES	TX	CSRHCC					No			No
CHRISTUS SANTA ROSA OUTPATIENT SURGERY-N 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 81-0571409	HLTHCARE SERVICES	TX	CSRHCC					No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX755042911 75-2562459	HLTHCARE SERVICES	TX	CH Ark-La-Tex	C-Corp			
AK INTEGRATED COMM HLTH NTWK 2600 ST MICHAEL DRIVE TEXARKANA, AK75503 76-0480684	HLTHCARE SERVICES	AR	CH Ark-La-Tex	C-Corp			
HOUSTON METROPOLITAN HLTH NTWK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX77027 76-0427193	HLTHCARE SERVICES	TX	CH Gulf Coast	C-Corp			
SCH MGMNT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA71101 72-1270625	MGT JOINT VENTURE	LA	NOLA	C-Corp			
SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-2616328	HLTH PLAN ADMIN S	TX	Spohn HSC	C-Corp			
SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-2322574	RENTALS	TX	Spohn HSC	C-Corp			
CHRISTUS SOUTHEAST TEXAS PHO 3010 HARRISON STREET SUITE 202 BEAUMONT, TX77702 76-0429902	MEDICAL SERVICES	TX	CH SETX	C-Corp			
HEALTH VENTURES OF SE TEXAS 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX77027 76-0397263	BUILDING RENTAL	TX	CH SETX	C-Corp			
OCCUPATIONAL HEALTH SVCS INC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1217389	MEDICAL SERVICES	LA	CH SWLA	C-Corp			
SOUTHWESTERN LOUISIANA PHO 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1274526	HLTHCARE SEVICES	LA	CH SWLA	C-Corp			
SOUTH RYAN DEVELOPMENT CORP 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1183790	LEASING BUILDINGS	LA	CH SWLA	C-Corp			
MCKENNA PROF BLDG OWNERS ASSOC 6363 N HIGHWAY 161 SUITE 450 IRVING, TX75038 74-2742934	BUILDING ASSOC	TX	CSRHCC	C-Corp			
CSR MEDICAL GROUP 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX78201 74-2727562	HEALTH SERVICES	TX	CSRHCC	C-Corp			
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX78201 74-2782184	HEALTH SERVICES	TX	CSRHCC	C-Corp			
CHRISTUS AT HOME INC 4241 WOODCOCK SUITE A-100 SAN ANTONIO, TX78228 61-1563879	HLTHCARE SERVICES	TX	CHRISTUS HOMECR	C-Corp			
CHRISTUS Muguerza SAPI de CV Carretera Nacional No 6501 Col E Monterrey, N L 64988 MX	HLTHCARE SERVICES	MX	NA	C-Corp	88,321,120	75,843,392	54 4 %
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	NA	C-Corp	8,894,154	125,680,774	100 %

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK	a	214,554
(2)	CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK	b	4,158,554
(3)	CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK	o	76,134
(4)	CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK	p	2,049,098
(5)	CHRISTUS CONTINUING CARE	p	445,214
(6)	CHRISTUS HEALTH ARK-LA-TEX	b	242,205
(7)	CHRISTUS HEALTH ARK-LA-TEX	p	38,093,786
(8)	CHRISTUS HEALTH ARK-LA-TEX	r	1,447,979
(9)	CHRISTUS HEALTH CENTRAL LOUISIANA	b	527,637
(10)	CHRISTUS HEALTH CENTRAL LOUISIANA	d	28,941,831
(11)	CHRISTUS HEALTH CENTRAL LOUISIANA	p	35,856,730
(12)	CHRISTUS HEALTH GULF COAST	d	2,543,393
(13)	CHRISTUS HEALTH GULF COAST	j	99,304
(14)	CHRISTUS HEALTH GULF COAST	p	39,871,678
(15)	CHRISTUS HEALTH LIABILITY RETENTION TRUST	o	159,944
(16)	CHRISTUS HEALTH NORTHERN LOUISIANA	p	55,543,977
(17)	CHRISTUS HEALTH NORTHERN LOUISIANA	r	2,721,544
(18)	CHRISTUS HEALTH SOUTHEAST TEXAS	b	416,302
(19)	CHRISTUS HEALTH SOUTHEAST TEXAS	p	73,184,230
(20)	CHRISTUS HEALTH SOUTHEAST TEXAS	r	761,913
(21)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	b	220,885
(22)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	p	26,137,160
(23)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	r	1,554,830
(24)	CHRISTUS HEALTH UTAH	p	2,569,720
(25)	CHRISTUS Muguerza SAPI de CV	p	432,567
(26)	CHRISTUS SANTA ROSA HEALTHCARE CORPORATION	d	90,304,446
(27)	CHRISTUS SANTA ROSA HEALTHCARE CORPORATION	p	62,565,524
(28)	CHRISTUS SANTA ROSA HEALTHCARE CORPORATION	r	33,395,860
(29)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	a	2,728,513
(30)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	b	499,458

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	C	72,760
(32)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	d	3,988,243
(33)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	p	83,444,612
(34)	DUBUIS HEALTH SYSTEM INC	p	2,314,483
(35)	SANTA ROSA FAMILY HEALTH CENTER	p	572,172
(36)	EMERALD ASSURANCE CAYMAN LTD	C	119,495

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TY 2008 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	NONE	Christus Health	2707 North Loop West Houston, TX 77008	76-0590551	116,554

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TY 2008 Itemized Other Current Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		NOTES PAYABLE	6,234,119	8,976,796
		EMPLOYEE PROFIT SHARING	382,601	247,474
		OTHER INTERCOMPANY LIABILITIES	16,200,175	19,678,330
		FOREIGN DEFERRED TAXES - CURRENT	2,089,419	-130,950
		ACCRUED TAXES	4,372,709	3,711,574
		OTHER ACCRUED EXPENSES	454,078	1,087,989
		ACCRUED PENSION LIABILITY	1,140,917	6,305,496

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TY 2008 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	3,975,754	1,208,084

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TY 2008 Itemized Other Current Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		A/R - EMPLOYEES	7,856	15,401
		OTHER RECEIVABLES	774,416	83,604
		PREPAID EXPENSES	46,455	40,133
		OTHER INTERCOMPANY ASSETS	8,708,661	14,432,677

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TY 2008 Other Deductions Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MEDICAL SUPPLIES	276,439,149	21,648,986
PROFESSIONAL FEES	9,524,428	745,894
BANK SERVICES CHARGES	5,991,726	469,235
OTHER EXPENSES	381,642,094	29,887,823
OTHER NON OPERATING GAIN/LOSS	1,191,359	93,300

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TY 2008 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LONG TERM NOTES PAYABLE	8,430,705	99,312

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134055630

TY 2008 Other Income Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount	Amount
OTHER OPERATING REVENUE	247,641,248	19,393,714

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134055630

TY 2008 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount

CHRISTUS HEALTH
EXEMPT ORGANIZATION BUSINESS RETURN
FOR FISCAL YEAR ENDING JUNE 30, 2009
EIN: 76-0590551

STATEMENT PURSUANT TO §368(a) REORGANIZATION

Christus Muguerza Hospitales, S A de C V
Form 5471 Respect to Certain Foreign Corporations
For the Fiscal Year Ended June 30, 2009

CHRISTUS MUGUERZA HOSPITALES, S A DE C V changed its name from CHRISTUS MUGUERZA SUR, S A DE C V on FEBRUARY 26, 2009 This was an I R C Section 368(a)(1)(f) transaction, a mere change in identity

CHRISTUS HEALTH
EXEMPT ORGANIZATION BUSINESS RETURN
FOR FISCAL YEAR ENDING JUNE 30, 2009
EIN: 76-0590551

STATEMENT PURSUANT TO §368(a) REORGANIZATION

Christus Muguerza Sur Hemodinamia
Form 5471 Respect to Certain Foreign Corporations
For the Fiscal Year Ended June 30, 2009

CHRISTUS MUGUERZA SUR HEMODINAMIA changed its name from CENTRO ESPECILIZADO EN EL TRATAMIENTO DE LA ODESIDAD, S A DE C V on FEBRUARY 19, 2009 This was an I R C Section 368(a)(1)(f) transaction, a mere change in identity

CHRISTUS HEALTH
EXEMPT ORGANIZATION BUSINESS RETURN
FOR FISCAL YEAR ENDING JUNE 30, 2009
EIN: 76-0590551

STATEMENT PURSUANT TO §368(a) REORGANIZATION

Christus Muguerza Saltillo, S A P I
Form 5471 Respect to Certain Foreign Corporations
For the Fiscal Year Ended June 30, 2009

CHRISTUS MUGUERZA SALTILLO, S A P I changed its name from CHRISTUS MUGUERZA SALTILLO, S A DE C V on MAY 21, 2009 This was an I R C Section 368(a)(1)(f) transaction, a mere change in identity

CHRISTUS HEALTH
EXEMPT ORGANIZATION BUSINESS RETURN
FOR FISCAL YEAR ENDING JUNE 30, 2009
EIN: 76-0590551

STATEMENT PURSUANT TO §368(a) REORGANIZATION

Rehabilitacion Christus Muguerza Sur
Form 5471 Respect to Certain Foreign Corporations
For the Fiscal Year Ended June 30, 2009

REHABILITACION CHRISTUS MUGUERZA SUR changed its name from OFTALMOLOGIA CHRISTUS MUGUERZA, S A DE C V on JANUARY 8, 2009
This was an I R C Section 368(a)(1)(f) transaction, a mere change in identity

CHRISTUS HEALTH
EXEMPT ORGANIZATION BUSINESS RETURN
FOR FISCAL YEAR ENDING JUNE 30, 2009
EIN: 76-0590551

STATEMENT PURSUANT TO §368(a) REORGANIZATION

Christus Muguerza, S A P I
Form 5471 Respect to Certain Foreign Corporations
For the Fiscal Year Ended June 30, 2009

CHRISTUS MUGUERZA, S A P I changed its name from
CHRISTUS MUGUERZA, S A DE C V on OCTOBER 7, 2008 This was an I R C
Section 368(a)(1)(f) transaction, a mere change in identity