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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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning		07/01, 2009, and ending	06/30, 20 10
B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or prnt or type See Specific Instructions	C Name of organization CHRISTUS CONTINUING CARE	
	Doing Business As F/K/A CHRISTUS HOMECARE		D Employer identification number 74-2898615
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1700 W. LOOP SOUTH, SUITE 1100A		E Telephone number (713) 277-2300
	City or town, state or country, and ZIP + 4 HOUSTON, TX 77027		G Gross receipts \$ 99,047,595.
F Name and address of principal officer CHRIS KARAM 2600 ST. MICHAEL DRIVE TEXARKANA, TX 75503		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 0928	
J Website ▶ WWW.CHRISTUSHOMECARE.ORG; WWW.DUBUIS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1998	M State of legal domicile TX

Part I Summary

SCANNED JUN 09 2011

1	Briefly describe the organization's mission or most significant activities CHRISTUS CONTINUING CARE IS A NONPROFIT CORPORATION PROVIDING NON-PROFIT HEALTH CARE SERVICES, INCLUDING HOME HEALTH AND HOSPICE SERVICES.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	3,192
6	Total number of volunteers (estimate if necessary)	6	44
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,955,052.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	453,330.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,498,179.	1,563,190.
9	Program service revenue (Part VIII, line 2g)	45,295,834.	91,232,698.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,166.	-1,393.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,379.	6,247,455.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,008,558.	99,041,950.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	10,695.
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)	40,346,776.	71,908,470.
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)	12,383,998.	34,544,540.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,730,774.	106,463,705.
19	Revenue less expenses Subtract line 18 from line 12	-5,722,216.	-7,421,755.
		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	15,384,684.	24,255,902.
21	Total liabilities (Part X, line 26)	7,601,008.	29,225,416.
22	Net assets or fund balances Subtract line 21 from line 20	7,783,676.	-4,969,514.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ *Paul Veillon* Signature of officer Date 5/12/11

▶ PAUL VEILLON CFO Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Margaret P. Foley* Date 5/11/11 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP EIN ▶ 34-6565596

1401 MCKINNEY, SUITE 1200 HOUSTON, TX 77010 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

1 Briefly describe the organization's mission

ATTACHMENT 3

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 501(c)(4) organizations and section 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 \$ 92,451,189 including grants of \$ 10,695.) (Revenue \$ 91,232,698)

ATTACHMENT 4

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 92,451,189.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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 176		
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?	X	
	1c		
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 3,192		
b	If at least one is reported on line 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 (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
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)?		X
	4a		
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
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?		X
	7c		
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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	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 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (7); 1b Enter the number of voting members that are independent (5); 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? (X); 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? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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 (X); 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; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAUL VEILLON, CFO 1700 W. LOOP SOUTH, SUITE 1100A HOUSTON, TX 77027 713-277-2300

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID W. STRONG BOARD MEMBER - CHAIRMAN	4.00	X						0.	0.	0.
SISTER BRIGID MARIE CLARKE BOARD MEMBER	1.00	X						0.	0.	0.
REBECCA A. CROES BOARD MEMBER	1.00	X						0.	0.	0.
LYNN W. HAMBY BOARD MEMBER	1.00	X						0.	0.	0.
ERWIN C. TSCHOEPE, III BOARD MEMBER	1.00	X						0.	0.	0.
LINDA K. MCCLUNG BD MMBR&INT PRES/CEO(TM 82809)	1.00	X		X				0.	343,654.	123,493.
CHRISTOPHER KARAM PRESIDENT/CEO (EFFECT. 032210)	22.00	X		X				0.	379,235.	113,425.
PAT CARRIER PRESIDENT/CEO(8/29/09-2/28/10)	24.00	X		X			53,743.	383,566.	203,471.	
THOMAS R. SWEEDEN INT PRES/CEO (3/1/10-3/22/10)	40.00			X			0.	0.	0.	
ERICK SMITH SECRETARY (EFFECTIVE 8/14/09)	28.00			X			49,770.	1,889.	18,094.	
WILLIAM L. PARDUE II SECRETARY (TERM 8/13/09)	5.00			X			0.	117,256.	17,412.	
PAUL VEILLON CFO/TREASURER	40.00			X			238,317.	0.	37,723.	
LESLIE STUART SEE SCHEDULE O	40.00				X		117,071.	0.	10,392.	
ELLEN SMITH SEE SCHEDULE O	40.00				X		612,980.	0.	31,531.	
PAMELA STEDING SEE SCHEDULE O	40.00				X		307,373.	0.	32,338.	
TRACEY RICHARD VP OPERATIONS	40.00				X		157,512.	0.	14,564.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM PERMETTI VP STRATEGY (10/25/09-5/8/10)	11.00					X		7,481.	254,454.	130,695.
MIKE SULLIVAN VP MISSION (EFFECTIVE 10/25/09)	30.00					X		12,301.	195,616.	65,916.
PEARL MOHNKERN VP HUMAN RESOURCES	26.00					X		141,908.	31,658.	25,267.
JAN HAMILTON CRAWFORD REGIONAL ADMINISTRATOR	40.00					X		182,450.	0.	20,654.
KEITH ROGERS REGIONAL ADMINISTRATOR	40.00					X		177,180.	0.	21,876.
1b Total								2,058,086.	1,707,328.	866,851.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **55**

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

Part VIII Statement of Revenue				74-2898615			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	5,844.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	49,454			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,507,892			
	g	Noncash contributions included in lines 1a-1f \$		48,646.			
	h	Total. Add lines 1a-1f			1,563,190		
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621610	91,343,783	91,343,783		
	b	INCOME FROM PROGRAM RELATED INVESTMENTS	900099	-168,769.	-168,769		
	c	MEDICAL SERVICE REVENUE	621610	26,477	26,477		
	d	VACCINE REVENUE	621610	31,207.	31,207		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			91,232,698			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,252			4,252
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents.					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses		5,645			
	c	Gain or (loss)		-5,645			
	d	Net gain or (loss)			-5,645		-5,645
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	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	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					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a	MANAGEMENT FEE	561000	6,134,517		2,864,022	3,270,495	
b	LIFELINE	623990	91,030		91,030.		
c	MED RECORD FEES	900099	27,975			27,975	
d	All other revenue	900099	-6,067			-6,067	
e	Total. Add lines 11a-11d			6,247,455			
12	Total Revenue. See instructions			99,041,950.	91,232,698.	2,955,052	3,291,010

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	10,695.	10,695.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,118,258.	984,358.	133,900.	
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	58,090,059.	51,134,365.	6,955,694.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,911,375.	2,554,086.	357,289.	
9 Other employee benefits	5,875,541.	4,497,770.	1,377,771.	
10 Payroll taxes	3,913,237.	3,433,276.	479,961.	
11 Fees for services (non-employees)	0.			
a Management	4,433.	1,474.	2,959.	
b Legal	131,007.	21,138.	109,869.	
c Accounting	242.		242.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	10,126,899.	9,705,537.	421,362.	
g Other	94,767.	88,583.	6,184.	
12 Advertising and promotion	10,162,813.	9,743,669.	419,144.	
13 Office expenses	1,561,534.		1,561,534.	
14 Information technology	0.			
15 Royalties	5,991,544.	5,355,311.	636,233.	
16 Occupancy	1,443,564.	1,202,537.	241,027.	
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	81,471.	34,886.	46,585.	
19 Conferences, conventions, and meetings	18,707.	9,692.	9,015.	
20 Interest	0.			
21 Payments to affiliates	2,938,863.	1,950,600.	988,263.	
22 Depreciation, depletion, and amortization	389,556.	182,878.	206,678.	
23 Insurance				
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 <u>PROVISION FOR UNCOLLECT ACCT</u>	1,091,349.	1,081,978.	9,371.	
b <u>DUES & MEMBERSHIPS</u>	64,473.	44,834.	19,639.	
c <u>INCOME TAX</u>	369,643.	369,643.		
d <u>MISCELLANEOUS</u>	50,737.	35,198.	15,539.	
e <u>OTHER TAX</u>	22,938.	8,681.	14,257.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	106,463,705.	92,451,189.	14,012,516.	0.
26 Joint Costs. Check here <input type="checkbox"/> 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	587,846.	1	222,673.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,018,555.	4	14,421,395.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	18,570.	7	628,988.
	8	Inventories for sale or use	47,769.	8	396,017.
	9	Prepaid expenses and deferred charges	359,398.	9	410,519.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 19,198,860.		
	b	Less accumulated depreciation	10b 13,655,099.	2,979,022.	10c 5,543,761.
	11	Investments - publicly traded securities	419,466.	11	409,153.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	1,549,583.
	14	Intangible assets	1,954,058.	14	673,813.
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,384,684.	16	24,255,902.	
Liabilities	17	Accounts payable and accrued expenses	3,932,873.	17	9,570,230.
	18	Grants payable		18	
	19	Deferred revenue	359,753.	19	12,574,091.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables 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		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,624,846.	24	73,516.
	25	Other liabilities Complete Part X of Schedule D	1,683,536.	25	7,007,579.
	26	Total liabilities. Add lines 17 through 25	7,601,008.	26	29,225,416.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	7,453,463.	27	-5,841,377.
	28	Temporarily restricted net assets	330,213.	28	745,091.
	29	Permanently restricted net assets		29	126,772.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,783,676.	33	-4,969,514.	
34	Total liabilities and net assets/fund balances	15,384,684.	34	24,255,902.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2009. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2008. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2008. 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 explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, REASON FOR PUBLIC CHARITY STATUS

FORM 990, SCHEDULE A, PART I, LINE 3

CHRISTUS CONTINUING CARE 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 2010 EDITION OF THE OFFICIAL CATHOLIC DIRECTORY.

DURING FY 2010, CHRISTUS CONTINUING CARE WAS THE RECIPIENT OF TRANSFERRED ASSETS AND RELATED PROGRAM SERVICE ACTIVITIES AS A RESULT OF A RESTRUCTURING WITHIN THE CHRISTUS HEALTH SYSTEM. CHRISTUS CONTINUING CARE NOW OPERATES HOSPITAL FACILITIES IN TEXAS AND LOUISIANA. CHRISTUS CONTINUING CARE'S SUPPORT IS FROM THE PROVISION OF HOSPITAL AND MEDICAL CARE.

SCHEDULE A, PART I, BOX 3 HAS BEEN CHECKED TO APPROPRIATELY REFLECT CHRISTUS CONTINUING CARE'S REASON FOR NON-PRIVATE FOUNDATION STATUS. THIS REPORTING CHANGE IS A RESULT OF EXPANDED PROGRAM SERVICE ACTIVITIES AND ACCURATELY INDICATES ITS PUBLIC CHARITY STATUS.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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), then

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

Name of organization CHRISTUS CONTINUING CARE	Employer identification number 74-2898615
F/K/A CHRISTUS HOMECARE	

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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												
1 a	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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		8,546.
j Total Add lines 1c through 1i			8,546.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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 (see instructions)	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 1. Also, complete this part for any additional information.
SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING DESCRIPTION

FORM 990, SCHEDULE C, PART II-B, LINE 11

OTHER ACTIVITIES REPORTS THE PORTION OF FY 2010 PROFESSIONAL AND

MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE

RESPECTIVE ASSOCIATIONS TOTALING \$8,546.

CHRISTUS CONTINUING CARE DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL

YEAR 6-30-10.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization **CHRISTUS CONTINUING CARE** Employer identification number **74-2898615**
F/K/A **CHRISTUS HOMECARE**

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 the arrangement in Part XI V and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

b If "Yes," explain the arrangement in Part XI V

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, PART X, LINE 1

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 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.

UNCERTAIN TAX POSITIONS UNDER FIN 48/ ASC 740

FORM 990, SCHEDULE D, PART X, LINE 2

PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO

MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2010.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **CHRISTUS CONTINUING CARE**
F/K/A **CHRISTUS HOMECARE**

Employer identification number
74-2898615

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals		
<input checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			342,731.		342,731.	.30
b Unreimbursed Medicaid (from Worksheet 3, column a)			704,039.	523,566.	180,473.	.16
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			1,046,770.	523,566.	523,204.	.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	159	10,879.		10,879.	.01
f Health professions education (from Worksheet 5)	5	581	285,067.		285,067.	.25
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	11	11436	89,223.		89,223.	.08
j Total Other Benefits	23	12176	385,169.		385,169.	.34
k Total. Add lines 7d and 7j	23	12176	1,431,939.	523,566.	908,373.	.80

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

Schedule H (Form 990) 2009

JSA

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PAGE 29

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		3,390.		3,390.	
8 Workforce development						
9 Other						
10 Total	1		3,390.		3,390.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? 1
- 2 Enter the amount of the organization's bad debt expense (at cost) 2 417,483.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 96,631.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit

	Yes	No
1	X	
9a	X	
9b	X	

Section B Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 36,316,977.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 37,445,399.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 -1,128,422.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? 9a
- 9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. 9b

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
DUBUIS HOSPITAL OF ALEXANDRIA 3330 MASONIC DRIVE, 4TH FLOOR ALEXANDRIA LA 71301	X							X	LONG-TERM ACUTE CARE FACILITY
DUBUIS HOSPITAL OF BEAUMONT 2830 CALDER AVE, 4TH FLOOR BEAUMONT TX 77702	X							X	LONG-TERM ACUTE CARE FACILITY
DUBUIS HOSPITAL OF BRYAN 1600 ST. JOSEPH DR., 2ND FLOOR BRYAN TX 77802	X							X	LONG-TERM ACUTE CARE FACILITY
DUBUIS HOSPITAL OF HOUSTON 1919 LABRANCH 7GWS HOUSTON TX 77002	X							X	LONG-TERM ACUTE CARE FACILITY
DUBUIS HOSPITAL OF PARIS 865 DESHONG DR., 5TH FLOOR PARIS TX 75462	X							X	LONG-TERM ACUTE CARE FACILITY
DUBUIS HOSPITAL OF PORT ARTHUR 3600 GATES BLVD., 3RD FLOOR PORT ARTHUR TX 77643	X							X	LONG-TERM ACUTE CARE FACILITY
GRACE HOME - ALEXANDRIA 3330 MASONIC DRIVE, 3RD FLOOR ALEXANDRIA LA 71301								X	HOSPICE INPATIENT FACILITY
GRACE HOME - SHREVEPORT 1035 MARGARET PLACE SHREVEPORT LA 71101								X	HOSPICE INPATIENT FACILITY

Part VI Supplemental Information

Complete this part to provide the following information

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

THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) .

PART III, SECTION A, LINE 2

THE ORGANIZATION USES FORM 990, SCHEDULE H, WORKSHEET A TO DETERMINE THE

BAD DEBT EXPENSE AT COST REPORTED AT SCHEDULE H, PART III, SECTION A,

LINE 2 USING THE COST-TO-CHARGE RATIO CALCULATED AT FORM 990, SCHEDULE H,

WORKSHEET 2, LINE 11. THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE

ATTRIBUTABLE TO PATIENT CHARGES (TOTAL OF ALL HOSPITAL FACILITIES) IS IN

ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS. BAD DEBT

EXPENSE IS NET OF: (1) CONTRACTUAL ALLOWANCES, (2) PAYMENTS RECEIVED AND

(3) RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF.

ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST)

ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY

PART III, SECTION A, LINE 3

TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST)

ATTRIBUTABLE TO PATIENTS WHO ARE ELIGIBLE UNDER THE ORGANIZATION'S

CHARITY CARE POLICY, THE ORGANIZATION REVIEWS PATIENT FILES THAT WERE

INITIALLY DEEMED AS INCOMPLETE TO DETERMINE WHETHER

A PATIENT WOULD BE ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

 TO EXTENT THE FILE HAS SUFFICIENT DOCUMENTATION INDICATING FINANCIAL

 AND/OR MEDICAL INDIGENCE, THE BAD DEBT ASSOCIATED WITH SUCH PATIENT

 ACCOUNT COULD BE DEEMED CHARITY CARE. THE AMOUNT OF THE ORGANIZATION'S

 BAD DEBT EXPENSE AT COST ATTRIBUTABLE TO PATIENTS WHO ARE ELIGIBLE UNDER

 THE ORGANIZATION'S CHARITY CARE POLICY IS DETERMINED USING THE

 COST-TO-CHARGE RATIO CALCULATED ON FORM 990, SCHEDULE H, WORKSHEET 2.

 IN ADDITION TO SCREENING PATIENTS TO DETERMINE THE APPLICABILITY OF

 FINANCIAL ASSISTANCE AND CHARITY CARE AT THE TIME OF ADMISSION AND

 DISCHARGE, CHRISTUS CONTINUING CARE FOLLOWS A POLICY AND SUPPORTING

 PROCEDURES FOR REVIEWING ALL ACTIVE SELF-PAY PATIENT RECEIVABLES. THE

 SCREENING PROCEDURES SUBSEQUENT TO DISCHARGE TO DETERMINE CHARITY CARE

 AND DISCOUNT APPLICABILITY INCLUDE REQUESTING THE REFERRING HOSPITAL'S

 RECORDS OF PATIENTS WHO SUBMITTED CHARITY CARE APPLICATIONS OR OTHER

 FINANCIAL INFORMATION, MAKING CONTACT WITH PATIENTS THROUGH MAILED

 NOTICE FOLLOWED BY PHONE CALL, USING A FINANCIAL ASSISTANCE

 QUESTIONNAIRE, AND VIEWING CREDIT REPORTS. AS A RESULT OF THE

 AFOREMENTIONED STEPS, THE AMOUNT REPORTED AS BAD DEBT EXPENSE AT COST

 ATTRIBUTABLE TO PATIENTS WHO ARE ELIGIBLE UNDER THE ORGANIZATION'S

 CHARITY CARE POLICY IS RELATIVELY SMALL.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATES WHERE THE ORGANIZATION, OR A RELATED ORGANIZATION, FILED A

COMMUNITY BENEFIT REPORT

PART VI, LINE 8

A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF

THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS

REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046,

NONPROFIT HOSPITALS ARE REQUIRED TO FILE THE ASCBS FORM AND ANNUAL REPORT

OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH

SERVICES (DSHS). THE 2009 ASCBS FORM IS EXPANDED TO COLLECT THE

INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A

STANDARDIZED FORMAT.

ALL CHRISTUS CONTINUING CARE ENTITIES INCLUDING FACILITIES LOCATED IN

STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E.,

LOUISIANA), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC

HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT,

COPYRIGHT 2008. TOTAL COMMUNITY BENEFIT FOR CHRISTUS CONTINUING CARE IS

ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY CHRISTUS

HEALTH.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NOT APPLICABLE

PART I, LINE 6A:

A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT

FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY. CHRISTUS

HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED HEALTH SYSTEM

FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF

JESUS CHRIST." THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES

ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE

HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES. HOWEVER, THE

ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION

DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN

ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT

IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES.

PART I, LINE 7G:

NOT APPLICABLE

PART I, LINE 7, COLUMN F:

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FORM 990, PART IX, LINE 25, COLUMN (A) IS \$106,463,705. THE BAD DEBT

EXPENSE ATTRIBUTABLE TO PATIENT SERVICE ACTIVITIES INCLUDED IN THIS

AMOUNT IS \$1,091,349. THE FILING ORGANIZATION'S PROPORTIONATE SHARE

OF EXPENSES OF THE JOINT VENTURE INCLUDED ON SCHEDULE H, PART I IS

\$7,309,619. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$50,743.

THEREFORE, TOTAL EXPENSES FOR CALCULATING FORM 990, SCHEDULE H, PART

I, LINE 7(F) AND SCHEDULE H, PART II, COLUMN (F) IS \$112,631,232.

PART I, LINE 7K

DESCRIPTION OF GROSS CHARITY CARE AS % OF TOTAL COSTS

THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON

PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 1.27%

WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F)

WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE.

PART I, LINE 7:

NOT APPLICABLE

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4; Part III, line 8, Part III, line 9b, and Part V See Instructions
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PART III, LINE 4:

 THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS

 SAYS, "THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH

 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES

 REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND

 ADJUSTMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL

 STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF

 COMMITMENTS AND CONTINGENCIES, IF ANY. THE SYSTEM CONSIDERS CRITICAL

 ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT

 JUDGEMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL

 STATEMENTS, INCLUDING THE FOLLOWING: RECOGNITION OF NET PATIENT

 REVENUES, WHICH INCLUDES CONTRACTUAL ALLOWANCES; PROVISIONS FOR BAD

 DEBT; RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE

 PROFESSIONAL AND GENERAL LIABILITIES; DETERMINATION OF FAIR VALUES OF

 CERTAIN FINANCIAL INSTRUMENTS; AND RISKS AND ASSUMPTIONS FOR

 MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES. MANAGEMENT

 RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO

 BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND

 ESTIMATES. ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
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ESTIMATES."

IN ORDER TO DETERMINE THE BAD DEBT EXPENSE AT COST (SCHEDULE H, PART

III, SECTION A, LINE 2), THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE

(TOTAL OF ALL HOSPITAL FACILITIES) IN ACCORDANCE WITH THE

ORGANIZATION'S FINANCIAL STATEMENTS WAS MULTIPLIED BY THE

COST-TO-CHARGE RATIO.

PART III, LINE 8:

THE SHORTFALL ON PART III, LINE 7 IS NOT COUNTED AS A COMMUNITY

BENEFIT.

THE AMOUNT ON SCHEDULE H, PART III, LINE 6 IS DETERMINED BY

CALCULATING MEDICARE ALLOWABLE COSTS USING WORKSHEET A OF THE

MEDICARE COST REPORT. WORKSHEET A OF THE MEDICARE COST REPORT

REQUIRES THE ORGANIZATION TO REMOVE NON-ALLOWABLE EXPENSES FROM TOTAL

EXPENSES VIA THE ADJUSTMENTS TO EXPENSES WORKSHEETS WITHIN THE

MEDICARE COST REPORT.

THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 DOES NOT TAKE

Part VI Supplemental Information

Complete this part to provide the following information

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INTO ACCOUNT ALL COSTS INCURRED BY THE FILING ORGANIZATION ASSOCIATED

WITH THE FILING ORGANIZATION'S PROVISION OF SERVICES TO MEDICARE

PATIENTS. SCHEDULE H, PART III, LINE 7 WOULD EQUAL A SHORTFALL OF

\$(57,597,952) IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE

SUBSTITUTED ON SCHEDULE H, PART III, LINE 6.

PART III, LINE 9B:

THE FILING ORGANIZATION DOES NOT OUTSOURCE PATIENT BALANCES TO A

THIRD PARTY DEBT COLLECTION AGENCY. ALL COLLECTIONS ARE DONE BY

IN-HOUSE COLLECTORS USING COLLECTION LETTERS. PATIENTS ARE NOT

SUBJECT TO HARASSMENT OR LEGAL ACTION DUE TO THEIR INCAPACITY TO PAY.

UPON ADMISSION, PATIENTS WHO HAVE NO INSURANCE COVERAGE AND NO

ABILITY TO PAY WILL BE GIVEN CONSIDERATION FOR CHARITY CARE. EVERY

EFFORT WILL BE MADE TO OBTAIN THE APPROPRIATE FINANCIAL DOCUMENTATION

TO DETERMINE THE ABILITY TO PAY FOR SERVICES. PATIENTS RECEIVE

PRIVATE LETTERS/BILLS EACH MONTH INDICATING THEIR BALANCE DUE.

PATIENTS WHO HAVE NOT MADE PAYMENTS FOR A 30-DAY PERIOD WILL RECEIVE

A LETTER REQUESTING PAYMENT. PATIENTS WHO ARE UNABLE TO PAY THEIR

BALANCE WILL BE CONSIDERED FOR CHARITY CARE IF APPROPRIATE.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
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COLLECTION EFFORTS WILL CONTINUE FOR 120 DAYS WITH THE
 PATIENT/GUARANTOR RECEIVING AT LEAST THREE LETTERS REQUESTING PAYMENT
 WITHIN SAID 120 DAY PERIOD. ACCOUNTS THAT ARE NOT DEEMED ELIGIBLE
 FOR CHARITY CARE OR MEDICAL INDIGENCE WILL BE WRITTEN OFF AS BAD DEBT
 FOLLOWING THE 120 DAY COLLECTION PERIOD.

NEEDS ASSESSMENT:

CHRISTUS CONTINUING CARE HAS DEVELOPED A COMMUNITY BENEFIT PLAN BASED
 UPON PRIORITIZATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT
 PERFORMED BY THE CHRISTUS FACILITY IN THE RESPECTIVE SERVICE AREA. AS
 MEMBERS OF CHRISTUS HEALTH, CHRISTUS CONTINUING CARE STRIVES TO
 ENSURE BEST PRACTICES AND STANDARDS OF CARE ARE MET. CHRISTUS
 CONTINUING CARE PROVIDES CARE TO PATIENTS WHO REQUIRE ACUTE CARE OVER
 AN EXTENDED PERIOD OF TIME. OUR STAFF PROVIDES SPECIALTY CARE THAT IS
 TAILORED TO THE INDIVIDUAL NEEDS OF EVERY PATIENT, RESULTING IN
 EXCELLENT CLINICAL OUTCOMES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

CHRISTUS CONTINUING CARE MAKES EVERY EFFORT TO EDUCATE PATIENTS ON

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
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ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION, POST REGISTRATION, AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY. IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED AT THE HOSPITAL. THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE.

IN KEEPING WITH THE MISSION, VISION AND CORE VALUES OF CHRISTUS HEALTH, CHRISTUS CONTINUING CARE PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES. CHARITY CARE IS OFFERED WITH THE RESOURCES AVAILABLE AND MEETS THE LEGAL REQUIREMENTS FOR SERVING FINANCIALLY AND/OR MEDICALLY INDIGENT PATIENTS. THE DETERMINATION AS TO THE AMOUNT CHARGED, IF ANY, IS MADE IN ACCORDANCE TO THE PATIENT'S ABILITY TO PAY AS DETERMINED BY THE ELIGIBILITY CRITERIA ESTABLISHED WITHIN PROCEDURAL GUIDELINES AND IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS.

Part VI Supplemental Information

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COMMUNITY INFORMATION:

CHRISTUS CONTINUING CARE SERVICES AREAS IN TEXAS INCLUDE LONG TERM

ACUTE CARE FACILITIES LOCATED IN BRYAN, BEAUMONT, HOUSTON, PARIS AND

PORT ARTHUR. HOME HEALTH AND HOSPICE SERVICES AREAS IN TEXAS INCLUDE

CORPUS CHRISTI, COPPELL, HOUSTON, NASSAU BAY, NEW BRAUNFELS, PARIS,

PORT ARTHUR, SAN ANTONIO, AND TEXARKANA. THE ORGANIZATION'S SERVICE

AREA IN LOUISIANA INCLUDES A LONG TERM ACUTE CARE FACILITY IN

ALEXANDRIA AND HOME HEALTH AND HOSPICE SERVICES IN ALEXANDRIA,

JENNINGS, LAKE CHARLES, AND SHREVEPORT. THE PATIENT SERVICE AREAS

ALSO INCLUDE MANAGED LONG TERM ACUTE CARE LOCATIONS IN ARKANSAS,

GEORGIA, IOWA AND MISSOURI, AS WELL AS HOME HEALTH AND HOSPICE

SERVICES IN SALT LAKE CITY, UT.

TEXARKANA, TEXAS IS LOCATED IN BOWIE COUNTY AND TEXARKANA, ARKANSAS

IS LOCATED IN MILLER COUNTY. THE MEDIAN HOUSEHOLD INCOME IN EACH

COUNTY IS LOWER THAN THE MEDIAN HOUSEHOLD INCOME IN ITS RESPECTIVE

STATE. MILLER COUNTY IS 42.5 PERCENT BELOW 200 PERCENT OF THE

FEDERAL POVERTY LEVEL (FPL) AND BOWIE COUNTY IS 37.5 PERCENT OF THE

FPL. ACCORDING TO A 2008 ARKANSAS DEPARTMENT OF HEALTH AND HUMAN

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SERVICES REPORT, OVER 31 PERCENT OF THE POPULATION OF MILLER COUNTY

AND 14.5 PERCENT OF THE POPULATION IN BOWIE COUNTY IS ELIGIBLE FOR

MEDICAID. ACCORDING TO 2006 U.S. CENSUS INFORMATION, 17.8 PERCENT OF

THE POPULATION OF MILLER COUNTY AND 18.6 PERCENT POPULATION IN BOWIE

COUNTY THAT ARE 64 YEARS OF AGE AND UNDER ARE UNINSURED.

CHRISTUS CONTINUING CARE'S ALEXANDRIA, LOUISIANA SERVICE AREA

INCLUDES RAPIDES PARISH AND NINE SURROUNDING CIVIL PARISHES. MORE

THAN ONE-FIFTH OF THE POPULATION HAS INCOME AT OR BELOW THE POVERTY

INCOME LEVEL AS DEFINED BY THE FEDERAL GOVERNMENT. ALL OF THE

PARISHES IN CENTRAL LOUISIANA HAVE BEEN DESIGNATED AS HEALTH

PROFESSIONAL SHORTAGE AREAS (HPSA). THE AREA HAS A LARGE POPULATION

OVER 71 YEARS OF AGE.

THE ORGANIZATION'S SHREVEPORT, LOUISIANA SERVICE AREA INCLUDES THE

NORTHWESTERN CORNER OF LOUISIANA. THE SHREVEPORT SERVICE AREA,

CONSISTENT WITH NATIONAL TRENDS, IS ANTICIPATING ITS LARGEST GROWTH

IN POPULATION AGE 65 AND OLDER. THE SERVICE AREA'S POVERTY RATE IS

20.7 PERCENT, WHICH IS JUST SLIGHTLY HIGHER THAN THE STATE POVERTY

Part VI Supplemental Information

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RATE AND (57) PERCENT OF HOUSEHOLDS IN THE SERVICE AREA ARE AT/ OR

BELOW 200 PERCENT OF THE FPL.

CHRISTUS CONTINUING CARE'S BEAUMONT AND PORT ARTHUR FACILITIES

SERVICES SOUTHEAST TEXAS, ROUGHLY A NINE COUNTY SERVICE AREA. THE

NINE COUNTY AREA INCLUDES A HIGHER PERCENTAGE OF SENIOR CITIZENS

COMPARED TO STATE AND NATIONAL BENCHMARKS. APPROXIMATELY 52% OF

HOUSEHOLDS ARE AT OR BELOW 200% OF THE FPL IN THE NINE COUNTY AREA.

THE HEALTH CARE PAYOR MIX IS 15 PERCENT MEDICAID AND 20 PERCENT

MEDICARE.

CHRISTUS CONTINUING CARE'S HOUSTON LONG TERM ACUTE CARE UNIT IS

LOCATED IN ST. JOSEPH MEDICAL CENTER IN DOWNTOWN HOUSTON. THIS

SERVICE AREA INCLUDES A LARGE PERCENTAGE OF INDIVIDUALS BELOW OR AT

200% OF FPL AND WHO ARE UNINSURED.

COMMUNITY BUILDING ACTIVITIES:

THE CHRISTUS HEALTH ADVOCACY DEPARTMENT WORKS IN PARTNERSHIP WITH

LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND

Part VI Supplemental Information

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PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH THROUGH
 IMPROVED ACCESS TO HEALTH SERVICES AND ADVANCING GENERAL KNOWLEDGE.
 DURING FY 2010, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC
 POLICIES, WORKING TO ESTABLISH AND IN SOME INSTANCES AUGMENT
 GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE
 CONSTITUENTS WE SERVE. ADVOCACY EFFORTS FOCUS ON THE NEEDS OF
 CHILDREN AND SENIORS, AS WELL AS OTHER VULNERABLE POPULATIONS, TO
 PROMOTE PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY
 DETECTION OF CANCER AND HEART DISEASE, AND IMMUNIZATIONS.

OTHER INFORMATION:

CHRISTUS CONTINUING CARE RESPONDS TO THE HEALTH CARE NEEDS OF THE
 COMMUNITIES IT SERVES BY PROVIDING EXTENDED ACUTE CARE HOSPITAL, HOME
 HEALTH AND HOME HOSPICE SERVICES. THE ORGANIZATION OPERATES SIX
 ACUTE CARE HOSPITALS FOCUSING ON VENTILATOR DEPENDENCY, WOUND CARE
 AND REHABILITATION, AND SUCH FACILITIES ARE LOCATED IN ALEXANDRIA,
 LA; BEAUMONT, TX; BRYAN, TX; HOUSTON, TX; PARIS, TX; AND PORT ARTHUR,
 TX. CHRISTUS CONTINUING CARE MANAGES FOUR LONG TERM ACUTE CARE
 FACILITIES FOR OTHER HEALTH SYSTEMS LOCATED IN ARKANSAS, GEORGIA,

ARTICLE XI
INDEMNIFICATION

Subject to the provisions of the laws of the State of Texas, the Corporation shall indemnify, and shall advance expenses to, any Officers or Directors or former Officers or Directors of the Corporation or other authorized persons to full extent permitted by, and according to the provisions of the laws of the State of Texas as the same exists or may hereafter be amended.

ARTICLE XII
LIMITATION OF LIABILITY

A Director of the Corporation shall not be liable, to the Corporation or its Member for monetary damages for an act or omission in the Director's capacity as a Director, except that this article does not authorize the elimination or limitation of the liability of a Director to the extent the Director is found liable for: (a) a breach of the Director's duty of loyalty to the Corporation or its Member; (b) an act or omission not in good faith that constitutes a breach of duty of the Director to the Corporation or an act or omission that involves intentional misconduct or a knowing violation of the law; (c) a transaction from which the Director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the Director's office; or (d) an act or omission for which the liability of a Director is expressly prohibited by an applicable statute.

ARTICLE XIII
DISSOLUTION

In the event that this corporation dissolves, its assets and property shall first be used to pay all existing debts, obligations and liabilities. If assets remain after the discharge and satisfaction of all said debts, obligations and liabilities, said remaining assets shall be distributed to CHRISTUS, a Texas non-profit corporation, for the benefit of CHRISTUS Health, if said corporation is then in existence and qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future federal tax laws. If CHRISTUS Health has ceased to exist, or is not then so qualified, then the said remaining assets of the corporation shall be exclusively distributed to any successor organization if said corporation is then in existence and qualified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future federal tax laws, as the Board of Directors shall determine.

ARTICLE XIV
FEDERAL TAX EXEMPTION

The Corporation will not be operated for the pecuniary gain or profit, incidental or otherwise, of any private individual. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its Directors, Officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein, including to System entities, in conformity with its purposes. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation. The Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provisions of these Bylaws, the Corporation shall not conduct or carry on activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c) (3) of the Code, or corresponding provisions of any subsequent federal tax laws, or (ii) by a corporation to which contributions are deductible for federal income tax purposes under Section 170(c) (2) of the Code, or corresponding provisions of any subsequent federal tax laws.

ARTICLE XV
AMENDMENTS

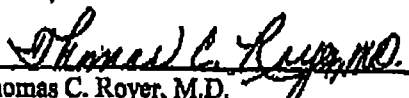
The Member shall have the sole power to approve amendments to these Articles of Incorporation. The Board of Directors shall have the power to recommend amendments to these Articles of Incorporation; provided, however, that any such amendments may be approved by the Member without a recommendation from the Board.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the undersigned officer has executed these Amended and Restated Articles of Incorporation on behalf of the Corporation to be effective on this the 27th day of May 2009.

CHRISTUS Health, its sole Member

By:


Thomas C. Royer, M.D.
President