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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	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 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input 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 print or type. See Specific Instructions.	C Name of organization Christus Health Gulf Coast		D Employer identification number 76-0591592
		Doing Business As SEE SCHEDULE O		E Telephone number (713) 681-8877
		Number and street (or P O box if mail is not delivered to street address) PO Box 922037	Room/suite	G Gross receipts \$ 294,244,586
		City or town, state or country, and ZIP + 4 Houston, TX 77292		
		F Name and address of principal officer Ellen Jones PO Box 922037 Houston, TX 77027		
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(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ▶ N/A		H(c) Group exemption number ▶ 0928		
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 1999	M State of legal domicile TX

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Supporting the health care ministries of the Sponsoring Congregations in extending the healing ministry of Jesus Christ in conformity with the ethical and moral teachings of the Roman Catholic Church		
	2	Check this box <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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 1,90	
	6	Total number of volunteers (estimate if necessary)	6 16	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 1,826,33	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,856,300	Current Year 10,096,150
	9	Program service revenue (Part VIII, line 2g)	249,517,263	275,282,175
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,568,820	216,613
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,587,003	8,592,819
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,529,386	294,187,757
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	111,030
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	88,253,035	90,407,494
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 45,500		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	160,243,630	118,688,993
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	248,607,695	255,709,060
19		Revenue less expenses Subtract line 18 from line 12	15,921,691	38,478,697
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 284,174,596
	21	Total liabilities (Part X, line 26)	138,187,958	131,961,894
	22	Net assets or fund balances Subtract line 21 from line 20	145,986,638	185,002,804

Part II		Signature Block			
Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-04</div> </div> <div> <div></div> <div>Date</div> </div>	
	<div> <div></div> <div>Bill Hecht CFO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div></div> <div>Preparer's signature</div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> </div> <div> <div></div> <div></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div></div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> </div>		<div> <div></div> <div>ERNST & YOUNG US LLP</div> </div> <div> <div></div> <div>1401 MCKINNEY SUITE 1200</div> </div> <div> <div></div> <div>HOUSTON, TX 77010</div> </div>		<div> <div></div> <div>EIN</div> </div>
					<div> <div></div> <div>Phone no</div> </div> <div> <div></div> <div>(713) 750-1500</div> </div>

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

The Corporation is organized and shall be operated exclusively for charitable, scientific, educational and religious purposes of advancing, promoting and supporting the health care ministries of the Sponsoring Congregations which operate and are controlled in conformity with the ethical and moral teachings of the Roman Catholic Church, and promoting efficient governance and management, cooperative planning and the sharing of resources among such health care ministries Without limiting the generality of the foregoing, the Corporation's mission shall be to extend the healing ministry of Jesus Christ, and consistent therewith, shall operate according to the doctrines, resolutions, decrees and ethical principles of the Sponsoring Congregations, and the Ethical and Religious Directors for Catholic Health Care Services as promulgated or amended from time to time by the United States Conference of Catholic Bishops It is also a purpose of the Corporation to aid, lend financial support and as

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 \$ 157,698,686 including grants of \$ 0) (Revenue \$ 177,843,696)
<p>COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS Health Gulf Coast is part of CHRISTUS Health, formed in 1999 to strengthen the 142-year-old, faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio Founded on the mission "to extend the healing ministry of Jesus Chrnt," CHRISTUS is challenged to reach out to, and beyond, the more than 60 communities we serve to help those in need The vision of CHRISTUS as a Catholic, faith-based ministry, is to be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love CHRISTUS Health Gulf Coast responds to the health care needs through services provided at CHRISTUS St Catherine Hospital in Katy, Texas, a 102-bed hospital, and CHRISTUS St John Hospital in Nassau Bay, Texas 178-bed hospital and various clinics and outreach programs Each of the facilities of CHRISTUS Health Gulf Coast shares one objective -- which is to lead the way to a healthier community CHRISTUS Health Gulf Coast services several counties to the west and southeast of Houston This area of the Texas Gulf Coast comprises a population of more than 5 4 million In our 2010 Fiscal Year alone, we were privileged to serve hundreds of thousands of individuals in various ways including 59,515 visits to our Emergency Department, 3,238 inpatient surgery procedures, 5,716 outpatient surgery procedures, 12,566 patients who were admitted to our hospitals for care and 194,022 patients who received outpatient care at our facilities Touching the lives of the people around us is what makes CHRISTUS Health Gulf Coast stand apart Allowing others to touch us gives us a vision for the medically needy in each of the communities we serve Whether it is the life of a child expecting a future filled with miracles, the life of a man in need of a critical heart surgery, or the life of a woman about to give birth to her first child, CHRISTUS Health Gulf Coast's health care services work to provide the best care possible regardless of an individual's ability to pay By collaborating with communities, churches, businesses and other health care organizations, CHRISTUS Health Gulf Coast's various entities have strengthened their roles as major providers of comprehensive, accessible health care services These partnerships with the community have been a blessing by helping CHRISTUS Health Gulf Coast further care for those in need Furthermore, investment in community services would not be possible without dedicated employees and volunteers They help to build strong relationships between the hospitals and other health care ministries and the communities, nurturing CHRISTUS' mission to meet the needs and make a difference in the lives of others Our employees work both inside and outside the walls of our health care facilities and are committed to reaching beyond the traditional hospital walls to help our communities maintain good health Understanding the need to provide access to health care to as much of our publics as possible, CHRISTUS Health participates in government-sponsored health care programs, including Medicaid, Medicare, CHAMPUS, TRICARE and other In addition, we provide specific programs to provide discounted services to those in need who do not have medical insurance or who do not participate in government-sponsored programs CHRISTUS Health Gulf Coast provides a full range of inpatient and outpatient services to the people from the communities it serves It conducts its activities and serves its health care purpose without regard to race, color, creed, religion, gender, orientation, disability, age or national origin CHRISTUS St Catherine Hospital in Katy offers a broad spectrum of adult and pediatric medical and surgical care with the latest in technology, including an urgent care center, birthing suites, newborn and Level II neonatal intensive care nurseries, inpatient and outpatient surgery, diagnostic imaging and cardiology services CHRISTUS St John Hospital in Nassau Bay offers comprehensive medical services in cardiology, oncology, intensive care, diagnostic imaging, gynecology, pediatrics, advanced laparoscopic procedures, cancer treatment, cardiovascular, sports medicine and vascular specialties CHRISTUS St Catherine Hospital and CHRISTUS St John Hospital each provide services in 24-hour Emergency Departments that are open to all those in need of emergent care, regardless of their ability to pay CHRISTUS Health Gulf Coast also supports many local community health services, including mobile clinic services, the CHRISTUS Literacy Center and Our Daily Bread in Galveston, clinics for the underserved in Houston and Dickinson, and two eight school-based clinics As a not-for-profit organization and as part of CHRISTUS Health, a regional governing board comprised largely of independent community members representing the area they serve guides CHRISTUS Health Gulf Coast We are privileged to have an open medical staff comprised of qualified physicians who work with us to provide care to our communities All qualified physicians who are granted privileges to serve with us in our hospitals must undergo a thorough and comprehensive credentialing process</p>	

4b	(Code) (Expenses \$ 2,399,377 including grants of \$ 0) (Revenue \$ 27,072,327)
<p>COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS adheres to the Catholic Health Association's A Guide for Planning and Reporting Community Benefit (2008), and complies with the State of Texas requirements for reporting Community Benefit, reported as unpaid costs, includes both Charity Care and Community Services To the limits of its resources, CHRISTUS Health is an institution of purely public charity, thus, the most tangible expression of CHRISTUS Health's charitable purpose is the provision of healthcare services to those persons who are unable to pay Charity Care falls into two categories Charity Care and Unpaid Government Indigent Care In keeping with the mission, values, and vision of CHRISTUS Health, CHRISTUS Health provides Charity Care services in a manner that respects the dignity of the patients and their families Charity Care is provided without charge or at a charge that is less than the usual charge for such services The determination as to the amount to be charged, if any, is made according to a patient's ability to pay as determined by the established eligibility criteria For uninsured patient's whose economic circumstances place them at or under 200 percent of the Federal Poverty Guidelines (FPL), services are provided without any expectation of payment Uninsured patients whose economic circumstances place them between 200 and 400 percent of FPL are charged based on a sliding scale and those above 400 percent receive discounts based on the uninsured fee schedule No patient is refused necessary medical care due to inability to pay CHRISTUS Health facilities provide other Charity Care by funding or otherwise financially supporting health care services provided to financially indigent patients through other nonprofit or public outpatient clinics, hospitals or health care organizations CHRISTUS Health is an active participant in the States of Texas and Louisiana Medicaid Programs Those programs seek to provide payment for health care services to individuals who meet certain financial and other requirements Financial requirements include evaluation of both assets and income</p>	

4c	(Code) (Expenses \$ 12,207,346 including grants of \$ 0) (Revenue \$ 70,202,172)
OTHER GOVERNMENT SPONSORED SERVICES In addition to the provision of Charity Care and other community services CHRISTUS Health provides services to persons covered under government-sponsored programs, including Medicare, DOD and TRICARE The non-reimbursed costs of these services are reported to the State of Texas but are not included in reports prepared following Catholic Health Association guidelines CHRISTUS Health provides services to persons covered under the federal Medicare Program, and in fact, this is the largest single payor classification of patients served by this health system The payment rate for inpatient services is on a per case rate, calculated based on the diagnostic-related group (DRG) into which the patient is categorized Outpatient services are reimbursed by Medicare based on a fee schedule CHRISTUS Health dba US Family Health Plan also provides the uniform medical benefit for 9,976 military family members under contract with the Department of Defense Under this program, comprehensive medical services are provided to families of active duty military personnel, and to retirees and their families in all age categories including those over age 65 CHRISTUS Health also participates in the TRICARE standard program and many of our hospitals contract with the Managed Care Support Contractor for the South Region to provide services under the provision of TRICARE Prime	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 48,311,159 including grants of \$ 46,612,573) (Revenue \$ 0)
4e	Total program service expenses➤\$ 220,616,568

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34	Yes	
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>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	321	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,903	
	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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 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?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	15	
b	Enter the number of voting members that are independent	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Ellen Jones 1700 W Loop 610 S Houston, TX 77027 (713) 277-2000	

1b	Total	2,159,602	1,529,945	1,192,312
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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▶32

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cotton Commercial USA Inc 14345 NORTHWEST FRWY HOUSTON, TX 77040	Cleaning Services	9,456,024
DE HARVEY BUILDERS P O BOX 42008 HOUSTON, TX 77242	Contractor Services	7,874,814
KATY CARDIOVASCULAR SVCS LP 10000 MEMORIAL STE 540 HOUSTON, TX 77024	Medical Services	7,599,363
TRITON CONSTRUCTION CO INC PO BOX 840694 HOUSTON, TX 77284	Contractor Services	2,066,493
HOSPITAL HOUSEKEEPING SYS LTD PO BOX 826 HOUSTON, TX 78293	Housekeeping service	1,556,851

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 ▶32

Part VIII

Statement of Revenue

				(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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	10,056,901				
	e	Government grants (contributions)	1e	39,249				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ 36,787						
	h	Total. Add lines 1a-1f			10,096,150			
Program Service Revenue			Business Code					
	2a	Net Patient Service Revenue	621,990	273,471,832	273,307,916	163,916		
	b	Rent related to Exempt Function	531,120	1,100,698	1,100,698			
	c	Interest on Physician notes receivable	900,099	290,009	290,009			
	d	Community Health	713,940	137,292	137,228	64		
	e	Wellness Center	713,940	275,000	275,000			
	f	All other program service revenue		7,344	7,344			
	g	Total. Add lines 2a-2f			275,282,175			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			54		54	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
			4,450					
			4,450					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			4,450		4,450	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				273,388				
				56,829				
				216,559				
	d	Net gain or (loss)			216,559		216,559	
	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	Less direct expenses						
	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	Less direct expenses							
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	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	INS PMT & FEMA REIMB- HURRICANE IKE	900,099	6,158,283			6,158,283		
b	MD ANDERSON RENTAL	900,002	1,662,357			1,662,357		
c	Food services	722,210	579,237				579,237	
d	All other revenue		188,492				188,492	
e	Total. Add lines 11a-11d			8,588,369				
12	Total revenue. See Instructions			294,187,757	275,118,195	1,826,337	7,147,075	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	46,568,405	46,568,405		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	44,168	44,168		
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	1,718,843	1,489,560	229,283	
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	72,541,505	62,864,908	9,676,597	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,584,426	3,491,628	92,798	
9	Other employee benefits	7,344,347	5,856,234	1,487,927	186
10	Payroll taxes	5,218,373	4,611,617	566,694	40,062
11	Fees for services (non-employees)				
a	Management	3,136	3,136		
b	Legal	253,911		253,911	
c	Accounting	11,463	11,463		
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	12,143,322	4,277,087	7,865,129	1,106
12	Advertising and promotion	544,701	35,950	508,751	
13	Office expenses	49,142,085	45,525,059	3,615,869	1,157
14	Information technology	6,623,435		6,623,435	
15	Royalties	0			
16	Occupancy	7,514,583	5,833,050	1,681,533	
17	Travel	76,416	30,318	44,003	2,095
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	146,325	82,277	63,154	894
20	Interest	4,797,665	4,797,665		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,915,271	17,133,078	1,782,193	
23	Insurance	3,920,392	3,829,724	90,668	
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	PROVISION FOR UNCOLLECT ACCTS	14,241,898	13,999,458	242,440	
b	SALES TAX	36,743	37,724	-981	
c	DUES & MEMBERSHIPS	162,907	33,245	129,662	
d	SUBSCRIPTIONS	42,479	19,767	22,712	
e	FEDERAL INCOME TAX	4,436	4,436		
f	All other expenses	107,825	36,611	71,214	
25	Total functional expenses. Add lines 1 through 24f	255,709,060	220,616,568	35,046,992	45,500
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			20,603,786	1	88,005,512
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			48,091,088	4	24,813,111
	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			8,320,211	7	5,785,123
	8	Inventories for sale or use			5,838,763	8	5,050,449
	9	Prepaid expenses and deferred charges			944,642	9	916,139
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	305,777,094	195,952,224	10c	178,616,620
	b	Less accumulated depreciation	10b	127,160,474			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			45,298	13	8,875,000
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,378,584	15	4,902,744
	16	Total assets. Add lines 1 through 15 (must equal line 34)			284,174,596	16	316,964,698
Liabilities	17	Accounts payable and accrued expenses			18,046,458	17	16,280,432
	18	Grants payable				18	
	19	Deferred revenue			390,573	19	1,153,331
	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			40,921,077	24	37,571,435
	25	Other liabilities Complete Part X of Schedule D			78,829,850	25	76,956,696
	26	Total liabilities. Add lines 17 through 25			138,187,958	26	131,961,894
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			143,628,917	27	182,702,712
	28	Temporarily restricted net assets			2,357,721	28	2,300,092
	29	Permanently restricted net assets				29	
	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			145,986,638	33	185,002,804
	34	Total liabilities and net assets/fund balances			284,174,596	34	316,964,698

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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separated 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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Christus Health Gulf Coast	Employer identification number 76-0591592
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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 for 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		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—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		
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		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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	
19a 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. 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Christus Health Gulf Coast	Employer identification number 76-0591592
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 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			11,122
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		401
j	Total lines 1c through 1i			11,523
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

Identifier	Return Reference	Explanation
Lobbying Description	Schedule C, Part II-B	HEALTH CARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH GULF COAST BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES. CHRISTUS HEALTH GULF COAST HAD DIRECT CONTACT THROUGH LETTERS AND EMAILS WITH ITS RESPECTIVE SENATORS OR MEMBERS OF THEIR STAFF AND OTHER GOVERNMENT OFFICIALS ON SUCH ISSUES AS the Patient Protection and Affordable Care Act, the Medicare Physicians Fairness Act of 2009, DHDS Proposed Rules Concerning Emergency Room Staffing, the Access to Affordable Health Care for America Act, Health Care Reform, the Toxic Substance Control Act (TSCA), the Electronic Health Record Incentive Program, the American Jobs and Closing Tax Loopholes Act, and Extension of Enhanced Federal Medicaid Payments. The reported expenses associated with these activities include staff compensation and related allocable overhead. FORM 990, SCHEDULE C, PART II-B, LINE 1i "Other activities" REPORTS THE PORTION OF FY 2010 PROFESSIONAL AND MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE RESPECTIVE ASSOCIATIONS TOTALING \$401. CHRISTUS Health Gulf Coast did not substantially lobby during the fiscal year 6-30-10.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Christus Health Gulf Coast	Employer identification number 76-0591592
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,082,234		31,082,234
b Buildings		175,210,554	62,414,204	112,796,350
c Leasehold improvements		4,051,427	2,029,296	2,022,131
d Equipment		89,235,825	62,314,686	26,921,139
e Other	4,492,051	1,705,003	402,288	5,794,766
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				178,616,620

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	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 should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Cash Non-Bearing Interest	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)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Gulf Coast

Employer identification number
76-0591592

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	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><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 _____</div>	3b Yes	
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"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
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)			8,072,852		8,072,852	3 340 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			16,775,596	27,072,326	-10,296,730	4 260 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			24,848,448	27,072,326	-2,223,878	0 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	67	24,284	561,554		561,554	0 230 %
f Health professions education (from Worksheet 5)	16	479	824,973		824,973	0 340 %
g Subsidized health services (from Worksheet 6)	2		27,959		27,959	0 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	67	96,342	48,458,786		48,458,786	20 050 %
j Total Other Benefits	152	121,105	49,873,272		49,873,272	20 630 %
k Total. Add lines 7d and 7j	152	121,105	74,721,720	27,072,326	47,649,394	19 710 %

Part IICommunity 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
1Physical improvements and housing			30,963		30,963	0.010 %
2Economic development			1,137		1,137	
3Community support			3,352		3,352	
4Environmental improvements			130		130	
5Leadership development and training for community members						
6Coalition building			260		260	
7Community health improvement advocacy			18,316		18,316	0.010 %
8Workforce development						
9Other						
10Total			54,158		54,158	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A.Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	3,369,886	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	8,985	
4Provide 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.			

Section B.Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	41,373,405	
6Enter Medicare allowable costs of care relating to payments on line 5	6	45,020,194	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,646,789	
8Describe 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			

Section C.Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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	Yes	

Part IVManagement 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 %
1Katy St Cath Srgr C	Outpatient Surgery Center	67.220 %	3.430 %	24.940 %
2St Cath Mngmt LLC	Surgery Center	67.880 %	3.470 %	24.290 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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

See additional data

- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

- 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

See additional data

- 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)

See additional data

- 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

See additional data

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

TX

Additional Data

Software ID:
Software Version:
EIN: 76-0591592
Name: Christus Health Gulf Coast

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

A report of community benefit is included in a written Annual Report for CHRISTUS Health, the organization's parent company. CHRISTUS Health is a Catholic, international, faith based, nonprofit 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.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part VI, Line 1, 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 30.91% which exceeds the amount reported on Part I, Line 7k column (f) which is computed using net community benefit expense Part I, Line 7 Line 7a Ratio of patient care cost to charges based on Schedule H, worksheet 2 Line 7b Ratio of patient care cost to charges based on Schedule H, worksheet 2 Line 7e Actual expenses less any direct offsetting revenue Line 7f Actual expenses less any direct offsetting revenue Line 7g Ratio of patient care cost to charges based on Schedule H, worksheet 2 Line 7i Actual expense of the contributions

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Reported at Schedule H, Part I, Line 7 g Subsidized health services are the unreimbursed patient account balances at cost with patient income of greater than 200% and less than 400% of the Federal Poverty Level (FPL) The reported amount is calculated using the cost-to-charge ratio determined at Schedule H, worksheet 2 These accounts do not qualify as charity care as defined by the organization's charity care guidelines because the patients' income is above 200% FPL The patient account balances were multiplied by the cost to charge ratio computed using Schedule H, worksheet 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE total expense from Form 990, Part IX, line 25, column (A) IS \$255,709,060 The bad debt expense included in this amount IS \$14,000,357 This leAVES a total expense of \$241,708,703 for purposes of calculating line 7, column (f)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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 judgments 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 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.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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 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 \$(11,506,470) IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection activity occurs for a minimum of 60 days on self-pay accounts before the presumptive charity process is completed if no contact with the patient/guarantor is made. If the 60-day period expires and no contact with the patient/guarantor is made or there is insufficient information to document eligibility for charity care, a presumption of eligibility may be made based on statistical data and other reliable assumptions. Accounts with a balance of less than \$2,000 are screened for charity care qualification based on systematic screening criteria unless patient contact is made. Accounts with a balance of \$2,000 or greater are manually reviewed to determine if any potential eligibility programs are applicable based upon front-end screening tool documentation and a review of the diagnoses and services provided. If a patient completes a financial aid application and qualifies for charity care or falls under a charity care account based on the presumptive charity test, all debt collection activities cease. Accounts that are not deemed eligible for charity care or medical indigence will continue the collection cycle until they are written off as bad debt.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization budgets charity care for internal financial purposes only. The provision of charity care is not limited to amounts established for budgetary purposes. Cash and In-Kind Contributions to Community Groups Part I, Line 7: CHRISTUS Gulf Coast made over \$48,000,000 in cash and in kind contributions. The aforementioned amount is determined in accordance with the reporting rules for Schedule H, Worksheet 8. As such, this amount differs from grants reported at Form 990, Schedule I, Grants and Other Assistance to Organizations, Governments, and Individuals and Part IX, Lines 1 through 3 Grants and Other Assistance. CHRISTUS Health established the CHRISTUS Fund, a grant fund to provide resources to nonprofit agencies and groups whose vision, mission, and goals are consistent with CHRISTUS Health's mission values and philosophy of a healthy community. CHRISTUS Fund grants totaling over \$229,552 benefitted the communities that CHRISTUS Health Gulf Coast serves. The grant dollars were used by CHRISTUS Health Gulf Coast to support programs that promote the health of the communities. The CHRISTUS Fund grants were used directly by CHRISTUS Health Gulf Coast to fund various clinics and health programs that serve underserved youth and adults. The CHRISTUS Fund grant amount also includes grants made by CHRISTUS Health to nonprofit organizations located in the communities served by the Gulf Coast region, as well as grants made by CHRISTUS Health Gulf Coast to other nonprofit organizations. All grants made to outside organizations through the CHRISTUS Fund are made to nonprofit organizations that support the health of the community. CHRISTUS Health has also established an Education and Research Fund. CHRISTUS Health Gulf Coast received \$15,359 from the fund and used such resources to benefit the community by providing research and educational programs sponsored by the region. Indigent Funding Expense to nonprofit organizations of \$46,447,299 is included in Schedule H, Part I, Line 7(i).

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

CHRISTUS Health follows in principle Healthcare Financial Management Association Statement No 15. The system has adopted an uncompensated care policy in which revenue from services provided to the uninsured is recognized at the time of payment, rather than at the time of service. This policy is the result of a lack of reasonable assurance of collection for service provided to the uninsured due to the system's historically low collection rate. Management has estimated that the difference between recording revenue from the uninsured on a cash basis, rather than the accrual basis, is immaterial. Accordingly, all accounts receivable from the uninsured have been fully reserved in the allowance for uncompensated care.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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. In order 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 following criteria were used to determine the inclusion of a patient account: (1) The accounts had no patient payments noted; (2) The accounts are all true self-pay where the individual lacks insurance coverage; (3) The patients/ guarantors are unemployed for the most part; (4) The accounts have limited contact information with repeated return mail return and a possible phone number or no phone number with an address; (5) The accounts in the BRONZE category of the organization's scoring model indicate that the accounts have little to no contact information and score very low on the collectability/probability scale. The BRONZE section usually represents only 5 percent of all monies recovered. 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 Health 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 reviewing the attending hospital's records including patient submitted charity care applications or other financial information, making contact with patients through mailed notice followed by phone call, using a financial assistance questionnaire, using software that provides household/income data statistics and 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. Unreimbursed Medicaid Part I, Line 7b. CHRISTUS Health Gulf Coast reinvests all surplus funds back in to the communities we serve through expanded health services, new technologies, and better facilities. States where the organization, or a related organization, filed a CBR 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 (1) 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 Health entities including facilities located in states that do not require annual community benefit reporting (i.e., Louisiana, and New Mexico), 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 Health is also reported in the annual report prepared and distributed by the system office.

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 CHRISTUS St John Hospital developed the 2010 Community Benefit Plan based on the Greater Houston 2008 Healthy Needs Assessment. The objectives for FY 2010 are proposed to meet the identified needs in the communities we serve. Each community in the region had a significant population growth and increased needs. The highest projected increase in residents is the Hispanic population. Health Care Priorities Include Primary Care Access, Geographic Disparities, Under/Uninsured/Working, Poor, Teen Births, Prenatal Care, Childhood Immunizations, Access to Information/Referrals, Cardiovascular Disease, Diabetes, Respiratory Cancer and other Chronic Diseases, Senior Population, 45 to 64 Year Old Population Group, and Mental Health Service. An additional area of focus overlapping many of these priorities is the already high and increasing percentage of Consolidated Metropolitan Statistical Area (CMSA) residents of Hispanic descent. Barriers to Access Health Care Include Limited access, Inability to pay for services, Lack of transportation, Language barriers and cultural differences, Socioeconomic Factors Impacting Access to Healthcare, Lack of employment opportunities, increase in the number of residents with median income of < \$25,000, and Diminished health coverage.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 CHRISTUS Gulf Coast makes every effort to educate patients on its Charity and Discount Policy and about their eligibility for assistance under federal, state, or local government programs during registration, pre registration (for scheduled tests and surgeries), post registration (during their hospitalization) and following discharge (telephone or written inquiry) in languages appropriate for the population being served. Patients are given information and forms by a financial counselor who helps them complete the forms during their inpatient and outpatient visits. Patients are asked to bring or mail supporting documentation to determine income, assets and household expenses. The Business Office reviews the application based on the information provided by the patient. If the patient qualifies for charity care or a discount, a new bill is generated. Patients who do not provide the required documentation are considered ineligible and are billed accordingly. If the documentation is provided at a later time, the patient may then be determined to be eligible for charity care or a discount. Documentation is retained by the billing office for seven years. A public notice regarding the charity care policy is posted in prominent places throughout the hospital, including but not limited to the emergency room waiting area, and the admissions office waiting area as required by the State of Texas Community Benefit Standards (which addresses the duties and responsibilities of nonprofit hospitals), and CHRISTUS Health Community Benefit Guidelines #050. In addition, a public notice regarding the charity policy is also posted on the CHRISTUS HEALTH website. The information on financial assistance includes explanations on the availability of financial assistance, who qualifies, and how to apply for financial assistance.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 CHRISTUS Health Gulf Coast responds to the health care needs through services provided at CHRISTUS St Catherine Hospital in Katy, Texas, a 102-bed hospital, CHRISTUS St John Hospital in Nassau Bay, Texas a 178-bed hospital and various clinics and outreach programs CHRISTUS Health Gulf Coast services several counties to the west and southeast of Houston The organization's service area comprises a population of 854,674 In the organization's service area 28.7 percent of households are at or below 200 percent poverty limit and 17.7 percent are uninsured There is a noted increase in senior residents (i.e., 65 to 74 years of age) in the communities served by CHRISTUS Gulf Coast thus impacting the inpatient and outpatient demand for health care services, particularly with chronic health problems including heart disease, diabetes, cancer, and respiratory diseases The service area's population consists of 26.5 percent Hispanic

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 The CHRISTUS Health Board of Directors approved funding of a community direct investment (CDI) loan program to ensure that the work of social accountability and moral and ethical stewardship continues in spite of challenging fiscal conditions faced by local operating entities. The purpose of the CDI program is to support community driven initiatives, primarily for affordable housing and economic development by providing financing at below market interest rates to nonprofit organizations at terms not exceeding more than five years. The income earned at the market rate less our loan rate (foregone income) is considered a community benefit for reporting purposes. The foregone interest for CHRISTUS Gulf Coast Region in fiscal year ending June 30, 2010 was over \$33,652. Though outstanding loan balances vary throughout the year, the outstanding loan balance at the end of Fiscal Year 2010 was \$616,569. Included as Physical Improvements to Housing at Schedule H, Part II, Line 1 are some of the aforementioned loans made for low income housing to include "New Hope Housing", an Economically Linked Deposit (ELD) benefitting the ongoing operation of a 133 unit permanent housing, single room occupancy project helping the formerly homeless and those at risk of homelessness, the Tejano Center for Community Concerns Affordable housing for families earning less than 80% of the median area income and low income housing in Acres Home. CHRISTUS also provided financing of the Women's Home, a multi-unit apartment complex for women who have graduated from a drug rehabilitation program. Economic Development-Gulf Coast demonstrates its commitment to the economic development of the communities served through various micro-financing loan programs to include Accion Texas serving low and moderate income for development of small businesses. These individuals would not be able to obtain traditional financing. These small businesses are in underserved communities. Community Support -Gulf Coast shows its commitment to the community by its involvement in literacy and mentoring programs of primary school students. Environmental Improvements-Gulf Coast participates in programs in conjunction with the local Chamber of Commerce for community improvement. The CHRISTUS Health Advocacy department is working in partnership with local, state and federal policy makers to ensure activities and programs are in place that will enhance public health and advance 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.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 CHRISTUS Gulf Coast consists of two community hospitals, including CHRISTUS St. Catherine Hospital in Katy, Texas, a 102-bed hospital and CHRISTUS St. John Hospital in Nassau Bay, Texas, a 178-bed hospital. CHRISTUS St. Catherine Hospital in Katy, offers a broad spectrum of adult and pediatric medical and surgical care with the latest in technology, including an urgent care center, birthing suites, newborn and Level II neonatal intensive care nurseries, inpatient and outpatient surgery, diagnostic imaging and cardiology services. CHRISTUS St. John Hospital in Nassau Bay offers comprehensive medical services in cardiology, oncology, intensive care, diagnostic imaging, gynecology, pediatrics, advanced laparoscopic procedures, cancer treatment and cardiovascular, sports medicine and vascular specialties. Each of the facilities of CHRISTUS Health Gulf Coast shares one objective -- to lead the way to a healthier community. CHRISTUS Health Gulf Coast other health care facilities include part ownership in Galveston County Clinical Services, Inc. providing physician health care services to Medicaid patients and one ambulatory surgery center-Katy St. Catherine Surgery Center, L.P. In our 2010 Fiscal Year alone, we were privileged to serve hundreds of thousands of individuals in various ways including 59,515 visits to our Emergency Department, 3,238 inpatient surgery procedures, 5,716 outpatient surgery procedures, 12,566 patients who were admitted to our hospitals for care and 194,022 patients who received outpatient care at our facilities. CHRISTUS Health Gulf Coast provides a full range of inpatient and outpatient services to the people from the communities it serves. It conducts its activities and serves its health care purpose without regard to race, color, creed, religion, gender, orientation, disability, age, ability to pay, or national origin. Rooted in our mission and tradition, the founders and sponsors of CHRISTUS Health and those who co-minister with them seek new and innovative ways of delivering quality health care that is both affordable and accessible to all. Today, more than ever, we must aim to improve the total health status of the community through programs that place our services where they are needed most, with special attention and preference given to programs that support and benefit the health and welfare of the poor and underserved. CHRISTUS Associates and physicians continue the tradition of caring established by the Sisters of Charity of the Incarnate Word and seek to restore the whole person back to a place of complete physical, mental and spiritual wellness. CHRISTUS Gulf Coast collaborates with communities, churches, businesses, and other health care organizations to facilitate and strengthen accessibility of quality comprehensive health care services for all, particularly the vulnerable and underserved populations. In an effort to meet and address the identified healthcare needs in the communities we serve, CHRISTUS Health Gulf Coast joins with many local community partners and service organizations some of which include American Cancer Society, the American Heart Association, the Archdiocese of Galveston-Houston, Breath of Life Clinic, Christ Clinic and local faith communities, the Dominican Sisters of the Sacred Heart, University of Texas Medical Branch (UTMB) at Galveston Regional Maternal and Child Program, Dickinson Independent School District, DePelchin Children's Center, community representatives, school administrators, parents, and community volunteers in the following programs: (1) The CHRISTUS Literacy Center. This is a collaborative initiative between CHRISTUS Health Gulf Coast, the Archdiocese of Galveston/Houston and the Dominican Sisters of the Sacred Heart. Through in-kind volunteers, The Literacy Center provides assistance in improving the reading and writing skills of individuals who are not proficient in English, so they may enhance their pronunciation, and vocabulary skills. An introduction to basic computer skills is integrated within the curriculum. These combined offerings increase the ability of the students to mainstream within the local community and enhance opportunities for employment and improved communication. (2) CHRISTUS Our Daily Bread. This is a ministry of CHRISTUS Health Gulf Coast. It is a multi-service center which serves as a respite for the homeless and those who are chemically dependent and/or experiencing mental/psychiatric disorders. The center serves approximately 2,800 clients per month, providing meals, clothing, hygiene, counseling and referral services. Our Daily Bread serves all clients with respect and dignity in a manner befitting one of God's own. (3) The CHRISTUS Community Health Ministries Health Living Mobile Unit. We will continue to focus on the health needs of the uninsured and underinsured in the community by increasing access to care through collaboration and networking with other agencies. Some of the services provided are:

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

provided include (A) Health Assessments Through our health assessment screening we focus on chronic diseases, such as cardiovascular disease, diabetes and obesity, educating our patients and assisting them in finding a medical home base We will focus on our senior sites working with the ACES program We will continue to attend health fairs at schools and churches We collaborate with the Archdiocese of Galveston- Houston by reaching out to as many of the churches as possible in the outlying counties that do not have access to care so they can participate in the projects to provide health screenings (B) Vaccine Administration We continue to meet the needs of our seniors by providing influenza vaccines, attempting to administer 5000 immunizations annually We provided 300 blankets to needy seniors and distributed 500 Healthy Living Gift packs containing educational and resource materials that promoted healthy living and addressed psychological needs after the holiday season We collaborate with the City of Houston and the State of Texas on a Vaccine for Children's Program that administers immunizations in the community at schools, health fairs and apartment complexes in needy areas (4) Susan G Komen Breast Cancer Awareness and Screening We collaborate with The Susan Komen Breast Cancer Foundation and the Rose and Y Mc organizations to compliment our Breast Awareness Clinics, distributing 500 breast awareness packets with educational and resource materials during the month of October (5) Minority Health Disparities We collaborate with MD Anderson Center for Research on Minority Health Disparities for the Medicare navigation program to help diagnose cancer patients acting as a mentor and navigator for health care access (6) Diabetes Education We continue to collaborate with the Texas Cooperative Extension Diabetes Education Program, "Do Well Be Well with Diabetes", presenting diabetes and exercise education at senior sites and community centers (7) Access to Care We continue to collaborate with Katy Community Clinics and CHRISTUS St John Hospital, providing health screening assessments to assist patients who need to establish a medical home base clinic (8) We collaborate with CHRISTUS St John Hospital and the CHRISTUS Foundation for HealthCare to access the needs of a school base nurse practitioner in the Katy ISD at Sundown Elementary School in an underserved area (9) Expand our services to rural areas and counties for the uninsured and underserved by collaborating with Medicare/Chip Health Care Providers (United Healthcare and Community Health Care) to enroll children into the system (10) Cancer Education and Prevention The organization will expand program services focusing on cancer education and prevention in partnership with MD Anderson As part of this plan seminars and screenings will be offered to the local community with a focus on cancer detection, prevention and education (11) Congregational Health Ministries The organization will continue to assist in the development of parish nurse/health ministry programs at local churches This is an ecumenical program which will provide information related to good health and serves as a resource to their respective congregations Educational programs related to good health and resource information will be presented to the nurse coordinators to meet the needs of the congregations Grant money assists in supporting this program Service anticipated through this program include the administration of approximately 3000 flu shots, attempting to reach those most at risk and collaborating with CHRISTUS VNA The churches will offer health screenings, health fairs, educational programs related to chronic disease, prevention, spiritual support and serving as a resource to the congregation With the exception of one church, all coordinators are volunteers and plan their individual programs based on resources of money and the number of people who can assist with planned

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 CHRISTUS Gulf Coast is part of CHRISTUS Health, an international, Catholic faith based, nonprofit health system comprised of almost 350 services and facilities including more than 50 hospitals and long term care facilities, 175 clinics and outpatient centers, and other community health ministries and community development ventures. CHRISTUS services can be found in Arkansas, Georgia, Iowa, Louisiana, Missouri, New Mexico, Texas, and in six provinces of Mexico. A common mission, core values, and vision unite the health system. Each region, including CHRISTUS Gulf Coast, develops five-year and 10-year strategic plans that help set the yearly operational plans and budgets. Regional strategic goals are set in collaboration with CHRISTUS Health including metrics that will be used to measure community benefit, clinical outcomes, patient satisfaction, and Associate engagement. CHRISTUS Health provides updated market, demographics, and health indicator data on an annual basis. In addition, the CHRISTUS Gulf Coast works closely with the CHRISTUS Community Health council to meet system wide initiatives for addressing community needs. Currently these initiatives include increasing access to primary care, avoiding Emergency Department visits and preventable hospitalizations, a case management program for patients of our clinics who have chronic illness, diabetes education, and creating affordable senior housing opportunities in the region. The data supplied from CHRISTUS Health along with the system wide strategic initiatives are consistent with the community needs assessment of the region. CHRISTUS Gulf Coast, in turn, partners with other nonprofit groups (churches, health care providers, and government agencies) to create collaborations where health needs can be addressed and the general health of individuals and the community is improved. CHRISTUS Health Gulf Coast strives to collaborate with community partners. By working with and/or initiating community led partnerships in all the communities served by CHRISTUS Health Gulf Coast, we can achieve measurable, sustainable improvement in well being. CHRISTUS Health Gulf Coast's Healthy Communities Model incorporates these key principles: (1) Community Ownership. Successful initiatives bring together business, government, nonprofit, healthcare, faith communities and citizen leaders to address community issues. Everyone should feel empowered. (2) Well being of the Community. The universal definition of health and wholeness embraces the physical, emotional, mental and spiritual dimensions of life. (3) Goals and Measures. Use benchmarks and measure progress and outcomes. (4) Partnerships and Collaborations. Building capacity using the already existing community assets helps to magnify the resources available.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Health Gulf Coast

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
76-0591592

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Right to Life Educational Fund6776 SW Frwy SUITE 430 Houston,TX 77074	237373806	501(c)(3)	10,000				Celebration of Life Sponsorship
Christ Clinic5504 First Street Katy,TX 77492	352179708	501(c)(3)	60,000				Fund Nurse Practitioner Salary
CHRISTUS Foundation for HealthcarePO BOX 1920 Houston,TX 772511920	746074211	501(c)(3)	15,000				Purchase of Equipment for Hospital
MEMORIAL HERMANN HEALTH SYSTEM7737 SW FWY SUITE 200 HOUSTON,TX 77074	741152597	501(C)(3)	45,342,358				INDIGENT FUNDING FOR HARRIS COUNTY
GOLDEN PLAINS COMMUNITY HOSPITAL 200 SMCGEE BORGER,TX 79007	260328929		1,104,941				INDIGENT FUNDING FOR HUTCHINSON COUNTY

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

1

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

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Christus Health Gulf Coast

Employer identification number
76-0591592

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ellen Jones	(i)	0	0	0	0	0	0	0
	(ii)	427,741	52,920	54,101	188,108	23,897	746,767	0
Patrick Carrier	(i)	375,766	0	7,800	164,354	13,710	561,630	0
	(ii)	53,743	0	0	23,028	2,378	79,149	0
Bill Hecht	(i)	0	0	0	0	0	0	0
	(ii)	269,671	24,978	63,314	78,776	23,952	460,691	0
John H McCabe	(i)	176,476	0	0	44,419	10,586	231,481	0
	(ii)	0	0	0	0	0	0	0
Tom Permitti	(i)	234,795	0	19,659	95,655	30,880	380,989	0
	(ii)	7,481	0	0	2,812	1,348	11,641	0
Nancy Pittman	(i)	160,025	0	237	39,157	4,610	204,029	0
	(ii)	0	0	0	0	0	0	0
Harold Gottlieb	(i)	294,710	0	10,516	65,031	15,800	386,057	0
	(ii)	0	0	0	0	0	0	0
Charles Foster	(i)	0	0	0	0	0	0	0
	(ii)	183,156	14,656	200	72,645	20,005	290,662	0
Heather Boler	(i)	0	0	0	0	0	0	0
	(ii)	157,162	13,208	0	40,776	21,792	232,938	0
Michael Sullivan	(i)	36,335	0	13,739	13,220	2,446	65,740	0
	(ii)	126,645	15,000	16,199	41,672	8,576	208,092	0
David Witt	(i)	133,254	0	37	11,168	27,353	171,812	0
	(ii)	0	0	0	0	0	0	0
Karen Wilson	(i)	156,665	0	4,476	14,939	9,236	185,316	0
	(ii)	0	0	0	0	0	0	0
Bradkley K Mitchell	(i)	0	0	217,432	6,202	0	223,634	0
	(ii)	0	0	0	0	0	0	0
William Whiddon	(i)	61,229	0	79,833	5,405	5,714	152,181	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Part VII, Question 1a and Schedule J, Part II	Directors and Ex-Officio Directors provide their services as members of the Board without compensation or benefits. Any compensation and benefits disclosed for such persons is earned in the respective individual's role as an officer or employee of the organization, not for the individual's role as a board member or director. Sisters' compensation is paid to the religious congregation and not the individual. Officers, key employees and highest paid employees are full-time employees. Board members spend time as needed for board meetings and functions. Prior to 11/9/2009, Erick Smith received compensation for services as Executive Assistant to the CEO. During this period, he served as Corporate Secretary of the filing organization and two related organizations and received no compensation for such services. After 11/9/2009, his compensation was attributable to his services as Corporate Secretary of the filing organization and two related organizations.
Explanation of Related Org determining CEO/Executive Directors comp	Form 990, Schedule J, Part I, Question 3	The filing organization's CEO/executive director is an employee of CHRISTUS Health, a related organization. As a result, compensation is established at the CHRISTUS Health level and the filing organization does not have a role in implementing the methods used to establish compensation or in determining CEO/executive director compensation. CHRISTUS Health uses an Executive Compensation Committee to establish and approve the compensation of the filing organization's CEO/executive director. This committee uses an independent compensation consultant who performs bi-annual compensation survey.
Deferred Compensation	Form 990, Schedule J, Part II, Column C	Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, Employer contribution to 403 (b) Matched Savings Plan, Pension Restoration Plan and Estimated Pension Benefits under CHRISTUS Health Cash Balance Plan. Estimated pension benefits were calculated based on the provisions of the current Cash Balance Plan at 6% of pensionable earnings. Some associates are grandfathered under an earlier pension plan. These grandfathered participants, based on computation at the time of their retirement, will receive the larger of the retirement benefit computed under the Cash Balance Plan compared to the previous pension plan. Due to the complexity of calculating an accurate benefit cost for grandfathered participants, the Form 990 reports as pension benefits their annual estimated Cash Balance Plan accrual.
Supplemental Nonqualified Retirement Plan	Form 990, Schedule J, Part I, Question 4B	Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, and Pension Restoration Plan. Estimated pension benefits were calculated based on the provisions of the current Pension Restoration Plan at 6% of pensionable earnings which are over the IRS legislative compensation limit. Some Associates are grandfathered under an earlier legacy pension plan. If a participant has protected pension benefits under such legacy plans, his/her percentage is zero under the Supplemental Executive Retirement and Retention Plan, as the protected benefit is already equal to or better than current market.
severance payment or change-of-control payment	Form 990, Schedule J, Part I, Question 4a	Under the severance plan, all or a portion of the base salary of a participating executive will continue to be paid to the executive for a limited period of time if the executive's employment with CHRISTUS and its affiliates is involuntarily terminated. Bradley K. Mitchell received \$217,432 in severance payment during Calendar Year 2009. William Whiddon received \$79,833 in severance payment during Calendar Year 2009.
supplemental nonqualified retirement plan payment	Form 990, Schedule J, Part I, Question 4b	Bill Hecht was paid \$56,114 during Calendar Year 2009 under a supplemental nonqualified retirement plan.
Supplemental Compensation Information	Form 990, Schedule J, Part II	W-2 compensation may include payments related to compensation deferred in prior years. Deferred Compensation may include deferrals of current year compensation under Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan and Pension Restoration Plan. COMPENSATION FOR BILL HECHT INCLUDES PAYMENTS FROM SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT PLAN EARNED AND PAID IN 2009 UNDER TERMS OF THE AFOREMENTIONED PLAN. COMPENSATION FOR THE FOLLOWING PEOPLE INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT VESTED AND DUE IN 2009 UNDER TERMS OF THE PLAN: Harold Gottlieb, Ellen Jones, Tom Permetti, and Michael Sullivan.
Supplemental Compensation Information	Form 990, Schedule J	Sister Carol Ann Jokerst, who is listed as a director on Part VII, receives compensation from a related organization, but her compensation is paid directly to the religious congregation and not to her individually. Since this compensation goes to the congregation, no Form W-2 is issued, and thus no amounts are listed at Form 990, Part VII. For informational purposes, compensation paid from the related organization on her behalf was \$103,198.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Gulf Coast

Employer identification number
76-0591592

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other - Hospital Supplies/ 25 Other ► (Equip)	X	2	9,025	COST/SELLING PRICE
Other - Hospital Supplies/ 26 Other ► (Equip)	X	2	27,762	COST/SELLING PRICE
27 Other ► ()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2009

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Christus Health Gulf Coast	Employer identification number 76-0591592
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Identifier	Return Reference	Explanation
Doing Business As	Form 990, Page 1, Item C	<p>Christus Health Gulf Coast operates under the following names Christus St John Hospital Christus St Catherine Hospital Christus Our Daily Bread Christus New Horizons Center Christus Health Service Center Description of Other Program Services Form 990, Part III, Line 4d COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED Rooted in our mission and tradition, the founders and sponsors of CHRISTUS Health and those who co-minister with them seek new and innovative ways of delivering quality health care that is both affordable and accessible to all Today, more than ever, we must aim to improve the total health status of the community through programs that place our services where they are needed most, with special attention and preference given to programs that support and benefit the health and welfare of the poor and underserved Community Services for the poor and underserved represent the unpaid cost of services provided for which a patient is not billed, or for which a fee has been assessed that recovers only a portion of the cost of the rendered service This category includes initiatives that reach out to those in need through community health and social programs These programs seek justice for the vulnerable and work to bring about changes in our political and economic systems The programs cover a broad spectrum of services from charity clinics to immunizations for children and seniors, meals on wheels, transportation services, home repair projects and a variety of other social services The Point of Light Clinic has been in operation since 1990 to provide acute care and episodic healthcare services to those who are uninsured and underinsured within the secondary market of CHRISTUS St John Hospital, A FACILITY OF CHRISTUS HEALTH GULF COAST Healthy Living Mobile Clinic, a collaborative mobile health program delivering primary and preventive care (including immunizations), which targets the elderly, women, and children provided 31,662 patient visits Parish Health Ministry provides a continuum of care, especially for the underserved populations, through an ongoing partnership with Associated Catholic Charities in collaboration with the Diocese of Galveston-Houston We See Program offers eye examinations and corrective glasses as indicated to children who are financially or medically indigent Parish Nurse/Health Ministry Program offers assistance in starting church based programs with a focus on wellness and healthy living The Gabriel Project is a parish-based crisis pregnancy program for the Diocese of Galveston-Houston The parish places the "Sign of Life" on the parish grounds, which invites any pregnant woman to seek all the help she needs from the parish and its associated services The mother attends the Gabriel Project at the parish where she lives The VIP program is one designed to meet some of the needs of the senior adults The focus is on improved health and health education Low impact aerobic, and chair exercises are offered at no cost to the participants Health education programs are offered six times a year The program coordinator hosts the AARP Defensive Driving course every other month Other programs of interest will be offered based on input of the members The Breath of Life Children's Center clinic administers healthcare to vulnerable children in the West Houston and Katy, areas Currently, The Breath of Life Children's Center clinic serves children and their families through its two divisions Prevention and Acute Sick Care services Collaborative partners include the American Cancer Society, the Archdiocese of Galveston-Houston, and local church members, CHRISTUS Literacy Center, a collaborative initiative established among CHRISTUS Health Gulf Coast, the Archdiocese of Galveston/Houston and the Dominican Sisters of the Sacred Heart The Literacy Center provides English as a secondary language (ESL) classes, language and writing skills CLASSES in order for individuals who are not proficient in English to enhance pronunciation, vocabulary, reading, and writing skills CHRISTUS Our Daily Bread, a ministry of CHRISTUS Health Gulf Coast serves as a respite for the homeless, those who are chemically dependant AND THOSE WHO experience mental/psychiatric disorders The Center serves approximately 2,500 clients per month PROVIDES meals, clothing, hygiene, counseling and referrals services Our Daily Bread serves all clients with respect and dignity in a manner befitting one of God's very own Some examples of CHRISTUS Health Community Benefits accounted for under Community Services for the poor and underserved include the CHRISTUS Community Direct Investment Program (CDI) and the CHRISTUS Fund The CHRISTUS Board of Directors approved the funding of a CDI loan program to ensure that the work of social accountability and moral and ethical stewardship continues in spite of challenging fiscal conditions faced by the local operating entities The purpose of the CDI program is to support co</p>

Identifier	Return Reference	Explanation
Doing Business As	Form 990, Page 1, Item C	<p>community-driven initiatives primarily for affordable housing and economic development by providing financing at below-market interest rates to not-for-profit organizations at terms not exceeding more than five years. The income that would have been earned at the market rate less our loan rate (foregone income) is considered a community benefit for reporting purposes. The costs of this program are not included in the Program Service Expenses for CHRISTUS Health Gulf Coast. Though outstanding loan balances vary throughout the year, the outstanding loan balance at the end of Fiscal Year 2010 was \$616,569. The foregone interest for CHRISTUS Gulf Coast in FY2010 was \$27,904. CHRISTUS Health established the CHRISTUS Fund to provide resources to not-for-profit agencies and groups whose vision, mission and goals are consistent with CHRISTUS Health's mission, values and philosophy of a healthy community. We believe that by working together, we can make a profound difference in the quality of peoples' lives and create sustainable health in our communities. During FY2010, the total grant money distributed to the Gulf Coast region was \$229,552. The cost of these grants is not included in the Program Service Expenses for CHRISTUS Health Gulf Coast. Several CHRISTUS regions provide indigent funding donations or "grants" to AID the counties in which they, or another CHRISTUS region, serve. Such grants may be paid to the county directly or via another hospital OR HEALTHCARE ORGANIZATION in the area. This charitable donation helps relieve the additional expense of healthcare for the indigent population within our communities that CHRISTUS may not directly serve in one of our hospitals. This is a result of our mission to extend the healing ministry of Jesus Christ, especially to the poor and underserved. Program Service Expense = \$47,233,243 Grants = \$46,491,467 Program Service Revenue = \$0</p>

Identifier	Return Reference	Explanation
Description of Other Program Services	Form 990, Part III, Line 4d	COMMUNITY SERVICES FOR THE BROADER COMMUNITY The greatest share of these expenses is spent educating health professionals Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit CHRISTUS Health also used cash donations as a vehicle to help our communities We made cash donations, in addition to grants awarded through the CHRISTUS Fund, to support causes like the fight against cancer, provision of a continuum of care for our elderly, HIV/AIDS and for many other equally worthy purposes During FY2010, 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 Program Service Expense = \$1,077,916 Grants = \$121,106 Program Service Revenue = \$0

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Line 6	CHRISTUS Health is the sole corporate member of the filing organization

Identifier	Return Reference	Explanation
Descriptions of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Line 7a	<p>Christus Health, the sole corporate member of the filing organization, has the power to appoint all members of the filing organization's governing body. Decisions of the governing body subject to approval by member Form 990, Part VI, Line 7b Christus Health's Board of Directors has the following powers: approve, change and/or interpret the filing organization's philosophy, mission and vision, approve the adoption or amendment of the filing organization's articles of incorporation and bylaws, appoint and remove members of the filing organization's board of directors, appoint and remove the filing organization's chair of the board of directors and vice chairperson of board of directors, approve incurrence of debt that exceeds \$5 million per incurrence or \$25 million annually, approve any merger, consolidation, acquisition, dissolution or liquidation by the filing organization, approve the implementation of system-wide policies for the filing organization, approve system-wide consolidated budget and performance indicators for the filing organization, approve the independent audit reports of the filing organization, approve capital projects greater than \$10 million for the filing organization, approve any transaction by the filing organization the effect of which is to create a new legal entity or joint venture, any transaction involving a system participant or local entity which creates a new legal entity or joint venture, or changes in business purpose or relationship of any local entity, and approve and authorize actions reserved in organization documents or similar governance documents. The Christus Health CEO has the following powers: power to appoint and remove the President of the filing organization, approve the sale, lease, mortgage, transfer, easement or encumbrance of the filing organization's real property designated as non-Designated Ministry Property under \$5 million but more than \$1 million, approve the incurrence of debt up to a \$5 million cap or \$25 million annually by the filing organization, approve strategic plans of the filing organization, approve the filing organization's budget, set the threshold of capital projects less than \$10 million by the filing organization, and approve management directives for the filing organization. The Christus Health Members are the Congregation of Sisters of Charity of the Incarnate Word, Houston, Texas and the Congregation of Sisters of Charity of the Incarnate Word (of San Antonio). The Christus Health Member have the following powers: approve the adoption and amendment of articles of incorporation and bylaws of the filing organization if the change is related to reserved powers of members, approve the sale, lease, mortgage, transfer, easement or encumbrance of real property in excess of a \$5 million threshold dollar amount required by canon law for the filing organization, approve the sale, lease, mortgage, transfer, easement, or encumbrance of real property designated as Designated Ministry Property by the filing organization, but not in excess of \$5 million, approve the change of ownership, management or control, (except in the ordinary course of business office and space leases) the fundamental use by change in license that would significantly change a facility, or the elimination of OB, Ped, Psych or emergency services on real property provided in connection with Designated Ministry Property owned by the filing organization, and approve the merger, consolidation, acquisition, dissolution or liquidation of the filing organization if it owns Designated Ministry Property.</p>

Identifier	Return Reference	Explanation
Process used to Review Form 990	Form 990, Part VI, Line 11	The Form 990 is prepared and reviewed by the organization's external independent accountants. The CHRISTUS Health Accounting department works with an external accounting firm in preparation and review of the Form 990. The filing organization's CFO, or other designee, reviews the Form 990. The final Form 990 that will be filed with the IRS is posted to a secure internet portal for all members of the Board of Directors to view. Review of the final Form 990 occurs prior to filing with the IRS in the Spring 2011 via either meeting, conference call or web portal polling tool by the Audit and/or Finance subcommittees of the respective CHRISTUS Organization's board, based on a set of suggested review processes developed by CHRISTUS Health.

Identifier	Return Reference	Explanation
Description of Process to monitor transactions for conflict of interest	Form 990, Part VI, Line 12c	At the end of each calendar year, the CHRISTUS Health Corporate Secretary distributes a conflict of interest questionnaire to all of the organization's Board and Committee members for completion prior to the 1st of January in the next year. The Corporate Secretary thoroughly reviews all completed and executed conflict of interest questionnaire forms to ensure accuracy and that no potential or identified conflict is disclosed or exists. The organization's Board of Directors is responsible for enforcement of the conflict of interest policy of the organization.

Identifier	Return Reference	Explanation
Compensation Determination Process	Form 990, Part VI, Lines 15a & 15b	<p>The Executive Compensation Committee of CHRISTUS Health determines the compensation of the CEO (or Executive Director, as applicable), officers and key employees of Christus Health and certain other officers and key employees of related organizations INCLUDING CHRISTUS HEALTH GULF COAST. The Executive Compensation Committee is composed of individuals who have no conflict of interest with the compensation arrangements at hand. CHRISTUS Health CEO's compensation is subject to approval by the CHRISTUS Health board, after discussion by the Executive Compensation Committee. The Executive Compensation Committee of the CHRISTUS Health Board selects an independent external firm to perform an independent compensation review, to ensure that all compensation is reasonable and comparable to other similarly situated organizations, for similarly qualified persons in functionally comparable positions, and to provide supporting information of compensation decisions. On an annual basis the external consultant 1 completes a review of the compensation and benefits of the CHRISTUS HEALTH CEO and provides a written report, and appears in person with the committee to address the annual compensation review and any decisions related to such compensation for the CEO. The consultant also provides all of the comparable market data to support recommendations and decisions. 2 develops the merit increase recommendations for all Designated System Executives based on market comparability. 3 recommends the changes in the Compensation Structure (grades) based on the market changes. 4 completes a review and evaluation of newly created positions to recommend a grade placement to the Committee for its discussion and approval. On a bi-annual basis, the external consultant completes a detailed review of all other Designated System Executives' compensation and benefits. This group includes all top management officials, other officers and key leaders of the organization. The review includes recommendations to the Committee on any changes necessary in either specific compensation or compensation structure to ensure market competitiveness, reasonableness and internal equity. Upon recommendations from the independent external firm, the Executive Compensation Committee makes final compensation decisions. Additionally, the Executive Compensation Committee reviews all compensation payments for excess benefit transactions. The discussion and decisions of the Committee are documented and formalized in the Committee minutes and maintained on record. The filing organization determined the compensation of Secretary, Rada Korczynski, by use of an independent and external consultant. The consultant helps determine pay rates for the associates of the filing organization, taking into account market data and shift differential. The compensation rates are approved by the filing organization. Based on the aforementioned procedure, Secretary Rada Korczynski's compensation was not reviewed by a compensation committee. A related organization determined the compensation of Secretary, Erick Smith, by use of surveys, taking into account market data and shift differential. Based on the aforementioned procedure, Secretary Erick Smith's compensation was not reviewed by a compensation committee.</p>

Identifier	Return Reference	Explanation
Public Disclosure of 1023 and Forms 990 & 990-T	Form 990, Part VI, Line 18	CHRISTUS Health and most of its affiliated entities do not have Forms 1023 because of their inclusion in the IRS Group Ruling with the United States Conference of Catholic Bishops, which covers the organization listed in the Annual Official Catholic Directory. CHRISTUS Health's website displays the IRS Group Ruling and relevant Annual Official Catholic Directory pages for the organizations related to CHRISTUS Health. Forms 990 and 990-T are made available upon request.

Identifier	Return Reference	Explanation
Avail of gov docs, conflict of interest policy and fin stmts to public	Form 990, Part VI, Line 19	The Consolidated Audited Financial Statements of CHRISTUS Health are made available to the public via the Christus Health website. The organization's governing documents and conflict of interest policy are not made available to the public.

Identifier	Return Reference	Explanation
Hours worked for Related Organization	Form 990, Part VII, Section A	<p>Average hours per week listed on Form 990, Part VII, Section A are the average hours devoted to the respective person's position while serving the organization. THROUGH 2/27/20, Ellen Jones devoted an average of 6 hours per week to Christus Health Southwestern Louisiana, a related organization of the filing entity. Ellen WAS the President & CEO of Christus Health Southwestern Louisiana. THROUGH 2/27/10, Ellen Jones devoted an average of 50 hours per week TO Christus Health Southeast Texas, a related organization of the filing entity. Ellen IS the President & CEO of Christus Health Southeast Texas. Effective 2/28/10, Ellen Jones devotes an average of 33 hours per week to CHRISTUS Health Southeast Texas. Ellen is the President & CEO of CHRISTUS Health Southeast Texas. From 8/29/09 through 2/28/10, Patrick Carrier devoted an average of 24 hours per week to CHRISTUS Continuing Care, a related organization of the filing entity. Patrick was the President/CEO of CHRISTUS Continuing Care. Effective 2/28/10, Patrick devotes an average of 60 hours per week to CHRISTUS Santa Rosa Health Care Corporation, a related organization of the filing entity. Patrick is the President/CEO of CHRISTUS Santa Rosa Health Care Corporation. THROUGH 2/28/10, Bill Hecht devoted an average of 7 hours per week TO Christus Health Southwestern Louisiana, a related organization of the filing entity. Bill WAS the Chief Financial Officer of Christus Health Southwestern Louisiana. THROUGH 5/8/10, BILL DEVOTED an average of 59 hours per week TO Christus Health Southeast Texas, a related organization of the filing entity. Bill is the Chief Financial Officer of Christus Health Southeast Texas. Effective 5/9/10, Bill devotes an average of 39 hours per week to CHRISTUS Health Southeast Texas, a related organization of the filing entity. Bill is the Chief Financial Officer of CHRISTUS Health Southeast Texas. THROUGH 5/8/10, Charles Foster devoted an average of 40 hours per week TO Christus Health Southeast Texas, a related organization of the filing entity. Charles WAS the VP Human Resources of Christus Health Southeast Texas. THROUGH 5/1/10, Heather Boler devoted an average of 40 hours per week TO Christus Health Southeast Texas, a related organization of the filing entity. Heather WAS the Regional VP of Strategy, Business Development, Marketing, & Communications of Christus Health Southeast Texas. From 2/15/09 through 10/24/09, Michael Sullivan devoted an average of 60 hours per week to CHRISTUS Health, a related organization of the filing entity. Michael was the Director of Mission Integration for CHRISTUS Health. Effective 10/25/09, Michael devotes an average of 30 hours per week to CHRISTUS Continuing Care, a related organization of the filing entity. Michael is the VP of Mission and Organizational Ethics of CHRISTUS Continuing Care. From 10/25/09 through 5/7/10, Tom Permetti devoted an average of 11 hours per week to CHRISTUS Continuing Care, a related organization of the filing entity. Tom was the Facility Administrator/VP of Strategy of CHRISTUS Continuing Care. Effective 5/8/10, Tom devotes an average of 22 hours per week to CHRISTUS Health Southeast Texas, a related organization of the filing entity. Tom is the Regional COO of CHRISTUS Health Southeast Texas.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMP EMPLOYEES	Nancy Brock served as the Regional CFO, an officer position, through 4/1/10 Effective 4/1 /10, Nancy serves as the CFO of St Catherine Hosptal, a key employee position

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Gulf Coast

Employer identification number
76-0591592

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
ST CATHERINE MANAGEMENT LLC 701 S FRY ROAD KATY, TX77450 77-0620092	HEALTHCARE SRVCS	TX	NA	INVESTMENT	-1,598	917		No	0		No
KATY ST CATHERINE SURGERY CENTER LP 707 S FRY ROAD KATY, TX77450 20-1168675	HEALTHCARE SRVCS	TX	NA	RELATED	-68,109	164,526		No	0		No
WEST HOUSTON REAL ESTATE DEVELOPMENT 1700 WEST LOOP SOUTH 1200 HOUSTON, TX77027 26-2330994	HEALTHCARE SRVCS	TX	NA	INVESTMENT	11,683	8,727,276		No	0		No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HOUSTON METROPOLITAN HEALTH NETWORK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX77027 76-0427193	HEALTHCARE SRVCS	TX	NA	C Corp	91,150	394,511	100 000 %
CHRISTUS MUGUERZA SAPI DE CV Carretera Nacional No 6501 Col E Monterrey, N L 64988 MX	HEALTHCARE SRVCS	MX	NA	C Corp			
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0407545	INSURANCE	CJ	NA	C CORP			

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

Yes

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Software ID:

Software Version:

EIN: 76-0591592

Name: Christus Health Gulf Coast

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 75-2796815	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS CONTINUING CARE 1700 W LOOP SOUTH SUITE 1100A HOUSTON, TX77027 74-2898615	HLTHCARE SVC	TX	501(C)(3)	3	NA
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH SUITE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVC	TX	501(C)(3)	11-TYPE 1	NA
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE 2ND F PARIS, TX75460 42-1619230	SUPT HLTH SV	TX	501(C)(3)	11-TYPE 1	NA
CHRISTUS ST JOSEPH'S HEALTH SYSTEM 2707 NORTH LOOP WEST HOUSTON, TX77008 75-0800674	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS STEHLIN FND FOR CANCER RESEARCH 10301 STELLA LINK SUITE A HOUSTON, TX77025 74-1622404	CANCER RSCH	TX	501(C)(3)	9	NA
DUBUIS HEALTH SYSTEM INC 10333 RICHMOND AVE SUITE 300 HOUSTON, TX77042 72-1270964	Hlthcare Svc	TX	501(C)(3)	3	NA
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	SUPT HLTH SVC	TX	501(C)(3)	11-TYPE 1	NA
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVC	LA	501(C)(3)	3	NA
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA71101 72-0408982	HLTHCARE SVC	LA	501(C)(3)	3	NA
CHRISTUS SPOHN HEALTH SYSTEM CORP 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH SOUTHEAST TEXAS 3010 HARRISON STREET BEAUMONT, TX77702 76-0591590	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS Health 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0590551	SUPT HLTH SVC	TX	501(C)(3)	11 - Type I	NA
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH UTAH 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT84115 87-0231682	HLTHCARE SVC	UT	501(C)(3)	9	NA
CHRISTUS Health Southwestern Louisiana 524 Dr Michael Debakey Drive Lake Charles, LA70601 72-0411322	HLTHCARE SVC	LA	501(C)(3)	3	NA
Christus Health Liability Retention Trst 2707 North Loop West Houston, TX77008 76-0259623	SELF INS TRST	TX	501(C)(3)	11-TYPE 1	NA
Christus Foundation for Healthcare PO Box 1919 Houston, TX772511919 74-6074210	SUPT HLTH SVC	TX	501(C)(3)	7	NA

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	CHRISTUS Foundation for Healthcare	c	10,005,733
(2)	CHRISTUS Foundation for Healthcare	n	685,706
(3)	CHRISTUS Foundation for Healthcare	p	61,302
(4)	CHRISTUS Health Liability Retention Trust	o	260,065
(5)	CHRISTUS Health Southeast Texas	n	1,007,275
(6)	CHRISTUS Health Southeast Texas	o	94,890
(7)	CHRISTUS Health Southeast Texas	p	633,690
(8)	Houston Metropolitan Health Network	n	95,591
(9)	Katy St Catherine Surgery Center LP	n	79,023
(10)	Katy St Catherine Surgery Center LP	a	136,939
(11)	Katy St Catherine Surgery Center LP	g	555,691
(12)	Katy St Catherine Surgery Center LP	r	358,180

Additional Data

Software ID:

Software Version:

EIN: 76-0591592

Name: Christus Health Gulf Coast

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

(A) Name and Title	(B) Average hours per week	(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			
Bill J Chen PhD Board Member	1 0	X						0	0	0
Sister Francesca Kearns Board Member	1 0	X						0	0	0
Dan Shank Board Member	1 0	X						0	0	0
E W Bill Wright III Board Member	1 0	X						0	0	0
Chuck Doyle Board Member	1 0	X						0	0	0
Robert L Hargrave Board Member	1 0	X						0	0	0
George Willy Board Member	1 0	X						0	0	0
Brian Stevens Board Member	1 0	X						0	0	0
Rick Adams MD Board Member	1 0	X						0	0	0
Dr Manish Wani Board Member	1 0	X						0	0	0
Dr Kevin Winfield Board Member	1 0	X						0	0	0
Sister M Gerard Earls Board Member	1 0	X						0	0	0
Ellen Jones President/CEO (Eff 2/28/10)	22 0	X		X				0	534,762	212,005
Patrick Carrier President/CEO (Term 2/27/10)	36 0	X		X				383,566	53,743	203,470
Sister Carol Ann Jokerst Board Chairperson	1 0	X		X				0	0	0
Gilbert Herrera Vice Chairperson	1 0	X		X				0	0	0
Nancy Brock SEE SCHEDULE 0	40 0			X				94,560	0	22,767
Rada Korczynski Corp Secretary (Term 11/9/09)	40 0			X				80,169	0	21,801
Erick Smith Corp Secretary (Eff 11/9/09)	12 0			X				1,889	49,770	18,094
Bill Hecht CFO (Effective 5/9/10)	26 0			X				0	357,963	102,728
John H McCabe Admin-St Catherine Hospital	40 0				X			176,476	0	55,005
Tom Permitti COO/Admin (Effective 5/8/10)	45 0				X			254,454	7,481	130,695
Nancy Pittman CNE/COO -St John Hospital	40 0				X			160,262	0	43,767
Harold Gottlieb VP Med Affairs & Regional CMO	53 0				X			305,226	0	80,831
Charles Foster VP HR (Effective 5/10/10)	40 0					X		0	198,012	92,650

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

(A) Name and Title	(B) Average hours per week	(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			
Heather Boler VP Business Dev& Marketing	40 0					X		0	170,370	62,568
Michael Sullivan VP Mission & Org Ethics	30 0					X		50,074	157,844	65,914
David Witt CFO-St John Hospital	40 0					X		133,291	0	38,521
Karen Wilson Staff Nurse RN	64 0					X		161,141	0	24,175
Bradkley K Mitchell CFO	0 0						X	217,432	0	6,202
William Whiddon CFO/COO-St Catherine(Term 5/8)	0 0						X	141,062	0	11,119

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Net Patient Service Revenue	621,990	273,471,832	273,307,916	163,916	
Rent related to Exempt Function	531,120	1,100,698	1,100,698		
Interest on Physician notes receivable	900,099	290,009	290,009		
Community Health	713,940	137,292	137,228	64	
Wellness Center	713,940	275,000	275,000		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR UNCOLLECT ACCTS	14,241,898	13,999,458	242,440	
SALES TAX	36,743	37,724	-981	
DUES & MEMBERSHIPS	162,907	33,245	129,662	
SUBSCRIPTIONS	42,479	19,767	22,712	
FEDERAL INCOME TAX	4,436	4,436		