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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

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

C Name of organization
Christus Health Foundation

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2707 NORTH LOOP WEST

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

D Employer identification number
61-1500100

E Telephone number
(281) 936-3000

F Group Exemption Number ▶ 0928

G Accounting method ☐ Cash ☑ Accrual Other (specify) ▶

I Website: ▶ WWW CHRISTUSHEALTH ORG

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 41,963

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	41,963
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,963
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	37,410
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	**Total expenses.** Add lines 10 through 16	17	37,410
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,553
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,510
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-4,211
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	11,852

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	1,510	22	11,852
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	136,831	24	126,831
25 **Total assets**	138,341	25	138,683
26 **Total liabilities** (describe in Schedule O)	126,831	26	126,831
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	11,510	27	11,852

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO PROMOTE PHILANTHROPY AND CHARITABLE GIVING AND TO PROVIDE RESOURCES TO ENHANCE THE ABILITY OF CHRISTUS HEALTH AND RELATED ENTITIES IN THE MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 CHRISTUS HEALTH FOUNDATION (CHF) WAS ESTABLISHED IN 2006 BY CHRISTUS HEALTH AND HAS BEEN IN A PERIOD OF LEGAL FORMATION AND BOARD EXPANSION THE CHF IS COMMITTED TO SUPPORTING INTERNAL CHRISTUS FACILITIES AND PROGRAMS, AS WELL AS EXTENDING THE HEALING MINISTRY OF JESUS CHRIST BEYOND OUR ACUTE CARE FACILITIES AND INTO OUR COMMUNITIES THE INTENT OF THE FOUNDATION IS TO BEGIN SECURING AND ADMINISTERING RESOURCES, INCLUDING GRANTS AND FINANCIAL DONATIONS THAT WILL SUPPORT SYSTEM-WIDE AND COMMUNITY-BASED PROGRAMS INVOLVING CHRISTUS FACILITIES AND OTHER 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 THE CHF BELIEVES THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLE'S LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES IN 2009 CHRISTUS HEALTH FOUNDATION CONDUCTED A FEASIBILITY STUDY FOR THE PROPOSED INNOVATIONS INSTITUTE AND RECEIVED A GOOD D

(Grants $ 37,410) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 37,410

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 37,410

Part IV List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ KIM REYNOLDS Telephone no ▶ (281) 936-3630

Located at ▶ 2707 NORTH LOOP WEST HOUSTON, TX ZIP + 4 ▶ 77008

			Yes	No
b	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)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		No
b If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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

Sign Here

▶ _____ 2012-05-07
Signature of officer Date

▶ Les Cave President
Type or print name and title

Paid Preparer's Use Only

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

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

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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

2010

Open to Public Inspection

Name of the organization
Christus Health Foundation

Employer identification number
61-1500100

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 described in **section 170(b)(1)(A)(i).**

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

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

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?

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

h Provide the following information about the 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
See Additional Data Table									
Total									9,109

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
During the fiscal year ending June 30, 2009, CHRISTUS Health Foundation received a contribution of $300,000 from Fulbright & Jaworski, LLP that is paid over a four year period and supports CHRISTUS Health, CHRISTUS Foundation for Healthcare, CHRISTUS Santa Rosa Health Care Corporation, CHRISTUS Spohn Health System Corporation, CHRISTUS Health Ark-La-Tex and CHRISTUS Health Southeast Texas When the gift was made to CHRISTUS Health Foundation, the foundation accrued the contribution revenue during fiscal year ending June 30, 2010 Cash payments were made during the fiscal year ending June 30, 2011, however, such payments are not shown on the Form 990-EZ because the contribution revenue and grant expenses were accrued and reported during CHRISTUS Health Foundation's fiscal year ending June 30, 2009 CHRISTUS Health Foundation currently provides support to CHRISTUS organizations and will continue to provide such support in the future Christus Health Foundation supports publicly supported organizations as well as a supporting organization The organizations have the requisite commonality of management and control as required by the language of section 1 509(a)-4(e) under the operational test of the regulations

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Christus Health Foundation

Employer identification number
61-1500100

Identifier	Return Reference	Explanation
Grants > $5,000	Part I, Line 10	Christus Continuing Care 1700 W Loop South, Suite 1100A Houston, TX 77027 Class of Activity- Hospice Support Grant Amount- $7,500 Christus Health 2707 North Loop West Houston, TX 77008 Class of Activity- Disaster Relief - Hurricane Alex and Haiti Earthquake Grant Amount- $9,109 Fundacion Adelaida Lafon, AC Calle de los Colonos S/No Col Fomerrey No 25 Monterrey, N L Mxico C P 64209 Class of Activity- Hurricane Relief Grant Amount- $20,801 Cash, Savings, and Investments Part II, Line 22 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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS - DECREASE	FORM 990EZ PART I LINE 20	Description RECLASS 2010 DONATION Amount 3211

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS - DECREASE	FORM 990EZ PART I LINE 20	Description ADJUSTING JOURNAL ENTRY Amount 1000

Identifier	Return Reference	Explanation
OTHER ASSETS SCHEDULE	FORM 990EZ PART II LINE 24	Description OTHER NOTES & LOANS REC BOY Amount 126831 EOY Amount 126831

Identifier	Return Reference	Explanation
OTHER ASSETS SCHEDULE	FORM 990EZ PART II LINE 24	Description DUE FROM CHRISTUS HEALTH BOY Amount 10000 EOY Amount

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO CH SOUTHEAST TEXAS BOY Amount 19874 EOY Amount 19874

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO CH FDTN FOR HEALTHCARE BOY Amount 32557 EOY Amount 32557

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO CH ARK-LA-TEX BOY Amount 13532 EOY Amount 13532

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO SPOHN HLTH SYS CORP BOY Amount 38899 EOY Amount 38899

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO SANTA ROSA HLTH CARE CORP BOY Amount 8437 EOY Amount 8437

Identifier	Return Reference	Explanation
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description DUE TO CHRISTUS HEALTH BOY Amount 13532 EOY Amount 13532

Additional Data

Software ID:
Software Version:
EIN: 61-1500100
Name: Christus Health Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) CHRISTUS HEALTH	760590551	0	Yes						9109
(B) CHRISTUS FOUNDATION FOR HEALTHCARE	746074210	07	Yes						0
(C) CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	741109836	03	Yes						0
(D) CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	741109665	03	Yes						0
(E) CHRISTUS HEALTH ARK-LA-TEX	752796815	03	Yes						0
(F) CHRISTUS HEALTH SOUTHEAST TEXAS	760591590	03	Yes						0

Additional Data

Software ID:
Software Version:
EIN: 61-1500100
Name: Christus Health Foundation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALFRED LES CAVE III 2707 NORTH LOOP WEST HOUSTON,TX 77008	Pres, Exec Dir, Ex-Officio Dir 8 0	0	0	0
GEORGE CONKLIN 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
MICHAEL DAVIS 2707 NORTH LOOP WEST HOUSTON,TX 77008	Director (term 9/1/10) 1 0	0	0	0
SISTER MARY HENRY 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
SISTER FRANCESCA KEARNS 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
STEVE PITZER 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
GINGER MOULTON 2707 NORTH LOOP WEST HOUSTON,TX 77008	Director (term 6/22/11) 1 0	0	0	0
KAREN BONNER 2707 NORTH LOOP WEST HOUSTON,TX 77008	Chairperson 1 0	0	0	0
STU WINBY 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
JEAN DOLS PHD RN NEA BC FACHE 2707 NORTH LOOP WEST HOUSTON,TX 77008	DIRECTOR 1 0	0	0	0
WILLIAM L PARDUE 2707 NORTH LOOP WEST HOUSTON,TX 77008	SECRETARY 1 0	0	0	0
PAULA OBSTA 2707 NORTH LOOP WEST HOUSTON,TX 77008	Treasurer (term 5/31/11) 1 0	0	0	0
KAY BARNETT 2707 NORTH LOOP WEST HOUSTON,TX 77008	Vice Chairperson 1 0	0	0	0
Delia Foster 2707 NORTH LOOP WEST HOUSTON,TX 77008	Director (effective 6/1/11) 1 0	0	0	0
Gina Zulian 2707 NORTH LOOP WEST HOUSTON,TX 77008	Ast Corp Sec/Tres (eff 6/1/11) 1 0	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Mary Sıllva 2707 NORTH LOOP WEST HOUSTON,TX 77008	Deputy Corp Sec (eff 9/1/10) 1 0	0	0	0