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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

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

Doing Business As
SEE SCHEDULE O

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

Room/suite

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

D Employer identification number
76-0590551

E Telephone number
(281) 936-3000

G Gross receipts $ 1,053,213,661

F Name and address of principal officer
Ernie Sadau
6363 N Highway 161 Suite 450
Irving, TX 75038

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www christushealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALING MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,143
6	Total number of volunteers (estimate if necessary)	**6**	206
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,285,840
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-260,137

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	101,308	257,890
	9 Program service revenue (Part VIII, line 2g)	381,343,348	405,975,609
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,945,423	88,646,444
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,491,458	3,399,900
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,881,537	498,279,843
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,101,976	10,657,645
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	112,591,200	108,172,614
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	356,699,357	376,465,417
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	475,392,533	495,295,676
	19 Revenue less expenses Subtract line 18 from line 12	-20,510,996	2,984,167

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,784,239,800	2,964,448,887
	21 Total liabilities (Part X, line 26)	2,645,087,421	2,642,659,527
	22 Net assets or fund balances Subtract line 21 from line 20	139,152,379	321,789,360

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-05-03

Randy Safady CF0- CHRISTUS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 1401 MCKINNEY SUITE 1200 HOUSTON, TX 77010				Phone no ▶ (713) 750-1500

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 148,192,086 including grants of $ 0) (Revenue $ 261,369,617)

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 146 YEAR-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO FOUNDED WITH THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS HEALTH REACHES OUT TO, AND BEYOND, THE MORE THAN 60 COMMUNITIES WE SERVE TO HELP THOSE IN NEED THE VISION OF CHRISTUS HEALTH AS A CATHOLIC, FAITH-BASED MINISTRY, IS TO BE A LEADER, A PARTNER AND ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE CHRISTUS HEALTH RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED IN MORE THAN 350 FACILITIES, INCLUDING MORE THAN 50 HOSPITALS AND LONG-TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS AND DOZENS OF OTHER HEALTH MINISTRIES AND VENTURES CHRISTUS SERVICES ARE FOUND IN 60 CITIES IN TEXAS, ARKANSAS, IOWA, LOUISIANA, MISSOURI, GEORGIA, NEW MEXICO AND UTAH IN THE U S AND CHIHUAHUA, COAHUILA, NUEVO LEN, PUEBLA, SAN LUIS POTOSI AND TAMAULIPAS IN MEXICO WHILE SPECIFIC PROGRAMS AND SERVICES DIFFER FROM FACILITY TO FACILITY TO MEET COMMUNITY NEEDS, EACH OF OUR HEALTH CARE ENTITIES HAS THE SAME OBJECTIVE -- TO FULFILL OUR MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY CHRISTUS HEALTH PROVIDES VARIOUS ADMINISTRATIVE SERVICES TO THE CHRISTUS REGIONS, INCLUDING EMPLOYEE BENEFITS, WELFARE BENEFITS, COLLECTION SERVICES, COMPUTER SERVICES, INSURANCE, EQUIPMENT MAINTENANCE AND OTHER BUSINESS OFFICE SERVICES COMBINED, THE CHRISTUS HEALTH SERVICE AREA COMPRISES A POPULATION OF APPROXIMATELY 7,611,163 IN FISCAL YEAR 2011 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 901,386 VISITS TO OUR EMERGENCY DEPARTMENTS, 69,139 INPATIENT SURGERY PROCEDURES, 91,413 OUTPATIENT SURGERY PROCEDURES, 147,439 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 2,760,040 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS HEALTH STAND APART ALLOWING OTHERS TO TOUCH US GIVES CHRISTUS HEALTH A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH, CHRISTUS HEALTH'S HOSPITALS, CLINICS AND VARIOUS OTHER HEALTH CARE SERVICES PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS CARE FOR THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT OUR DEDICATED EMPLOYEES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS' MISSION TO MEET THE NEEDS OF AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE A DISCOUNT ON IMPORTANT SERVICES PROVIDED TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS CHRISTUS HEALTH PROVIDES A RANGE OF INPATIENT AND OUTPATIENT SERVICES TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE WE CONDUCT OUR ACTIVITIES AND PROVIDE HEALTH CARE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN PARTICULAR HEALTH CARE SERVICES VARY BY MARKET AND ARE BASED ON THE NEEDS OF EACH PARTICULAR COMMUNITY OUR SERVICES RANGE FROM THE MOST SOPHISTICATED RESEARCH AND BREAKTHROUGH MEDICAL TECHNOLOGY SERVICES TO MUCH-NEEDED PRIMARY CARE EACH OF OUR ACUTE CARE HOSPITALS PROVIDES AN EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES IN ADDITION, MANY OF OUR HOSPITALS ARE ENGAGED IN RESEARCH AND CLINICAL TRIALS TO ADVANCE CARE AND PROVIDE CURES FOR CERTAIN DISEASES, AND SOME CHRISTUS HOSPITALS HOST GRADUATE MEDICAL EDUCATION PROGRAMS THAT TRAIN FUTURE HEALTH CARE PROVIDERS AND LEADERS INCLUDING NURSES, PHYSICIANS AND VARIOUS ALLIED HEALTH PROFESSIONALS AS A NOT-FOR-PROFIT ORGANIZATION, A GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT PROFESSIONALS WHO HELP SHAPE THE STRATEGIES AND POLICIES OF OUR HEALTH SYSTEM GUIDES CHRISTUS HEALTH IN ADDITION, A BOARD OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GOVERNS EACH OF OUR HEALTH CARE ENTITIES WE ARE PRIVILEGED TO HAVE OPEN MEDICAL STAFFS IN EACH OF OUR HOSPITALS AND CLINICS COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

4b (Code) (Expenses $ 146,076,094 including grants of $ 0) (Revenue $ 144,605,992)

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

4c (Code) (Expenses $ 9,166,540 including grants of $ 8,978,486) (Revenue $ 0)

COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR THE ELDERLY AND THOSE WITH HIV/AIDS AND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING FY 2011, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE

4d Other program services (Describe in Schedule O)
(Expenses $ 1,689,159 including grants of $ 1,679,159) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 305,123,879

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c	Yes	
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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
b	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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	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," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,253		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,143		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ, MX See instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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	No
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

KIM REYNOLDS
2707 NORTH LOOP WEST
Houston, TX 77008
(281) 936-3630

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								9,765,593	142,252	2,231,792

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 ▶ 308

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
McKesson Information Sols LLC po box 98347 CHICAGO, IL 60693	Information Systems	6,368,601
Crest Services Inc 735 Plaza Boulevard Ste 210 COPPELL, TX 75019	Biomedical Services	28,575,783
SJ Medical Center 1401 St Joseph Parkway HOUSTON, TX 77002	Medical Services	19,840,039
Forsythe Solutions Group Inc 7770 Frontage Road SKOKIE, IL 60077	Networking Prg Srvcs	15,155,002
The Methodist Hospital PO Box 4755 HOUSTON, TX 77210	Medical Services	4,367,052
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 ▶ 262		

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	88,526				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	169,364				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		257,890			
Program Service Revenue		Business Code				
	2a Capitation Revenue	621400	144,605,992	144,605,992		
	b SYSTEM OFFICE FEES AND MGMT SERVICES	561000	41,334,880	41,334,880		
	c PROGRAM SERVICE RELATED INVEST INCOME	900099	25,147,618	25,147,618		
	d Service Fee Income	541900	142,239,309	141,761,549	477,760	
	e Premium Revenue	524298	18,435,706	18,435,706		
	f All other program service revenue		34,212,104	34,212,104		
	g **Total.** Add lines 2a–2f . . . . . ▶		405,975,609			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		65,887,016			65,887,016
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		869,452			869,452
		(i) Real / (ii) Personal				
	6a Gross Rents	214,311				
	b Less rental expenses	213,842				
	c Rental income or (loss)	469				
	d Net rental income or (loss) . . . . . ▶		469		3,652	-3,183
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	575,434,356 / 0				
	b Less cost or other basis and sales expenses	552,340,967 / 333,961				
	c Gain or (loss)	23,093,389 / -333,961				
	d Net gain or (loss) . . . . . ▶		22,759,428			22,759,428
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a	3,630,074				
	b Less cost of goods sold . . b	2,045,048				
	c Net income or (loss) from sales of inventory . . ▶		1,585,026			1,585,026
	Miscellaneous Revenue	Business Code				
	11a Fitness Center	713940	156,214		156,214	
	b Spa Revenue	812900	504,508		504,508	
	c Food Service	722100	164,996		143,706	21,290
	d All other revenue		119,235			119,235
	e **Total.** Add lines 11a–11d . . . . . ▶		944,953			
	12 **Total revenue.** See Instructions . . . ▶		498,279,843	405,497,849	1,285,840	91,238,264

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	10,379,643	10,379,643		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	278,002	278,002		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	9,724,707	4,305,038	5,419,669	
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	95,373,131	43,106,187	52,266,944	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,035,245	1,403,407	4,631,838	
9	Other employee benefits	-9,523,293	-18,070,345	8,547,052	
10	Payroll taxes	6,562,824	3,385,596	3,177,228	
a	Fees for services (non-employees) Management	0			
b	Legal	1,382,820	34,623	1,348,197	
c	Accounting	2,879,004		2,879,004	
d	Lobbying	507,103	418,885	88,218	
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	764,457		764,457	
g	Other	213,217,456	176,118,313	37,099,143	
12	Advertising and promotion	558,456	81,654	476,802	
13	Office expenses	52,707,748	47,387,333	5,320,415	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	17,590,470	10,336,431	7,254,039	
17	Travel	4,861,434	2,318,550	2,542,884	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,415,413	501,802	913,611	
20	Interest	35,178,239		35,178,239	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,805,439	2,884,842	4,920,597	
23	Insurance	10,360,227	8,949,286	1,410,941	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SWAP Financing Cost	17,592,341		17,592,341	
b	Bond Refinancing Cost	507,956		507,956	
c	Recruitment/Placement Fees	447,005	203,762	243,243	
d	USFHP ALLOC TO REGIONS	8,698,747	8,698,747		
e	RETAIL ALLOC TO REGION	392,310	392,310		
f	All other expenses	-401,208	2,009,813	-2,411,021	
25	**Total functional expenses.** Add lines 1 through 24f	495,295,676	305,123,879	190,171,797	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		329,743,024	1	0
	2	Savings and temporary cash investments		336,054,681	2	280,837,213
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,241,049	4	7,369,488
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		1,026,322,008	7	985,075,460
	8	Inventories for sale or use		1,074,187	8	977,811
	9	Prepaid expenses and deferred charges		23,051,979	9	24,426,196
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 162,393,977			
	b	Less accumulated depreciation	10b 64,461,337	98,394,789	10c	97,932,640
	11	Investments—publicly traded securities		332,352,199	11	827,974,756
	12	Investments—other securities See Part IV, line 11		128,555,256	12	161,953,780
	13	Investments—program-related See Part IV, line 11		281,439,315	13	327,157,629
	14	Intangible assets		49,041,435	14	49,041,435
	15	Other assets See Part IV, line 11		168,969,878	15	201,702,479
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,784,239,800	16	2,964,448,887
Liabilities	17	Accounts payable and accrued expenses		130,727,849	17	178,994,107
	18	Grants payable			18	
	19	Deferred revenue		501,332	19	215,016
	20	Tax-exempt bond liabilities		1,035,495,848	20	1,178,742,211
	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		291,354,438	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	99,286,750
	25	Other liabilities Complete Part X of Schedule D		1,187,007,954	25	1,185,421,443
	26	**Total liabilities.** Add lines 17 through 25		2,645,087,421	26	2,642,659,527
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		134,344,680	27	316,997,910
	28	Temporarily restricted net assets		431,184	28	279,945
	29	Permanently restricted net assets		4,376,515	29	4,511,505
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		139,152,379	33	321,789,360
	34	Total liabilities and net assets/fund balances		2,784,239,800	34	2,964,448,887

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	498,279,843
2	Total expenses (must equal Part IX, column (A), line 25)	2	495,295,676
3	Revenue less expenses Subtract line 2 from line 1	3	2,984,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	139,152,379
5	Other changes in net assets or fund balances (explain in Schedule O)	5	179,652,814
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	321,789,360

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Employer identification number
76-0590551

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
(A) CONG OF SISTERS OF CHARITY OF INCARNATE WORD SAN ANTONIO	742790137	01	Yes						152,561,939
(B) CONG OF SISTERS OF CHARITY OF INCARNATE WORD HOUSTON	237152879	01	Yes						152,561,940
Total									305,123,879

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
CHRISTUS HEALTH IS EXEMPT UNDER THE GROUP RULING ISSUED TO THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS WITH RESPECT TO THE FEDERAL TAX STATUS OF CATHOLIC ORGANIZATIONS LISTED IN THE 2011 EDITION OF THE OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH IS A SUPPORTING ORGANIZATION THAT IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF ITS 2 FOUNDING CONGREGATIONS, THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD SAN ANTONIO AND THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD HOUSTON CHRISTUS HEALTH IS OPERATED, SUPERVISED AND CONTROLLED BY THE SUPPORTED CONGREGATIONS CHRISTUS HEALTH IS INCLUDED IN THE GROUP RULING ISSUED TO THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS BY THE IRS, WHICH EXEMPTS THE FOLLOWING FROM INCOME TAX UNDER IRC SECTION 501(C)(3) THE AGENCIES AND INSTRUMENTALITIES AND EDUCATIONAL, CHARITABLE, AND RELIGIOUS INSTITUTIONS OPERATED, SUPERVISED OR CONTROLLED BY OR IN CONNECTION WITH THE ROMAN CATHOLIC CHURCH IN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS APPEARING IN THE OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH IS LISTED IN THE OFFICIAL CATHOLIC DIRECTORY AND IS THEREBY EXEMPT FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3) AND THEREFORE DOES NOT HAVE A DETERMINATION LETTER FROM THE IRS

Additional Data

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

Additional Data

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

Form 990, Part VII - 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			
Father Charles E Bouchard Director	1 0	X						0	0	0
Richard L Clarke Director	1 0	X						0	0	0
Sister Kathleen Coughlin Director	1 0	X						0	0	0
Phyllis A Cowling Director	1 0	X						0	0	0
Catherine A Dulle Chairperson	1 0	X		X				0	0	0
Celina Garza Ridge Director	1 0	X						0	0	0
Robert Z Gussin PhD Director	1 0	X						0	0	0
Sister Walter Maher Director	1 0	X						0	0	0
Pedro Martin Director	1 0	X						0	0	0
Sister Hannah Patricia O'Donoghue Director	1 0	X						0	0	0
Mary Jo Potter Director	1 0	X						0	0	0
Dennis N Stine Director	1 0	X						0	0	0
Sister Celeste Trahan Director	1 0	X						0	0	0
Kenneth D Wells MD Director	1 0	X						0	0	0
Thomas C Royer MD President/CEO (Term 3/1/11)	38 0	X		X				1,831,322	0	138,975
Ernie W Sadau SVP COO, PRES/CEO EFF 3/1/11	39 0	X		X				1,148,709	0	279,324
Jay S Herron Chief Financial Officer	39 0			X				694,638	0	203,477
William L Pardue Corporate Secretary	32 0			X				140,756	0	18,724
Mary D Silva Deputy Corporate Secretary	34 0			X				59,948	0	4,226
Deborah L Vardell Asst Corp Sec (Term 6/1/11)	40 0			X				76,845	0	16,334
Randy Safady Chief Fin Off (Eff 6/15/11)	40 0			X				0	0	0
George S Conklin Sr VP-Chief Info Officer	38 0				X			495,992	0	96,484
John Gillean MD Sr VP Chief Medical Officer	38 0				X			694,478	0	190,459
Gerard F Heeley Sr VP Mission and Ethics	39 0				X			335,621	0	99,192
Mary T Lynch Sr VP Human Resources	39 0				X			439,559	0	130,055

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			
Peter F Maddox Sr VP Bus, Strategy, & Co Dev	37 0				X			470,114	0	167,130
Linda K McClung Sr VP Non-Acute Ops/Corp Com	38 0				X			478,784	0	133,976
John L Zipprich Sr VP Intl Ops Legal/Gov Svcs	38 0				X			730,898	0	218,214
Jeffrey M Puckett Corp VP, Mngd Care, Bus Adv	40 0				X			533,798	0	131,911
Marshall Bolyard Executive Director USFHP	40 0				X			263,272	0	55,418
Darrell Dixon System Med Dir/System Dir Prof	36 0					X		372,803	0	112,461
Scott Weber Sys Sr Dir, Reg Gen Csl	40 0					X		294,028	0	93,852
Stephen Barnabee System Sr Director, AFO	40 0					X		285,133	0	35,113
Donna Mikulecky System Sr Director, PHY ING	20 0					X		142,252	142,252	63,422
Patricia Sampanes Sys Sr Dir, Clinical Excl	40 0					X		276,643	0	43,045

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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		
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-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
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		39,216
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?	Yes		109,590
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		772,981
j	Total lines 1c through 1i			921,787
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 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING DESCRIPTION	Form 990, Schedule C, Part II-B, Lines 1a and 1b	HEALTHCARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES THE REPORTED EXPENSES ASSOCIATED WITH THESE ACTIVITIES INCLUDE STAFF COMPENSATION AND RELATED ALLOCABLE OVERHEAD FORM 990, SCHEDULE C, PART II-B, LINE 1D "MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC"- THE ORGANIZATION SENT APPROXIMATELY 9,200 EMAILS AND FAXES ON BEHALF OF CHRISTUS HEALTH ASSOCIATES AND VOLUNTEERS ON THE FOLLOWING PROPOSED LEGISLATION TEXAS SENATE VOTE ON BUDGET BILL, SB1 TEXAS HOUSE BUDGET VOTE, HB1 TEXAS HOUSE VOTE ON FEDERAL MEDICAID FUNDING, HR1586 LOUISIANA SENATE BUDGET IN ADDITION, 4,150 POST CARD MESSAGES WERE SENT ON TEXAS STATE SENATE BUDGET BILL SB1 THE ORGANIZATION SENT MAILINGS REGARDING PROPOSED LEGISLATION IMPACTING US FAMILY HEALTH PLAN UNDER CONSIDERATION IN THE SENATE AND HOUSE ARMED SERVICES COMMITTEES Form 990, Schedule C, Part II-B, Line 1G "DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODY"- AT A FEDERAL LEVEL, THE ORGANIZATION HAD CONTACT WITH SENATORS AND CONGRESSMEN AND THEIR PERSONAL STAFF MEMBERS AND COMMITTEE STAFF TO DISCUSS PROPOSED LEGISLATION RELATED TO THE US FAMILY HEALTH PLAN THAT WAS BEING CONSIDERED IN THE SENATE AND HOUSE ARMED SERVICES COMMITTEES CHRISTUS OFFICIALS HAD DIRECT CONTACT WITH MEMBERS OF THE TEXAS CONGRESSIONAL DELEGATION ON HEALTHCARE REFORM AND FMAP MEDICAID EXTENSION CHRISTUS HEALTH EXECUTIVES AND PHYSICIANS ATTENDED MEETINGS IN WASHINGTON, D C AND SPOKE WITH TEXAS, LOUISIANA AND NEW MEXICO LEGISLATORS REGARDING PHYSICIAN REIMBURSEMENT ISSUES AND QUALITY OF CARE ON A STATE LEVEL, THE ORGANIZATION HELD CHRISTUS HEALTH ADVOCACY DAY IN AUSTIN, TEXAS, WHICH INCLUDED CHRISTUS HEALTH EXECUTIVES, BOARD MEMBERS AND ASSOCIATES THESE CHRISTUS HEALTH REPRESENTATIVES MET WITH LEGISLATORS AND DISCUSSED HB1 AND SB1 TO INCLUDE UPPER PAYMENT LIMITS IN ADDITION TO ADVOCACY DAY, CHRISTUS HEALTH ASSOCIATES HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE TEXAS STATE LEGISLATURE, TEXAS HEALTH AND HUMAN SERVICES COMMISSION STAFF, AND TEXAS GOVERNOR PERRY ON ISSUES SUCH AS MEDICAID, FREW PROPOSALS, EMERGENCY PREPAREDNESS, MEDICAID HEALTH HOME PILOT, MANAGED CARE, UPPER PAYMENT LIMIT, DISPROPORTIOANTE SHARE FUNDING, STATE BUDGET, AND ADVANCED DIRECTIVES ACT The organization held Louisiana Advocacy Day where Christus Health Executives, Board Members and Associates met with Legislators to discuss HB1 and HB69 Patient's Compensation Fund IN ADDITION TO CHRISTUS HEALTH LOUISIANA ADVOCACY DAY, ORGANIZATION OFFICIALS HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE LOUISIANA STATE LEGISLATURE, LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS SECRETARY LEVINE, GREENSTEIN AND STAFF, AND LOUISIANA GOVERNOR BOBBY JINDAL'S STAFF ON ISSUES SUCH AS UPPER PAYMENT LIMITS, MEDICAID, REIMIBURSEMENT, CHILDREN'S HEALTH INSURANCE PROGRAM REGIONAL CONTRACTS, SCHOOL BASED HEALTH CLINICS, HEALTHCARE FOR THE UNINSURED, UNCOMPENSATED CARE, NETWORK ADEQUACY, MANAGED CARE, AND COORDINATED CARE NETWORKS AN ORGANIZATION OFFICIAL MET WITH STAFF MEMBERS OF LOUISIANA LEGISLATORS REGARDING PHYSICIAN REIMBURSEMENT ISSUES AND IMPLEMENTATION ISSUES REGARDING QUALITY OF CARE THE ORGANIZATION HAD DIRECT CONTACT WITH MEMBERS OF THE NEW MEXICO STATE LEGISLATORS ON THE ISSUE OF SOLE COMMUNITY PROVIDER FUNDING A REPRESENTATIVE OF THE ORGANIZATION HAD DIRECT CONTACT WITH VARIOUS STAFF OF TEXAS STATE LEGISLATORS ADVOCATING FOR THE ADVANCEMENT OF HB 2903, THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) Form 990, Schedule C, Part II-B, Line 1I "OTHER ACTIVITIES" REPORTS THE PORTION OF FY 2011 PROFESSIONAL AND MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE RESPECTIVE HOSPITAL AND PROFESSIONAL ASSOCIATIONS TOTALING $265,981 OTHER LOBBYING ACTIVITIES INCLUDE THE FEES PAID TO ADVOCACY AND PUBLIC POLICY CONSULTANTS APPORTIONED TO LOBBYING FOR SUCH TOPICS AS HEALTHCARE REIMBURSEMENT ISSUES AND HEALTH CARE REFORMS TOTALING $507,000 CHRISTUS HEALTH DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR 6-30-11

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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

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

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

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

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

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

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,455,829		25,455,829
b Buildings		69,240,814	9,382,415	59,858,399
c Leasehold improvements		13,625,447	9,398,977	4,226,470
d Equipment		50,953,211	44,508,903	6,444,308
e Other		3,118,676	1,171,042	1,947,634
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				97,932,640

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Derivative Investment Assets	12,374,625	F
(B) EQ-PRIV PUTNAM TOT RET	56,438,463	F
(C) Hedge Funds	91,752,969	F
(D) Mineral Interest	1,387,723	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	161,953,780	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Subsidiaries	327,157,629	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	327,157,629	

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

(a) Description	(b) Book value
(1) Executive Benefit Programs	21,955,542
(2) Deposits	766,919
(3) NET AMORT BOND ISSUE COSTS	20,019,229
(4) Security Lending Collateral	39,154,996
(5) Securities Pledged to Others	40,211,436
(6) Due from Related Organizations	23,826,269
(7) Pension Funding	984
(8) ST VINCENT CONTR WH & REST CAP	55,767,104
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	201,702,479

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,185,421,443

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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-INTEREST BEARING & SAVINGS & TEMPORARY CASH INVESTMENTS	FORM 990, PART X, LINE 1 AND 2	OTHER LIABILITIES, FORM 990, PART X, LINE 25 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
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	CHRISTUS HEALTH HAS A 50% INTEREST IN BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES SHOW ENDOWMENTS INCLUDED IN PERMANENTLY RESTRICTED NET ASSETS THEREFORE, CHRISTUS HEALTH REPORTS 50% OF SUCH ENDOWMENTS ON ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS HOWEVER, SUCH ENDOWMENTS ARE NOT REPORTED ON THE CHRISTUS HEALTH FORM 990, SCHEDULE D, PART V BECAUSE CHRISTUS HEALTH DOES NOT HAVE A CONTROLLING INTEREST OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES, AND THEREFORE IT IS NOT A RELATED ORGANIZATION PER THE IRS FORM 990 INSTRUCTIONS
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2011 AND 2010

Additional Data

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Executive Benefit Programs	21,955,542
Deposits	766,919
NET AMORT BOND ISSUE COSTS	20,019,229
Security Lending Collateral	39,154,996
Securities Pledged to Others	40,211,436
Due from Related Organizations	23,826,269
Pension Funding	984
ST VINCENT CONTR WH & REST CAP	55,767,104

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
CMS DUE RELATED ENTITIES-PART XIV	991,455,592
Payable to CCVI	2,227,773
Security Lending Agreement	39,461,948
LT PENSION LIABILITY	116,445,890
Collections Payable	1,055,606
CAPITAL EQUIPMENT LEASE	22,608
FIN 47 Asset Retirement Obligation	7,429,814
LONG TERM RENT LIABILITY	2,060,681
DEFERRED LEASE INCENTIVE	5,897,042
OTHER LONG TERM OBLIGATIONS	13,333,333
SECURITY DEPOSITS	6,031,156

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	0	0	Program Services	Investments	16,000,000
	North America	0	0	Program Services	Education & Consulting	32,884
	North America	0	0	Grantmaking		278,002
	Central America and the Caribbean	0	0	Program Services	Self Insurance Funding	31,310,666
	North America	0	0	Program Services	Program/Bus Develop	70,424
	Central America and the Caribbean	0	0	Program Services	Program/Bus Develop	10,538
	South America	0	0	Program Services	Program/Bus Develop	21,511
	Europe (Including Iceland and Greenland)	0	0	Program Services	Program/Bus Develop	4,436
	North America	0	0	Program Services	Investment- Cap Contr	5,000,000
	Central America and the Caribbean	0	0	Program Services	Investments	93,469,456
	Central America and the Caribbean	0	0	Program Services	Investments	91,447,715
	North America	0	0	Program Services	Program Svc/Investment	45,862,080
3a	Sub-total	0	0			283,507,712
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			283,507,712

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	COMMUNITY BENEFIT	181,000	WIRE TRANSFR			
		North America	PEDIATRIC PR HLTHCARE	77,000	WIRE TRANSFR			
		North America	REHAB THERAPY	20,002	WIRE TRANSFR			

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 57

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

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

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

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

Identifier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Form 990, Schedule I, Part I, Question 2	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE AN IRS SECTION 501(C) (3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE
Description of Organization's Grants Purpose	Form 990, Schedule I, Part II, Question 1	Grant recipient (#1, Page #1 reference to Part II listing) Christus Health Ark-La-Tex Grant purpose PROVIDE SALARY SUPPORT FOR CARE MANAGEMENT ($37,800), SUPPORT FOR NURSING PROGRAM ($5,823), SCHOOL AT WORK FOR ENTRY LEVEL ASSOCIATES ($10,013), FACULTY TEACHING ASSISTANTS ($10,292), CAREER CARE ($3,395), CENTER FOR THE FRAIL AND ELDERLY ($7,661), Volunteer Week/Presidential Award ($2,000), EVENT SPONSORSHIP ($5,000) Grant recipient (#8, Page #1 reference to Part II listing) University of St Thomas Grant purpose Donation/Founders Nursing Benefit ($5,000), Donation/Mardi Gras Ball ($10,000) Grant recipient (#9, Page #1 reference to Part II listing) Christus Health Foundation of Southeast TX Grant purpose Donation/31st Annual Gala ($10,000), Donation/Children's Miracle Network ($5,000), Volunteer Week/Presidential Award ($2,000) Grant recipient (#3, Page #2 reference to Part II listing) Visitation House Ministries Grant purpose Sponsorship of 2011 Summer Sojourn ($5,000), Program Support ($13,759) Noncash Grant recipient (#4, Page #2 reference to Part II listing) Baptist St Anthony Health System Grant purpose Donation/Children's Miracle Network ($5,000), Education support ($24,311) Grant recipient (#8, Page #2 reference to Part II listing) St Vincent Hospital Grant purpose Education funding ($423,503), Volunteer Week/Presidential Award ($2,000) Grant recipient (#2, Page #3 reference to Part II listing) CHRISTUS Health Southwestern Louisiana Grant purpose Donation/Children's Miracle Network ($7,000), Care management program ($37,000), Care management program ($35,000), Volunteer Week/Presidential Award ($2,000), Program Support ($605) Noncash Grant recipient (#3, Page #3 reference to Part II listing) CHRISTUS Health Central Louisiana Grant purpose Donation ($5,000), Provide healthcare service to students ($40,000), Operational support care management program ($37,500), Provide healthcare service to students ($40,000), Program support ($757) Noncash Grant recipient (#7, Page #3 reference to Part II listing) CHRISTUS Spohn Health System Corporation Grant purpose Salary support for care management ($37,827), Expand the care management center ($47,000), Program support for care management ($43,593), Support for kids in health careers ($25,962), Volunteer Week/Presidential Award ($10,000), Program Support ($206) Noncash Grant recipient (#3, Page #6 reference to Part II listing) CHRISTUS Santa Rosa Health Care Corporation Grant purpose To assist uninsured low income individuals ($42,000), To assist uninsured low income individuals ($42,132), To assist uninsured low income individuals ($39,432), Volunteer Week/Presidential Award ($10,000), Program Support ($29) Noncash Grant recipient (#3, Page #6 reference to Part II listing) CHRISTUS Health Southeast Texas Grant purpose Salary and program support ($10,000), Volunteer Week/Presidential Award ($2,000), Program support ($3,560) Noncash Grant recipient (#7, Page #6 reference to Part II listing) CHRISTUS Health Gulf Coast Grant purpose School at work for entry level associates($14,657), Nurse Externship ($5,205), Volunteer Week/Presidential Award ($2,000), Program Support($106) Noncash

Additional Data Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTUS Health Ark-La-Tex2600 St Michael Dr Texarkana,TX 75503	75-2796815	501(c)(3)	81,984				SEE PART IV
CHRISTUS SPOHN Health System Development Fdn 600 Elizabeth St Corpus Christi,TX 78404	74-1906005	501(c)(3)	7,500				Award sponsor -fight stroke

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CHRISTUS SPOHN Health System Development Fdn 600 Elizabeth St Corpus Christi, TX 78404	74-1906005	501(c)(3)	50,000				Donation for Lyceum
Cancer Research and Prevention FoundationP O Box 12361 Austin, TX 78711	26-4551120	501(c)(3)	10,000				Donation for Research Conference

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St Frances Cabrini Hosp Fdn of Alexandria3330 Masonic Dr Alexandria,LA 71301	72-0998602	501(c)(3)	15,000				Sponsorship of Winter Ball
The Friends of the Stehlin Foundation10301 Stella Link Rd Suite A Houston,TX 77002	74-2200613	501(c)(3)	10,000				Donation/30th Annual Gala

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Richard Stockton College of New Jersey FDNP O Box 195 k-204 Pomona, NJ 08240	22-1957406	501(c)(3)	10,000				Donaton toward the production of Sisters
University of St Thomas 3800 Montrose Blvd Houston, TX 77006	74-1490697	501(c)(3)	15,000				See Part IV

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CHRISTUS Health Foundation of Southeast TX 2830 Calder Beaumont, TX 77662	76-0136274	501(c)(3)	17,000				See Part IV
Christus Foundation for HealthcareP O Box 1919 Houston, TX 77251	75-6074210	501(c)(3)	10,000				Donation/Annual Spring Luncheon

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Christus Foundation for HealthcareP o Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	10,000				Donation/Fundraiser
Christus Foundation for HealthcareP o Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	10,000				Donation/Fundraiser

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Christus Foundation for HealthcarePO Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	50,000				Mobile clinic for income communities
Christus Foundation for HealthcarePO Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	40,000				Program Support

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Visitation House Ministries 945 W Huisache San Antonio, TX 78201	74-2247137	501(c)(3)	5,000	13,759	COST	SUPPLIES	See Part IV
Baptist St Anthony Health System1600 Wallace Blvd Amarillo, TX 79106	74-1109665	501(c)(3)	29,311				See Part IV

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Neighbor for Neighbor505 East 36th Street North Tulsa,OK 74106	73-0776404	501(c)(3)	200,000				Donation/New Roof
Christus Continuing Care 1700 W Loop South Ste 1100 Houston,TX 77027	74-2898615	501(c)(3)	15,000				Grace Home Kitchen Renovation

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Catholic Relief Services228 W Lexington St Baltimore, MD 21201	13-5563422	501(c)(3)	1,000,000				Aid Haiti medical relief
St Vincent HospitalPO Box 2107 Santa Fe, NM 87504	85-0106941	501(c)(3)	425,503				See Part IV

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Villa de Matel6510 Lawndale Houston,TX 77023	23-7152879	501(c)(3)	2,126,292				Support mission
Congregation of the Sisters of Charity-Sa4503 Broadway San Antonio,TX 78209	74-1676917	501(c)(3)	996,702				Support Mission

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Congregation of the Sisters of Charity-Sa4503 Broadway San Antonio, TX 78209	74-1676917	501(c)(3)	3,000,000				Presidential award
Congregation of the Sisters of Charity-Sa4503 Broadway San Antonio, TX 78209	74-1676917	501(c)(3)	35,000				Nutritional support and prevention education for infants of HIV positive mothers

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CHRISTUS Stehlin Fdn for Cancer Research10301 Stella Link Rd Suite A Houston,TX 77025	74-1622404	501(c)(3)	300,000				donation to fund Dr Royer scholarship
CHRISTUS Health Southwestern Louisiana524 Dr Michael Debakey Lake Charles,LA 70601	72-0411322	501(c)(3)	81,000	605	Cost	Misc Retail Items	See Part IV

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CHRISTUS Health Central Louisiana3330 Masonic Drive Alexandria,LA 71301	72-0408984	501(c)(3)	122,500	757	Cost	Misc Retail Items	See Part IV
Catholic Medical Mission Board1725 I Street NW Ste 413 Washington,DC 20006	13-5602319	501(c)(3)	116,000				Donation to help the Peruvian people in the catchment area of services

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Southeast TX Regional Planning Commission2210 Eastex Freeway Beaumont,TX 77703	74-1675043	501(c)(3)	35,500				Operational support of care management program that assist uninsured low-income individuals with health care services
Christ Clinic5810 Third Street Katy,TX 77493	35-2179708	501(c)(3)	25,000				Salary support for community based clinic that serves the uninsured and underserved in Katy, Tx

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Christus Spohn Health System Corporation600 Elizabeth Street Corpus Christi, TX 78404	74-1109836	501(c)(3)	164,382	206	Cost	Mis Retail Items	See Part IV
UBI Caritas Clinic4400 Highland Ave Beaumont, TX 77705	78-0558225	501(c)(3)	62,500				expansion of operational support for clinic that provides primary care

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UBI Caritas Clinic4400 Highland Ave Beaumont,TX 77705	76-0558225	501(c)(3)	50,000				To provide operational support for community clinic
San Antonio Christian Dental Clinic112 Auditorium Circle San Antonio,TX 78205	74-1675043	501(c)(3)	40,000				operational and salary support related to the expansion of SACDC Dental Services to a new dental clinic

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National Child Labor1501 Broadway Ste 1908 New York, TX 10036	13-5562999	501(c)(3)	50,000				To support childrens programs throughout the US to help improve the lives of infant and young children who are living in disadvantaged circumstances
Women's Global Connection of San AntonioPO Box 34833 San Antonio, TX 78265	42-1619919	501(c)(3)	27,500				Eductaional program for women to establish sustainable micro-enterprises and improce early childhood development

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Villa Therese Catholic Clinic 219 Cathedral Place Santa Fe, NM 87501	85-0229019	501(c)(3)	30,000				Preventive oral health services and well-child visits
Villa Therese Catholic Clinic 219 Cathedral Place Santa Fe, NM 87501	85-0229019	501(c)(3)	30,000				To provide preventive health services and well child visits

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Casa of Northeast Texas ClinicPO Box 1546 Texarkana,TX 75504	75-2352271	501(c)(3)	24,141				Child friendly, multi-disciplinary team approach for the investigation of child abuse cases
Casa of Northeast Texas ClinicP O Box 1546 Texarkana,TX 75504	75-2352271	501(c)(3)	30,000				To provide multi-disciplinary approach for the investigation of child abuse

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Mission of Mercy719 S Shoreline Suite 103 Corpus Christi,TX 78401	86-0704883	501(c)(3)	50,000				Mobile unit to provide healthcare and medication to underserved and uninsured community members
Citizens Promoting Medical Excellence405 North Adams Beeville,TX 78102	23-7296260	501(c)(3)	35,700				Phamaceutical assistance programs to low-income, underserved individuals

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Coastal Bend Half-Way HousesP O Box 4669 Corpus Christi,TX 78469	74-1595867	501(c)(3)	14,434				Outreach program for individuals who recently completed substance abuse treatment program
Catholic Chart of Arch of Galveston2900 Lousiana St Houston,TX 77006	74-1109733	501(c)(3)	37,500				Diabetes and hypertension self-management program for seniors

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Corpus Christi Hope House 658 Robinson House Corpus Christi, TX 78404	74-2480299	501(c)(3)	20,000				Provide housing, healthcare, vocational and community resources for pregnant women
Amistad Community Health Center Inc1533 Brownlee Blvd Corpus Christi, TX 78404	20-3008507	501(c)(3)	30,000				Provides salary support for community based health centers to provide sliding scale pediatric services

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East Texas Health Access Network117 W Houston St Jasper, TX 75951	20-0091803	501(c)(3)	40,000				Operational support for care management program that assists uninsured, low-income individuals with the acquisition of primary health care services and community resources
Martin Luther King Health CenterPO Box 393 Shreveport, LA 71162	75-6074210	501(c)(3)	50,000				Care management program to assist the uninsured and underinsured low-income individuals with acquisition of primary health care services

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Breath of Life Children's Center21715 Kingsland Blvd Katy,TX 77450	76-0626159	501(c)(3)	37,500				Operational support for pediatric primary healthcare center
U of A Foundation Inc300 East 6th Street Texarkana,TX 71854	71-6056774	501(c)(3)	26,200				To provide primary care services to the uninsured and underserved

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U of A Foundation Inc300 East 6th Street Texarkana,TX 71854	71-6056774	501(c)(3)	29,900				Community based mental health program to prevent and reduce inappropriate institution and/or hospitalization
The Womens Home607 Westheimer Houston,TX 77006	74-1467811	501(c)(3)	20,000				To supprt services for relapse prevention, counseling and vocational training

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The Salvation ArmyP O Box 2407 Corpus Christi, TX 78403	58-0660607	501(c)(3)	10,000				Provides housing for homeless families and assists with vocational training and access to community resources
Community Action Corporation of South Texas PO Box 1820 Alice, TX 78332	74-1679824	501(c)(3)	36,000				To provide salary support to improve health status of residents of rural counties of the Coastal bend through community collaboration and a central coordinating hub of programming

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Faith Family ClinicPO Box 831226 San Antonio, TX 78283	26-3791828	501(c)(3)	50,000				Case management for health and wellness services provided to underinsured and uninsured community members a central coordinating hub of programming
Catholic Charities of Corpus Chrsti Inc1322 Comanche St Corpus Christi, TX 78401	74-2330464	501(c)(3)	45,000				To provide salary support for behavioral health case manager

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Daughters of Charity Srvcs of San Antonio7607 Somerset Rd San Antonio, TX 78211	74-6106876	501(c)(3)	30,000				To provide salary support for new dental clinic that will provide preventive and treatment of dental services for uninsured and underinsured
Any Baby Can Inc217 Howard St San Antonio, TX 78212	74-2684333	501(c)(3)	20,000				To provide salary support for the pharmaceutical assistance program

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Pastoral Counseling Center 1533 S St Francis Dr Suite E Santa Fe, NM 87505	85-0411553	501(c)(3)	30,000				To provide operational support for the uninsured and underinsured with professional psychotherapy and behavioral health educational programs
The Women's Shelter of South Texas813 Buford St Corpus Christi, TX 78404	74-1943398	501(c)(3)	20,000				To provide support for emergency shelter and support service for victims of domestic violence

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Family Counseling Service 3833 South Staples Suite S203 Corpus Christi, TX 78411	74-1321308	501(c)(3)	20,000				To provide program support for professional counseling services provided to uninsured and underinsured children, adults and families
Samaritan Counseling Center of Southeast Tx7980 Anchor Dr Bldg 500 Port Arthur, TX 77642	76-0068922	501(c)(3)	32,500				Community based mental health program to prevent and reduce inappropriate institution and/or hospitalization

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Christus Santa Rosa Health Care Corporation333 N Santa Rosa San Antonio,TX 78207	74-1109665	501(c)(3)	133,564	29	Cost	Misc Retail Items	See Part IV
Gulf Coast Health Center Inc 2548 Memorial Blvd Port Arthur,TX 77640	76-0289927	501(c)(3)	35,500				Operational support for care management program that assist uninsured, low-income individuals with the acquisition of primary health care services and community resources

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Grapevine Relief and Community ExchangePO Box 412 Grapevine,TX 75050	75-2197502	501(c)(3)	17,151				community based healthcare services for uninsured and underinsured
CHRISTUS Health Southeast Texas2830 Calder Avenue Beaumont,TX 77702	76-0591590	501(c)(3)	12,000	3,560	Cost	Misc Retail Items	See Part IV

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CHRISTUS Health Gulf CoastPO Box 922037 Houston,TX 77292	76-0591592	501(c)(3)	21,862	106	cost	Misc Retail Items	See Part IV
Dubuis Health System Inc 1700 W Loop South Ste 1100A Houston,TX 77027	72-1270964	501(c)(3)	5,929				Chronic Care management

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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 duplicate copies if additional space is 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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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 OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS
DETERMINATION OF CEO/EXECUTIVE DIRECTOR'S COMPENSATION	FORM 990, SCHEDULE J, PART I, QUESTION 3	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 A BI-ANNUAL COMPENSATION SURVEY THE CEO HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE FILING ORGANIZATION
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
PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, QUESTION 4B	Stephen Barnabee received $22,391 during Calendar Year 2010 under a supplemental nonqualified retirement plan Marshall Bolyard received $14,214 during Calendar Year 2010 under a supplemental nonqualified retirement plan George Conklin received $54,133 during Calendar Year 2010 under a supplemental nonqualified retirement plan Darrell Dixon received $43,161 during Calendar Year 2010 under a supplemental nonqualified retirement plan John Gillean, MD received $107,785 during Calendar Year 2010 under a supplemental nonqualified retirement plan Jay Herron received $85,865 during Calendar Year 2010 under a supplemental nonqualified retirement plan Mary Lynch received $19,851 during Calendar Year 2010 under a supplemental nonqualified retirement plan Linda McClung received $62,751 during Calendar Year 2010 under a supplemental nonqualified retirement plan Donna Mikulecky received $6,537 during Calendar Year 2010 under a supplemental nonqualified retirement plan Jeffrey Puckett received $61,722 during Calendar Year 2010 under a supplemental nonqualified retirement plan Thomas Royer, MD received $411,104 during Calendar Year 2010 under a supplemental nonqualified retirement plan Ernie Sadau received $134,090 during Calendar Year 2010 under a supplemental nonqualified retirement plan Patricia Sampanes received $33,952 during Calendar Year 2010 under a supplemental nonqualified retirement plan Scott Weber received $26,991 during Calendar Year 2010 under a supplemental nonqualified retirement plan John Zipprich received $157,655 during Calendar Year 2010 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
BONUS AND INCENTIVE COMPENSATION	FORM 990, SCHEDULE J, PART II, COLUMN B(II)	BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2010
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

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Thomas C Royer MD	(I)	1,111,453	211,242	508,627	115,622	23,353	1,970,297	0
	(II)	0	0	0	0	0	0	0
Jay S Herron	(I)	502,502	97,271	94,865	182,212	21,265	898,115	0
	(II)	0	0	0	0	0	0	0
William L Pardue	(I)	128,216	12,540	0	8,749	9,975	159,480	0
	(II)	0	0	0	0	0	0	0
George S Conklin	(I)	347,384	67,282	81,326	75,329	21,155	592,476	0
	(II)	0	0	0	0	0	0	0
John Gillean MD	(I)	453,262	88,605	152,611	162,659	27,800	884,937	0
	(II)	0	0	0	0	0	0	0
Gerard F Heeley	(I)	268,883	52,425	14,313	89,583	9,609	434,813	0
	(II)	0	0	0	0	0	0	0
Mary T Lynch	(I)	322,683	62,690	54,186	117,422	12,633	569,614	0
	(II)	0	0	0	0	0	0	0
Peter F Maddox	(I)	362,461	70,223	37,430	144,487	22,643	637,244	0
	(II)	0	0	0	0	0	0	0
Linda K McClung	(I)	318,748	62,875	97,161	107,164	26,812	612,760	0
	(II)	0	0	0	0	0	0	0
Ernie W Sadau	(I)	750,630	193,450	204,629	255,512	23,812	1,428,033	0
	(II)	0	0	0	0	0	0	0
John L Zipprich	(I)	443,928	85,675	201,295	210,704	7,510	949,112	0
	(II)	0	0	0	0	0	0	0
Jeffrey M Puckett	(I)	373,495	62,022	98,281	112,588	19,323	665,709	0
	(II)	0	0	0	0	0	0	0
Marshall Bolyard	(I)	209,233	22,556	31,483	54,334	1,084	318,690	0
	(II)	0	0	0	0	0	0	0
Darrell Dixon	(I)	281,273	48,369	43,161	74,492	37,969	485,264	0
	(II)	0	0	0	0	0	0	0
Scott Weber	(I)	233,017	31,758	29,253	80,487	13,365	387,880	0
	(II)	0	0	0	0	0	0	0
Stephen Barnabee	(I)	216,573	29,411	39,149	28,321	6,792	320,246	0
	(II)	0	0	0	0	0	0	0
Donna Mikulecky	(I)	120,599	13,739	7,914	30,334	1,377	173,963	0
	(II)	120,599	13,739	7,914	30,334	1,377	173,963	0
Patricia Sampanes	(I)	213,818	28,873	33,952	26,772	16,273	319,688	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RFV1	11-08-2005	320,620,000	See Schedule O		X		X		X
B	HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RHY3	12-09-2010	96,654,505	See Schedule O		X		X		X
C	COASTAL BEND HEALTH FACILITIES DEVELOP CORP	74-2352502	19042FAB2	11-08-2005	61,300,000	See Schedule O		X		X		X
D	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398E87	12-03-2009	56,725,518	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	160,795,000	0	2,000,000	8,375,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	320,967,402	96,654,505	62,856,640	56,725,518
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0		0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	1,687,416	0	337,093	0
8	Credit enhancement from proceeds	4,733,000	0	914,000	0
9	Working capital expenditures from proceeds	0	4,505	393,273	518
10	Capital expenditures from proceeds	3,624,406	0	18,182,274	0
11	Other spent proceeds	310,922,580	96,650,000	43,030,000	56,725,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009		2009	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X	X			X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 120 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 120 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X	X			X
b	Name of provider	CITIBANK NA				CITIBANK NA			
c	Term of hedge		31 7				31 7		
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X	X		X			X
6	Did the bond issue qualify for an exception to rebate?		X	X		X		X	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

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Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EMERALD ASSURANCE CAYMAN LTD	SEE PART V, TRANSACTION 1	31,310,666	SEE PART V, TRANSACTION 1		No
(2) CHRISTUS Muguerza SAPI de CV	SEE PART V, TRANSACTION 2	5,000,000	SEE PART V, TRANSACTION 2		No
(3) CHRISTUS Muguerza SAPI de CV	SEE PART V, TRANSACTION 3	278,002	SEE PART V, TRANSACTION 3		No
(4) CHRISTUS Muguerza SAPI de CV	SEE PART V, TRANSACTION 4	32,884	SEE PART V, TRANSACTION 4		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	TRANSACTION 1 PART IV, LINE 1, COLUMN B & D SELF INSURANCE FUNDING OF EMERALD ASSURANCE CAYMAN, LTD THOMAS ROYER IS AN OFFICER OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD ERNIE SADAU IS AN OFFICER OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD JOHN GILLEAN IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD MARY LYNCH IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD JOHN ZIPPRICH IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD TRANSACTION 2 PART IV, LINE 2, COLUMN B & D Muguerza STOCK ACQUISITION JOHN ZIPPRICH IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA PETER MADDOX IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA TRANSACTION 3 PART IV, LINE 3, COLUMN B & D GRANT to Muguerza Charitable Activities JOHN ZIPPRICH IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA PETER MADDOX IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA TRANSACTION 4 PART IV, LINE 4, COLUMN B & D payment from Muguerza Information Management Consulting services JOHN ZIPPRICH IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA PETER MADDOX IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF CHRISTUS MUGUERZA

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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

Employer identification number
76-0590551

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	CHRISTUS HEALTH OPERATES UNDER THE FOLLOWING NAMES ARMS (Accounts Receivable Management Services) CHRISTUS Health Corporate Offices CHRISTUS Health Service Center CHRISTUS Health System CHRISTUS Health TechSource CHRISTUS St Joseph Village CHRISTUS St Michael Simulation Center Grace Home Marketplace Solutions onlinepaydirect TLRA Uniformed Services Family Health Plan DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D COMMUNITY SERVICES - 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 HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES SOME EXAMPLES OF CHRISTUS HEALTH COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (CDI) AND THE CHRISTUS FUND THE CHRISTUS BOARD OF DIRECTORS APPROVED THE FUNDING OF A CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME THAT WOULD HAVE BEEN EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE TOTAL FOREGONE INTEREST REPORTED AS COMMUNITY BENEFIT FOR FY2011 WAS $234,816 THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES THESE LOANS ARE PROVIDED TO OTHER NON-PROFIT ORGANIZATIONS AS OF JUNE 30, 2011, THE OUTSTANDING LOAN BALANCES WERE IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS $1,500,000 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $110,914 IN CHRISTUS HEALTH GULF COAST REGION $1,117,836 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $ 1,748,053 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $441,875 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $685,439 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $500,000 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION $ -0- TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2011 $6,104,117 CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IMPROVEMENTS IN OUR COMMUNITIES DURING FY 2011, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS IN CHRISTUS HEALTH ARK-LA-TEX REGION $148,041 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $117,500 IN CHRISTUS HEALTH GULF COAST REGION $210,000 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $50,000 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $263,564 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $256,000 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $72,000 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION $409,554 IN CHRISTUS HEALTH SPONSOR/RELATED REGION $62,500 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) $90,000 TOTAL CHRISTUS FUND $1,679,159 PROGRAM SERVICE EXPENSE = $1,689,159 GRANTS = $1,679,159 REVENUE = $0

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	Officers Thomas Royer and Ernie Sadau, and Key Employees John Gillean, Mary Lynch and John Zipprich have a business relationship as each served as a director on the board of Emerald Assurance Cayman, Ltd Key employees John Zipprich and Peter Maddox have a business relationship as each serves as a director of CHRISTUS Mugerza, S A DE C V

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

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

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

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11B	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 2012 VIA A WEB PORTAL POLLING TOOL BY THE 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 CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 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, QUESTIONS 15A & 15B	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 THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND CHRISTUS HEALTH CEO'S COMPENSATION IS SUBJECT TO APPROVAL BY THE CHRISTUS HEALTH BOARD, AFTER DISCUSSION BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 COMPLETES A REVIEW OF THE COMPENSATION AND BENEFITS OF THE CEO AND PROVIDES A WRITTEN REPORT, AND APPEARS IN PERSON WITH THE COMMITTEE TO ADDRESS THE ANNUAL COMPENSATION REVIEW AND ANY DECISIONS RELATED TO SUCH COMPENSATION FOR THE CEO THE CONSULTANT ALSO PROVIDES ALL OF THE COMPARABLE MARKET DATA TO SUPPORT RECOMMENDATIONS AND DECISIONS 2 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED 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

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T	FORM 990, PART VI, QUESTION 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, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 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	SEVERAL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF THE FILING ORGANIZATION DEVOTE TIME TO RELATED ORGANIZATIONS AS OFFICERS OR DIRECTORS NAME HRS AT RELATED ORG THOMAS ROYER, MD 1 CHRISTUS STEHLIN FOUNDATION 1 EMERALD ASSURANCE CAYMAN, LTD GEORGE CONKLIN 1 CHRISTUS STEHLIN 1 CHRISTUS HEALTH FOUNDATION JOHN GILLEAN, MD 1 CHRISTUS STEHLIN FOUNDATION 1 EMERALD ASSURANCE CAYMAN, LTD JAY HERRON 1 CHRISTUS HEALTH LIAB RETENTION TRUST PETER MADDOX 1 CHRISTUS MUGUERZA S A DE C E 2 ST VINCENT HOSPITAL LINDA MCCLUNG 1 ST JOSEPH COMMUNITY FOUNDATION 1 CHRISTUS HEALTH UTAH (EFFECTIVE 2/1/11) ERNIE SADAU 1 EMERALD ASSURANCE CAYMAN, LTD 2 ST VINCENT (TERM 2/1/11) MARY SILVA 1 CHRISTUS HEALTH FOUNDATION 5 CHRISTUS CONTINUING CARE WILLIAM L PARDUE 5 CHRISTUS CONTINUING CARE 1 CHRISTUS STEHLIN FOUNDATION 1 CHRISTUS HEALTH PLAN 1 CHRISTUS HEALTH UTAH (EFFECTIVE 2/1/11) DARRELL DIXON 4 CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK DONNA MIKULECKY 20 CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK JOHN ZIPPRICH 1 EMERALD ASSURANCE CAYMAN, LTD 1 CHRISTUS MUGUERZA S A DE C E MARY LYNCH 1 EMERALD ASSURANCE CAYMAN, LTD GERARD F HEELEY 1 CHRISTUS HEALTH UTAH (EFFECTIVE 2/1/11) Form 990, Part VII, Section A Calendar year 2010 compensation reported on Part VII for Deb Vardell is for services as executive assistant at CHRISTUS Health Functional Expense, Line 9, Other Employee benefits Form 990, Part IX Reported in other employee benefits is the Employee Health care premiums collected netted with health care claims expense Premiums collected exceeded health care claims paid for fiscal year end 6-30-2011

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	Pension Liability/Expense = ($29,762,962) Pension Funding = $9,750,141 Pension Amortization = $18,849,608 Minimum Pension Liability = $81,612,767 Unrealized gains-Unconsol Subs Sec (FAS 124) = $248,698 Equity Adjustment - Consol Subs = ($6,695,921) Capital Contribution to Stehlin Foundation = ($4,656,112) St Joseph Pension Funding = $36,554,734 St Joseph Pension Liability = ($16,336,738) St Joseph Villa Pension Funding = $3,526,216 St Joseph Villa Pension Liability = ($3,510,349) Pension Restoration = ($407,423) Released from Restriction = ($152,665) Unrealized Gain = $91,737,513 Transfer of Temporarily Restricted Contributions to Revenue = $97,903 Prior Year Contribuitons booked to Revenue = $5,509 Prior Year Adjustment to Grant Expense = $123,250 Interco Grant Expense/Return of Grant = $45,000 Misc Credit to Grant Expense = $5,000 Removal of Land sold in FY09 = ($1,381,355) Total = $179,652,814

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	Form 990, Schedule K	FORM 990, SCHEDULE K, PART I, PAGE 1 A HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (C) CUSIP # 41315RFS8, 41315RFT6, 41315RFU3, 41315RFV1 (F) DESCRIPTION OF PURPOSE CONSTRUCT NEW HEALTHCARE FACILITIES AND ADVANCE REFUND A PRIOR ISSUE (JULY 28, 1999) B HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (F) CURRENTLY REFUND A PRIOR ISSUE (SEPTEMBER 17, 2007) C COASTAL BEND HEALTH FACILITIES DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 17, 1998) AND CONSTRUCT NEW HEALTHCARE FACILITIES D LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (SEPTEMBER 17, 2007) FORM 990, SCHEDULE K, PART I, PAGE 2 A LOUISIANA PUBLIC FACILITIES AUTHORITY (F) CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) B LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 20, 2007, DECEMBER 19, 2008) C TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) D TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005, NOVEMBER 20, 2007) FORM 990, SCHEDULE K, PART I, PAGE 3 A TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (DECEMBER 19, 2008) FORM 990, SCHEDULE K PART II, PAGE 1 A LINE 3 INVESTMENT EARNINGS = $347,402 C LINE 3 INVESTMENT EARNINGS= $1,556,640 FORM 990, SCHEDULE K, PART II, PAGE 2 A LINE 3 INVESTMENT EARNINGS=$89,121 B LINE 3 INVESTMENT EARNINGS = $95,056 C LINE 3 INVESTMENT EARNINGS = $416,540 D LINE 3 INVESTMENT EARNINGS= $701 LINE 16 REPORTED FINAL ALLOCATION HAS NOT BEEN MADE TO THE EXTENT WE HAVE UNSPENT TRANSFER PROCEEDS

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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

2010

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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
See Additional Data Table							

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 75-2796815	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVCS	LA	501(C)(3)	3	CH		
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX77292 76-0591592	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA71101 72-0408982	HLTHCARE SVCS	LA	501(C)(3)	3	CH		
Christus Spohn Health System Corporation 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH SOUTHEAST TEXAS 2830 Calder Street BEAUMONT, TX77726 76-0591590	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA70601 72-0411322	HLTHCARE SVCS	LA	501(C)(3)	3	CH		
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH UTAH 2707 NORTH LOOP WEST HOUSTON, TX77008 87-0231682	HLTHCARE SVCS	UT	501(C)(3)	9	CH		
CHRISTUS Continuing Care 1700 W LOOP SOUTH SUITE 1100 HOUSTON, TX77027 74-2898615	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	11-TYPE 1	CH		
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE PARIS, TX75460 42-1619230	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CH		

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHRISTUS STEHLIN FDN FOR CANCER RESEARCH 10301 Stella Link Suite A HOUSTON, TX77025 74-1622404	CANCER RESCH	TX	501(C)(3)	9	CH		
DUBUIS HEALTH SYSTEM INC 1700 WEST LOOP SOUTH STE 1100 HOUSTON, TX77027 72-1270964	HLTHCARE SVCS	TX	501(C)(3)	3	CH		
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CH		
ST FRANCES CABRINI HPL FDN OF ALEXANDRIA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0998302	SUPP HTH SVCS	LA	501(C)(3)	7	CNLA		
CHRISTUS FOUNDATION FOR HEALTHCARE PO BOX 1919 HOUSTON, TX77251 74-6074210	SUPP HTH SVCS	TX	501(C)(3)	7	GULF COAST		
CHRISTUS SCHUMPERT HEALTH SYSTEM FD ONE ST MARY PLACE SHREVEPORT, LA71101 72-1219280	SUPP HTH SVCS	LA	501(C)(3)	7	NOLA		
CHRISTUS SPOHN HTH SYSTEM DEVELOPMENT FD 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1906005	SUPP HTH SVCS	TX	501(C)(3)	7	SPOHN HS		
CHRISTUS HEALTH FDN OF SOUTHEAST OF TX 2830 CALDER BEAUMONT, TX77702 76-0136274	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	SETX		
FRIENDS OF SANTA ROSA FOUNDATION 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-2723391	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CSRHCC		
SANTA ROSA FAMILY HEALTH CENTER 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-2806531	HLTHCARE SVCS	TX	501(C)(3)	9	CSRHCC		
SANTA ROSA CHILDREN'S HOSPITAL FDTN 343 W HOUSTON ST STE 505 SAN ANTONIO, TX78205 74-1224362	SUPP HTH SVCS	TX	501(C)(3)	7	SRHCC		
CHRISTUS Health Liab Retention Trust 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0259623	SELF INS TRST	TX	501(C)(3)	11-Type I	CH		

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHRISTUS SANTA ROSA MEDICAL CENTER AUX 2827 BABCOCK ROAD SAN ANTONIO, TX78229 73-1655493	SUPP HTH SVCS	TX	501(C)(3)	9	CSRHCC		
SANTA ROSA GENERAL HOSPITAL AUXILIARY 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1278312	SUPP HTH SVCS	TX	501(C)(3)	3	CSRHCC		
SANTA ROSA CHILDREN'S HOSP ENDOWMENT FD 343 W Houston Street Ste 505 SAN ANTONIO, TX78205 74-1902391	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CSRHCC		
THE FRIENDS OF THE STEHLIN FOUNDATION 10301 STELLA LINK SUITE A HOUSTON, TX77025 74-2200613	SUPP CCR RSRH	TX	501(C)(3)	11-TYPE 3	CSFCR		
CHRISTUS HEALTH PLAN 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 45-2106295	MEDICAID HMO	TX	501(C)(3)	9	CSHSC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, 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 on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LOUISIANA ATHLETIC CLUB LLC 1140 COLLEGE DRIVE PINEVILLE, LA71359 72-1461793	HEALTH CLUB	LA	CNLA					No			No	
HEART CENTER OF CENTRAL LOUISIANA LP 2108 Texas Avenue Alexandria, LA71301 72-1325012	HLTHCARE SERVICES	LA	CNLA					No			No	
WEST HOUSTON REAL ESTATE DEVELOPMNT LLC 1700 WEST LOOP SOUTH HOUSTON, TX77027 26-2330994	HLTHCARE SERVICES	TX	Gulf Coast					No			No	
SOUTHEAST TEXAS PAIN MANAGEMENT LLC PO BOX 5405 BEAUMONT, TX77726 26-1678856	PAIN MGT HTH SRVC	TX	SETX					No			No	
ST ELIZABETH REHAB PARTNERS 2830 CALDER STREET BEAUMONT, TX777021809 20-5657181	HLTHCARE SERVICES	TX	H VENTURES-SETX					No			No	
SOUTH RYAN MRI LLC 650 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 74-3103662	IMAGING SERVICES	LA	OCCUPATIONAL HS					No			No	
MCKENNA LEASING GP LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 74-1191729	INVESTMENT	TX	CSRHCC					No			No	
MCKENNA EQUIPMENT LEASING LP 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 20-4177842	MED EQUIP LEASING	TX	CSRHCC					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, 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 on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEW BRAUNFELS SURGICAL CENTER LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 81-0571408	HLTHCARE SERVICES	TX	CSRHCC					No			No	
CSR Outpatient Surgery New Braunfels 600 NORTH UNION AVE NEW BRAUNFELS, TX78130 81-0571409	HLTHCARE SERVICES	TX	CSRHCC					No				
CSR Surgery Center LLP 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX75001 20-0424958	HLTHCARE SERVICES	TX	CSRHCC					No			No	
CHRISTUS Santa Rosa Physicians 333 Santa Rosa San Antonio, TX78207 41-2092141	HLTHCARE SERVICES	TX	CSRHCC					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX755042911 75-2562459	HLTHCARE SERVICES	TX	CH Ark-La-Tex	C-Corp			
AK INTEGRATED COMM HLTH NTWK 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 76-0480684	HLTHCARE SERV	TX	CH Ark-La-Tex	C-Corp			
HOUSTON METROPOLITAN HLTH NTWK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX77027 76-0427193	HLTHCARE SERVICES	TX	CH Gulf Coast	C-Corp			
SCH MGMNT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA71101 72-1270625	MGT JOINT VENTURE	LA	NOLA	C-Corp			
SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-2616328	HLTH PLAN ADMIN	TX	Spohn HSC	C-Corp			
SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-2322574	RENTALS	TX	Spohn HSC	C-Corp			
CHRISTUS SOUTHEAST TEXAS PHO 3010 HARRISON STREET SUITE 202 BEAUMONT, TX77702 76-0429902	MEDICAL SERVICES	TX	CH SETX	C-Corp			
HEALTH VENTURES OF SE TEXAS 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX77027 76-0397263	BUILDING RENTAL	TX	CH SETX	C-Corp			
OCCUPATIONAL HEALTH SVCS INC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1217389	MEDICAL SERVICES	LA	CH SWLA	C-Corp			
SOUTHWESTERN LOUISIANA PHO 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1274526	HLTHCARE SERVICES	LA	CH SWLA	C-Corp			
SOUTH RYAN DEVELOPMENT CORP 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-1183790	LEASING BUILDINGS	LA	CH SWLA	C-Corp			
MCKENNA PROF BLDG OWNERS ASSOC 6363 N HIGHWAY 161 SUITE 450 IRVING, TX75038 74-2742934	BUILDING ASSOC	TX	CSRHCC	C-Corp			
CSR MEDICAL GROUP 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX78201 74-2727562	HEALTH SERVICES	TX	CSRHCC	C-Corp			
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX78201 74-2782184	HEALTH SERVICES	TX	CSRHCC	C-Corp			
CHRISTUS AT HOME INC 1700 West Loop South Suite 1100A HOUSTON, TX77027 61-1563879	HLTHCARE SERVICES	TX	CCC	C-Corp			
CHRISTUS Muguerza SAPI de CV Hidalgo PTE 2525 Col Obispado, Monterrey, N L 64060 MX	HLTHCARE SERVICES	MX	CH	C-Corp	17,489,681	54,912,316	59 572 %
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	48,311,706	184,631,143	100 000 %
NORTHERN LOUISIANA PHO 915 MARGARET PLACE SHREVEPORT, LA71120 72-1274151	HLTHCARE SERVICES	LA	CH NOLA	C CORP			
SUPERCAMPTO INC 10301 STELLA LINK SUITE A HOUSTON, TX77025 76-0534968	MEDICAL RESEARCH	TX	STEHLIN FND	C-CORP			
ROMLAC INC 10301 STELLA LINK SUITE A HOUSTON, TX77025 74-1674943	REAL ESTATE INVST	TX	STEHLIN FND	C-CORP			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
CHRISTUS LOUISIANA HEALTH PLAN 3330 Masonic Drive Alexandria, LA71301 45-2515179	HLTH PLAN ADMIN	LA	CH CNLA	C-CORP			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	CHRISTUS CONTINUING CARE	b	70,035	
(2)	CHRISTUS HEALTH ARK-LA-TEX	b	81,984	
(3)	CHRISTUS HEALTH CENTRAL LOUISIANA	b	160,000	
(4)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	b	84,000	
(5)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	b	143,564	
(6)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	b	287,182	
(7)	CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	b	57,500	
(8)	CHRISTUS STEHLIN FDN FOR CANCER RESEARCH	b	300,000	
(9)	EMERALD ASSURANCE CAYMAN LTD	c	241,191	
(10)	CHRISTUS HEALTH ARK-LA-TEX	k	3,576,180	
(11)	CHRISTUS HEALTH CENTRAL LOUISIANA	k	3,430,334	
(12)	CHRISTUS HEALTH GULF COAST	k	3,492,072	
(13)	CHRISTUS HEALTH NORTHERN LOUISIANA	k	3,601,502	
(14)	CHRISTUS HEALTH SOUTHEAST TEXAS	k	6,240,756	
(15)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	k	2,163,518	
(16)	CHRISTUS HEALTH UTAH	k	130,825	
(17)	CH WILKINSON PHYSICIAN NETWORK	k	541,637	
(18)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	k	7,559,126	
(19)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	k	8,636,269	
(20)	CHRISTUS HEALTH ARK-LA-TEX	n	102,747	
(21)	CHRISTUS HEALTH CENTRAL LOUISIANA	n	74,081	
(22)	CH WILKINSON PHYSICIAN NETWORK	n	73,711	
(23)	CHRISTUS HEALTH GULF COAST	a	620,459	
(24)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	a	2,590,631	
(25)	CHRISTUS CONTINUING CARE	a	291,294	
(26)	CHRISTUS HEALTH GULF COAST	a	643,005	
(27)	CH WILKINSON PHYSICIAN NETWORK	a	231,309	
(28)	CHRISTUS HEALTH SOUTHEAST TEXAS	f	1,907,316	
(29)	CHRISTUS HEALTH GULF COAST	f	2,489,195	
(30)	CHRISTUS CONTINUING CARE	l	3,195,110	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	CHRISTUS HEALTH GULF COAST	l	25,176,070	
(32)	CHRISTUS HEALTH SOUTHEAST TEXAS	l	10,219,587	
(33)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	l	51,735	
(34)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	j	325,620	
(35)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	j	71,620	
(36)	CHRISTUS CONTINUING CARE	p	4,068,407	
(37)	CHRISTUS HEALTH ARK-LA-TEX	p	38,502,761	
(38)	CHRISTUS HEALTH CENTRAL LOUISIANA	p	42,702,785	
(39)	CHRISTUS HEALTH FOUNDATION OF SOUTHEAST TEXAS	p	11,550,414	
(40)	CHRISTUS HEALTH GULF COAST	p	35,762,742	
(41)	CHRISTUS HEALTH NORTHERN LOUISIANA	p	46,247,523	
(42)	CHRISTUS HEALTH SOUTHEAST TEXAS	p	58,854,409	
(43)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	p	27,489,354	
(44)	CHRISTUS HEALTH UTAH	p	2,990,752	
(45)	CH WILKINSON PHYSICIAN NETWORK	p	2,759,663	
(46)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	p	78,542,001	
(47)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	p	91,906,030	
(48)	SANTA ROSA FAMILY HEALTH CENTER	p	464,476	
(49)	SPOHN INVESTMENT CORPORATION	p	285,696	
(50)	ST ELIZABETH REHAB PARTNERS LLP	p	96,539	
(51)	CHRISTUS HEALTH ARK-LA-TEX	o	241,949	
(52)	CHRISTUS HEALTH SOUTHEAST TEXAS	o	181,873	
(53)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	o	52,875	
(54)	EMERALD ASSURANCE CAYMAN LTD	o	31,370,261	
(55)	CHRISTUS HEALTH SOUTHEAST TEXAS	q	5,036,384	
(56)	CHRISTUS HEALTH ARK-LA-TEX	q	2,112,305	
(57)	CHRISTUS HEALTH GULF COAST	q	2,319,485	
(58)	CHRISTUS HEALTH NORTHERN LOUISIANA	q	673,168	
(59)	CHRISTUS HEALTH PLAN	q	500,000	
(60)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	q	65,343	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	CHRISTUS STEHLIN FDN FOR CANCER RESEARCH	q	4,656,112	
(62)	CHRISTUS HEALTH CENTRAL LOUISIANA	q	787,809	
(63)	CHRISTUS HEALTH ARK-LA-TEX	r	2,471,248	

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
CHRISTUS HEALTH	GENERAL DEPRECIATION	76-0590551

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	250,000

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	339,035
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	339,035
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	10,987,304

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	6,129,653

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	10,483,151

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	3,955,238

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	66,775

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	3,428,039

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	3,009,147

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	6,411,169

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	234,396

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	466,771

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	188,931

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	7,195,548

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	12,124

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	2,652,108

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	1,010
fines and penalties	25,661

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	394,480

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	126,509
prior year earnings	607,846

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
reverse equity income from subsidiaries	86,374,740

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Investment in Subsidiaries Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Itemized Other Current Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		NOTES PAYABLE - CURRENT	7,833,456	4,035,675
		EMPLOYEE PROFIT SHARING	518,146	107,925
		OTHER INTERCOMPANY LIABILITIES	18,517,260	786,459
		OTHER ACCRUED EXPENSES	1,395,604	0
		ACCRUED PENSION LIABILITY	1,976,047	2,230,064
		DEFERRED INCOME TAXES	5,751,544	6,023,198
		CAPITAL LEASE PAYABLE - CURRENT	0	124,889

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	514,189	1,224,964

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Itemized Other Current Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER RECEIVABLES	1,851,300	12,239
		PREPAID EXPENSES	842,662	0
		OTHER INTERCOMPANY ASSETS	11,405,888	8,196,513
		DEFERRED PROFIT SHARING	206,492	75,937
		INCOME TAX RECEIVABLE	366,288	238,867
		TAX ON CASH DEPOSITS	0	121,907
		VAT RECEIVABLE	0	1,270,381

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Other Deductions Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REPAIRS AND MAINTENANCE EXPENSE	10,951,565	866,065
BAD DEBT EXPENSE	4,612,734	364,781
GENERAL AND ADMINISTRATIVE EXPENSE	2,069,257	163,640
LEGAL AND PROFESSIONAL FEES	312,892	24,744
INSURANCE	2,732,339	216,077
PROFIT SHARING	2,937,366	232,291
CHARITABLE CONTRIBUTIONS	4,385,214	346,789
OTHER EXPENSES	361,315	28,573
SURCHARGES EXPENSE	896,894	70,928
UNIFORMS	848,102	67,069
UTILITIES EXPENSE	6,904,327	546,004
TRAVEL EXPENSES	92,453	7,311
ADVERTISING AND PUBLIC RELATIONS	112,647	8,908
LEASING AND SALES COSTS	25,284,707	1,999,550

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Itemized Other Investments Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		CAPITAL LEASE EQUIPMENT - LONG TERM	50,763	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Other Income Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount	Amount

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132008102

TY 2010 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount