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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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) | Room/suite
919 Hidden Ridge Drive

City or town, state or country, and ZIP + 4
Irving, TX 75038

D Employer identification number
76-0590551

E Telephone number
(469) 282-2000

G Gross receipts $ 886,756,954

F Name and address of principal officer
Ernie Sadau
919 HIDDEN RIDGE DRIVE
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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,024
6	Total number of volunteers (estimate if necessary)	**6**	206
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,122,268
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-55,544

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	257,890	3,016,026
	9 Program service revenue (Part VIII, line 2g)	405,975,609	468,328,626
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,646,444	63,977,912
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,399,900	3,576,857
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	498,279,843	538,899,421
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,657,645	5,784,122
	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)	108,172,614	123,111,268
	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–24e)	376,465,417	402,065,144
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	495,295,676	530,960,534
	19 Revenue less expenses Subtract line 18 from line 12	2,984,167	7,938,887

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,964,448,887	2,840,593,115
	21 Total liabilities (Part X, line 26)	2,642,659,527	2,765,609,486
	22 Net assets or fund balances Subtract line 21 from line 20	321,789,360	74,983,629

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: 2013-05-14

Randy Safady cfo
Type or print name and title

Paid Preparer's Use Only

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

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 159,446,634 including grants of $ 0) (Revenue $ 302,192,317)

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 147 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 60 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 12,946,796 IN FISCAL YEAR 2012 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 779,953 VISITS TO OUR EMERGENCY DEPARTMENTS, 46,928 INPATIENT SURGERY PROCEDURES, 89,045 OUTPATIENT SURGERY PROCEDURES, 177,645 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 2,156,173 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 AND 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 $ 153,907,541 including grants of $ 0) (Revenue $ 166,136,309)

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 11,142 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 $ 5,016,689 including grants of $ 4,710,920) (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 2012, 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 $ 1,079,702 including grants of $ 1,073,202) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 319,450,566

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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**	4,585		
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**	2,024		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate 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	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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
919 HIDDEN RIDGE DRIVE
IRVING,TX 75038
(469)282-2103

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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)**								15,970,472	123,238	2,247,753

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 282

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CREST SERVICES INC 735 PLAZA BOULEVARD STE 210 COPPELL, TX 75019	biomedical services	35,883,728
MAXOR NATIONAL PHARMACY SERVICE COR 320 South Polk AMARILLO, TX 79101	pharmaceutical svcs	17,457,968
SJ MEDICAL CENTER LLC PO BOX 843928 DALLAS, TX 75824	Medical Services	15,849,404
FORSYTHE SOLUTIONS GROUP INC 7770 FRONTAGE ROAD SKOKIE, IL 60077	Networking Prg Srvcs	15,189,779
EMC CORPORATION 176 South Street HOPKINTON, MA 01748	Info mgmt services	7,487,138

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 325

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	2,834,550			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	181,476			
	g	Noncash contributions included in lines 1a-1f $ 115,722					
	h	**Total.** Add lines 1a-1f		3,016,026			
Program Service Revenue			Business Code				
	2a	Capitation Revenue	621400	174,136,309	174,136,309		
	b	System Office Fees and Mgmt Services	561000	41,726,505	41,726,505		
	c	Service Fee Income	541900	156,973,794	156,448,086	525,708	
	d	MEANINGFUL USE INCENTIVE PAYMENTS	900099	27,667,888	27,667,888		
	e	Premium Revenue	524298	20,786,713	20,786,713		
	f	All other program service revenue		47,037,417	47,037,417		
	g	**Total.** Add lines 2a–2f		468,328,626			
	3	Investment income (including dividends, interest and other similar amounts)		60,011,975			60,011,975
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		879,589			879,589
			(i) Real / (ii) Personal				
	6a	Gross rents	239,532				
	b	Less rental expenses	218,542				
	c	Rental income or (loss)	20,990				
	d	Net rental income or (loss)		20,990		4,353	16,637
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	349,373,457				
	b	Less cost or other basis and sales expenses	345,401,440	6,080			
	c	Gain or (loss)	3,972,017	-6,080			
	d	Net gain or (loss)		3,965,937			3,965,937
Other Revenue	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 4,144,053				
	b	Less cost of goods sold	b 2,231,471				
	c	Net income or (loss) from sales of inventory		1,912,582			1,912,582
		Miscellaneous Revenue	Business Code				
	11a	Spa Revenue	812900	452,144		452,144	
	b	Fitness Center	713940	94,767		94,767	
	c	LIMITED SERVICE EATING	722210	69,245		45,296	23,949
	d	All other revenue		147,540			147,540
	e	**Total.** Add lines 11a–11d		763,696			
	12	**Total revenue.** See Instructions		538,899,421	467,802,918	1,122,268	66,958,209

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)

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

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 United States See Part IV, line 21	5,784,122	5,784,122		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	14,108,273	5,678,297	8,429,976	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,740,686	1,707,226	33,460	
7	Other salaries and wages	97,420,776	38,189,810	59,230,966	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-2,192,393	1,426,400	-3,618,793	
9	Other employee benefits	5,213,862	-2,620,684	7,834,546	
10	Payroll taxes	6,820,064	3,091,316	3,728,748	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,992,811	31,913	1,960,898	
c	Accounting	2,536,872		2,536,872	
d	Lobbying	490,093	490,093		
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	3,667,560		3,667,560	
g	Other	245,815,009	207,591,891	38,223,118	
12	Advertising and promotion	587,626	10,463	577,163	
13	Office expenses	29,255,418	22,267,043	6,988,375	
14	Information technology	632,235		632,235	
15	Royalties . .	0			
16	Occupancy	18,798,070	11,748,976	7,049,094	
17	Travel	5,437,063	1,381,211	4,055,852	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,081,411	485,347	3,596,064	
20	Interest	34,008,145		34,008,145	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,983,054	1,952,884	5,030,170	
23	Insurance	9,254,969	8,112,373	1,142,596	
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	Medical Supplies	12,541	11,466	1,075	
b	SWAP Financing Cost	9,576,954		9,576,954	
c	USFHP Allocation	10,171,343	10,171,343		
d	Reserve Expense	18,000,000		18,000,000	
e					
f	All other expenses	763,970	1,939,076	-1,175,106	
25	**Total functional expenses.** Add lines 1 through 24f	530,960,534	319,450,566	211,509,968	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		0	1	86,024,881
	2	Savings and temporary cash investments		280,837,213	2	88,340,000
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		7,369,488	4	9,461,334
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		985,075,460	7	949,394,947
	8	Inventories for sale or use		977,811	8	915,785
	9	Prepaid expenses and deferred charges		24,426,196	9	35,009,296
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 159,955,701			
	b	Less accumulated depreciation	10b 70,342,165	97,932,640	10c	89,613,536
	11	Investments—publicly traded securities		827,974,756	11	856,407,788
	12	Investments—other securities See Part IV, line 11		161,953,780	12	197,147,318
	13	Investments—program-related See Part IV, line 11		327,157,629	13	300,754,320
	14	Intangible assets		49,041,435	14	49,041,435
	15	Other assets See Part IV, line 11		201,702,479	15	178,482,475
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,964,448,887	16	2,840,593,115
Liabilities	17	Accounts payable and accrued expenses		178,994,107	17	171,659,695
	18	Grants payable		0	18	0
	19	Deferred revenue		215,016	19	235,332
	20	Tax-exempt bond liabilities		1,178,742,211	20	1,205,106,732
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,284,708,193	25	1,388,607,727
	26	**Total liabilities.** Add lines 17 through 25		2,642,659,527	26	2,765,609,486
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		316,997,910	27	67,374,665
	28	Temporarily restricted net assets		279,945	28	153,543
	29	Permanently restricted net assets		4,511,505	29	7,455,421
		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		321,789,360	33	74,983,629
	34	Total liabilities and net assets/fund balances		2,964,448,887	34	2,840,593,115

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	538,899,421
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,960,534
3	Revenue less expenses Subtract line 2 from line 1	3	7,938,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,789,360
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-254,744,618
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	74,983,629

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

2011

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 **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						159,489,064
(B) CONG OF SISTERS OF CHARITY OF INCARNATE WORD HOUSTON	237152879	01	Yes						159,489,064
Total									318,978,128

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 2012 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

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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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		20,056
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		88,944
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		777,636
j	Total lines 1c through 1i			886,636
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 2,500 EMAILS AND FAXES ON BEHALF OF CHRISTUS HEALTH ASSOCIATES, BOARD MEMBERS AND VOLUNTEERS ON THE FOLLOWING PROPOSED LEGISLATION FEDERAL LEGISLATION INCLUDING P L 112-96, The Middle Class Tax Relief and Job Creation Act of 2012, PERMANENT FIX TO PHYSICIAN FEE SCHEDULE UNDER MEDICARE, PART B, and S 2620 Rural Hospital Access Act of 2012 THE ORGANIZATION SENT MAILINGS REGARDING Proposals with the Louisiana Legislature regarding Budget Stabilization Fund, HCR 169 and SCR 128 Included in the reported expenses is an allocation of time and overhead costs associated with the action alert email system 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 representing TEXAS, LOUISIANA AND NEW MEXICO LEGISLATORS AND THEIR PERSONAL STAFF MEMBERS TO DISCUSS issues including health care for the uninsured, Budget Control Act of 2011, CMS innovation, PHYSICIAN REIMBURSEMENTS, MEDICAID Upper Payment Limits, rural Healthcare, Medicaid/CHIP Section 1115 Waivers, Disproportionate Share Hospital funding allotment, Sequestration, Sole Community Provider Funding and Waste Management THE ORGANIZATION HELD LOUISIANA ADVOCACY DAY WHERE CHRISTUS HEALTH EXECUTIVES, BOARD MEMBERS AND ASSOCIATES MET WITH LEGISLATORS TO DISCUSS ISSUES SUCH AS protecting funding or school based health centers, HB1-Medicaid State Budget, SB763-Louisiana Workers Compensation, SB629-Transparency in coordinated Care Networks and HB1203-Exempt Prescription Drugs from Local Sales & Use Tax Members of the Organization met with Texas House Appropriation Committee members, Governor Rick Perry and his staff to discuss healthcare reforms emphasizing home/community based care, permitting direct employment of physicians, expanding advance practice nursing and drawing new efficiencies for health information technology to achieve Medicaid cost savings FORM 990, SCHEDULE C, PART II-B, LINE 1I "OTHER ACTIVITIES" INCLUDES THE FOLLOWING ITEMS (1) THE PORTION OF FY 2012 PROFESSIONAL AND MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE RESPECTIVE HOSPITAL AND PROFESSIONAL ASSOCIATIONS TOTALING $220,916 (2) THE FEES PAID TO ADVOCACY AND PUBLIC POLICY CONSULTANTS APPORTIONED TO LOBBYING FOR SUCH TOPICS AS HEALTHCARE REIMBURSEMENT ISSUES AND HEALTHCARE REFORMS TOTALING $489,420 (3) THE WEBSITE DESIGN AND MAINTENANCE COST OF THE CHRISTUS ADVOCACY WEBSITE TOTALLING $67,300 CHRISTUS HEALTH DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR 6-30-12

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,955,829		24,955,829
b Buildings		72,749,430	16,888,383	55,861,047
c Leasehold improvements		13,869,668	12,438,109	1,431,559
d Equipment		45,320,168	39,657,019	5,663,149
e Other		3,060,606	1,358,654	1,701,952
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				89,613,536

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) Mineral Interest	344,450	F
(B) EQ-PRIV PUTNAM TOT RET	58,888,364	F
(C) Hedge Funds	137,914,504	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	197,147,318	

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	300,754,320	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	300,754,320	

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

(a) Description	(b) Book value
(1) Executive Benefit Programs	21,739,096
(2) Pension Funding	984
(3) Security Lending Collateral	46,257,176
(4) Securities Pledged to Others	46,518,194
(5) ST VINCENT CONTR WH & REST CAP	44,600,151
(6) Deposits	790,985
(7) Net Amort Bond Issue Costs	18,575,889
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	178,482,475

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
CMS Due Related Entities-Part XIV	982,579,174
Payable to CCVI	1,320,847
Security Lending Agreement	47,288,245
LT Pension Liability	197,177,171
Due to Related Organizations	74,407,381
Collections Payable	1,999,956
Capital Lease Liability	22,608
LT Self Funding Liability	55,867,300
Other Long Term Obligations	27,945,045
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,388,607,727

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 Other Liabilities Form 990, Schedule D, Part X Some beginning balances were reclassified from Form 990, Part X, Line 24 to Part X, Line 25 for presentation purposes only
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, Line 2	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2012 AND 2011

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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

2011

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
North America	0	0	Program Services	Program/Bus Develop	47,508
Europe (Including Iceland and Greenland)	0	0	Program Services	Program/Bus Develop	61,038
South Asia	0	0	Program Services	Program/Bus Develop	6,961
Central America and the Caribbean	0	0	Program Services	Program/Bus Develop	28,264
South America	0	0	Program Services	Program/Bus Develop	113,728
North America	0	0	Program Services	Investments - cap cont	6,000,000
Central America and the Caribbean	0	0	Program Services	Investments	142,379,476
Central America and the Caribbean	0	0	Program Services	Investments	62,500,000
Central America and the Caribbean	0	0	Program Services	self insurance funding	32,310,666
Central America and the Caribbean	0	0	Program Services	Investments	104,130,579
3a Sub-total	0	0			347,578,220
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			347,578,220

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)

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

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 47

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

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

(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
Form 990, Schedule I, Part I, Question 2	Description of Organization's Procedures for Monitoring the Use of Grants	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED 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 (#2, Page #1 reference to Part II listing) villa De Matel Grant purpose In Memorium of sisters ($300), Support Mission ($2,173,364) Grant recipient (#4, Page #1 reference to Part II listing) Friends of Hospice Grant purpose Sponsorship to Poinsettia Ball benefiting Patients and their families in- end of life care ($5,000), Program Support ($9,000) Grant recipient (#6, Page #1 reference to Part II listing) Christus Health Fnd of Southeast Texas Grant purpose Children's Miracle Network ($5,000), Emergency Management ($10,000) Grant recipient (#7, Page #1 reference to Part II listing) Christus Foundation for Healthcare Grant purpose Christus Our Daily Bread Support ($52,000), Community Clinic Salary Support ($35,000), Community based primary care clinic support ($50,000), Emergency Management ($10,000) Grant recipient (#9, Page #1 reference to Part II listing) St Vincent Hospital Grant purpose Volunteer Week/Presidential Award ($2,000), Education Support ($574,762), Nursing Assistant certification course ($11,401), Continued Education Course to educate and enhance skills of nurses who work with stroke patients ($4,867), Emergency Management ($15,000) Grant recipient (#10, Page #1 reference to Part II listing) Christus Health Gulf Coast Grant purpose Volunteer Week/Presidential Award ($4,000), School at Work - A program to help entry level associates develop skills and knowledge of the health care industry, increase self confidence and self esteem to encourage them to further education ($15,481), Continued Education Course to educate and enhance skills of nurses who work with stroke patients ($12,537), Funding for the implementation of the Care Transistions Intervention Program developed to reduce re-hospitalizations and improve health outcomes for medically complex patients ($9,626), Funding for a 6 month training course in perioperative nursing skills ($3,840) Grant recipient (#12, Page #1 reference to Part II listing) Christus Spohn Health System Corporation Grant purpose Volunteer Week/Presidential Award ($12,000),Donation to auxiliary volunteer service ($100), Patient Partner Program ($11,017), Care management support for recently discharged patients diagnosed with chronic diseases to improve disease self-management and the transition to community-based services ($37,800), Emergency Management ($7,500) Grant recipient (#1, Page #2 reference to Part II listing) Christus Ark-La-Tex Grant purpose Volunteer Week/Presidential Award ($2,000), School at Work - A program to help entry level associates develop skills and knowledge of the health care industry, increase self confidence and self esteem to encourage them to further education($895), Continued Education Course to educate and enhance skills of nurses who work with stroke patients ($20,320) Grant recipient (#2, Page #2 reference to Part II listing) Christus Health Northern Louisiana Grant purpose Volunteer Week/Presidential Award ($4,000), A refresher course for nurses returning to acute care Request includes training course, materials, and orientation wage ($3,173), Continued Education Course to educate and enhance skills of nurses who work with stroke patients ($9,663) Grant recipient (#3, Page #2 reference to Part II listing) Christus Health Central Louisiana Grant purpose Volunteer Week/Presidential Award ($4,000), Children's Miracle Network ($5,000) Grant recipient (#5, Page #2 reference to Part II listing) Christus Health Southeast Texas Grant purpose Volunteer Week/Presidential Award ($6,000), Sponsorship of Livewell event ($2,500), School at Work - A program to help entry level associates develop skills and knowledge of the health care industry, increase self confidence and self esteem to encourage them to further education ($9,769), Physical Therapy Professional Pathway Program - Recruitment program for newly graduated physical therapists to aquire professional experience in a variety of clinical settings throughout CHRISTUS Health ($300) Grant recipient (#11, Page #4 reference to Part II listing) Congregation of the Sisters of Charity - SA Grant purpose In memorium of sisters ($100), Mobile Unit Support for Santa Clara Clinic ($25,000), Support Mission ($1,047,504) Grant recipient (#12, Page #4 reference to Part II listing) Christus Health Southwestern Louisiana Grant purpose Volunteer Week/Presidential Award ($2,000), Children's Miracle Network ($5,000), Care management to assist uninsured indiv ($46,000), Emergency Management ($2,500)

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
Houston Department of Health and Human SvcsPO Box 1562 Houston,TX 77251		Govt	9,000				Comm hlth prgs
Villa de Matel6510 Lawndale Houston,TX 77023	23-7152879	501(c)(3)	2,173,664				SEE PART IV

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities of Dallas9461 Lyndon B Johnson FWy Dallas,TX 75243	75-2745221	501(c)(3)	10,000				Donation to become member of The Cardinal's Circle
Friends of Hospice PO Box 40487 San Antonio,TX 78229	74-2608764	501(c)(3)	14,000				see part iv

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
University of St Thomas3800 Montrose Blvd Houston,TX 77006	74-1490697	501(c)(3)	100,000				
Christus Health Fnd of Southeast Texas2830 Calder Beaumont,TX 77662	76-0136274	501(c)(3)	15,000				see part iv

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 Foundation for HealthcareP O Box 1919 Houston,TX 77251	75-6074210	501(c)(3)	147,000				see part iv
CB Richard Ellis 11150 Santa Monica Blvd Los Angeles,CA 90025	95-2743174	For Profit	10,000				

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
St Vincent HospitalPO Box 1967 Santa Fe,TX 87504	85-0106941	501(c)(3)	608,030				See Part IV
Christus Health Gulf CoastP O Box 1919 Houston,TX 77251	76-0591592	501(c)(3)	45,484				see part iv

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 Santa Rosa Health Care Corporation333 N Santa Rosa San Antonio, TX 78207	74-1109665	501(c)(3)	6,000				Program Support
Christus Spohn Health System Corporation600 Elizabeth St Corpus Christi, TX 78404	74-1109836	501(c)(3)	68,417				see part iv

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)	23,215				see part iv
Christus Health Northern Louisiana One St Mary Place Shreveport,TX 71101	72-0408982	501(c)(3)	16,836				See Part IV

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Christus Health Central Louisiana 3330 Masonic Drive Alexandria, TX 71301	72-0408984	501(c)(3)	9,000				see part iv
Mercy Health Foundation Joplin 2727 McClelland Boulevard Joplin, MD 64804	27-0906136	501(c)(3)	25,000				

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 Southeast Texas 2830 Calder Avenue Beaumont,TX 77702	76-0591590	501(c)(3)	18,569				see part iv
St Joseph Villa Fnd for Charity CarePO Box 744 Kaysville,UT 84037	45-2102291	501(c)(3)	200,000				community charity care

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Braunfels Christian Ministries1195 San Antonio St New Braunfels, TX 78130	26-2221231	501(c)(3)	50,000				collaboration with other healthcare providers
UBI Caritas Clinic 4400 Highland Avenue Beaumont, TX 77705	76-0558225	501(c)(3)	100,000				Child friendly, multi-disciplinary team approach for the investigation of child abuse cases

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
Neighbor for Neighbor505 East 36th Street North Tulsa, TX 74106	73-0776404	501(c)(3)	75,000				
Community Action Corporation of South TexasPO Box 1820 Suite 103 Alice, TX 78332	74-1679824	501(c)(3)	36,000				salary support

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
Historical Centre FoundationPO Box 831078 San Antonio, TX 78283	74-2960778	501(c)(3)	50,000				
Project Mend5727 IH 10 West San Antonio, TX 78201	74-2647324	501(c)(3)	50,000				provide medical equipment

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
Faith Family Clinic PO Box 831226 San Antonio, TX 78283	26-3791828	501(c)(3)	100,000				
U of A Foundation 300 East 6th Street Texarkana, TX 71854	71-6056774	501(c)(3)	29,900				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
San Antonio Christian Dental Clinic112 Auditorium Circle San Antonio, TX 78205	74-1675043	501(c)(3)	75,000				
Martin Luther King Health CenterPO Box 393 Shreveport, LA 71162	75-6074210	501(c)(3)	61,560				

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
National Dance Institute NM Inc 1140 Alto Street Santa Fe,TX 87501	85-0431846	501(c)(3)	10,000				
Amistad Community Health Center Inc1533 Brownlee Blvd Corpus Christi,TX 78404	20-3008507	501(c)(3)	30,000				

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
Gulf Coast Health Center Inc2548 Memorial Blvd Port Arthur,TX 77640	76-0289927	501(c)(3)	67,500				
Bay Area Turning Point IncPO Box 890929 Houston,TX 77289	76-0353058	501(c)(3)	19,209				

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
Cornerstone Recovery Inc6699 Portwest Drive Suite 140 Houston,TX 77024	76-0655123	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
Runnin WJ Therapeutic Center Inc4802 S Kings Highway Texarkana,TX 75501	75-2897949	501(c)(3)	10,080				To provide salary support for behavioral health case manager

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
Jewish Family Service of New Mexico Inc5520 Wyoming Blvd NE Albuquerque, NM 87109	85-0346550	501(c)(3)	32,194				
AM Barbe High School2200 W McNeese St Lake Charles, LA 70605		501(c)(3)	16,419				

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
East Texas Health Access Network 117 W Houston Street Suite E Jasper, TX 75951	20-0091803	501(c)(3)	23,098				To provide operational support for the uninsured and underinsured with professional psychotherapy and behavioral health educational programs
Sisters of Charity of the Incarnate Word1102 E McCarty St Jefferson City, MO 65101	74-1943398	501(c)(3)	27,000				To provide support for emergency shelter and support service for victims of domestic violence

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
Marathon Kids Inc PO Box 41317 Suite S203 Austin, TX 78704	06-1722171	501(c)(3)	20,000				To provide program support for professional counseling services provided to uninsured and underinsured children, adults and families
Next Step of Central Louisiana Inc308 E Shamrock St Bldg 500 Pineville, LA 71360	20-4322440	501(c)(3)	25,000				

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
Good Samaritan Rescue MissionPO Box 65 Corpus Christi, TX 78403	74-1611894	501(c)(3)	10,000				See Part IV
The Salvation ArmyPO Box 2407 Corpus Christi, TX 78403	58-0660607	501(c)(3)	10,000				community based healthcare services for uninsured and underinsured

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
Las Cumbres Community Services 404 Hunter Street Espanola,TX 87532	23-7144268	501(c)(3)	40,000				See Part IV
Bexar County Community Health Collaboration1002 N Flores San Antonio,TX 78212	74-2953076	501(c)(3)	30,000				

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
St Joseph Community Foundation2800 Lamar Avenue Capital One 2nd Floor Paris, LA 75460	42-1619230	501(c)(3)	15,000				emergency management
Christus Spohn Health System Development Fnd 600 Elizabeth St Corpus Christi, TX 78404	74-1906005	501(c)(3)	50,000				emergency management

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
Congregation of the Sisters of Charity-SA4503 Broadway San Antonio, TX 78209	74-1676917	501(c)(3)	1,072,604				see part iv
Christus Health Southwestern Louisiana524 Dr Michael Debakey Lake Charles, LA 70601	72-0411322	501(C)(3)	55,500				see part iv

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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

2011

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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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								

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 & 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 The compensation reported to the following persons was for service awards given for serving as a board member of the filing entity Catherine Dulle, Richard Clarke, Phyllis Cowling, Robert Gussin, Pedro Martin, Mary Jo Potter, Celina Garza Ridge, Dennis Stine, and Kenneth Wells Tax Indemnification and Gross-Up Payments Form 990, Schedule J, Part I, Questions 1-2 Paul Generale received $1,543 in tax assistance for relocation Paul Generale received $153,378 in tax assistance related to the amount reported as his bonus and incentive compensation Shelton Webster received $4,306 in tax assistance for relocation Randy Safady received $3,231 in tax assistance for relocation Eugene Woods received $6,957 in tax assistance for relocation The following persons received tax assistance for service awards Catherine Dulle, Richard Clarke, Phyllis Cowling, Robert Gussin, Pedro Martin, Mary Jo Potter, Celina Garza Ridge, Dennis Stine, and Kenneth Wells First Class Travel Form 990, Schedule J, Part I, Line 1a Certain executives and board members were reimbursed under an accountable plan for first class travel Companion Travel Form 990, Schedule J, Part I, Line 1a TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS
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 Severance Payment or Change of Control Payment Form 990, Schedule J, Part I, Question 4A Under the severance plan, all or a portion of the base salary of a participating executive will continue to be paid to the executive for a limited period of time if the executive's employment with CHRISTUS and its affiliates is involuntarily terminated Christopher Blakemore received $43,834 in severance payment during Calendar Year 2011 Jay Herron received $203,740 in severance payment during Calendar Year 2011
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 and Form 990, Schedule J,	Part II, column (F), compensation reported as deferred in prior year 990 Patricia Harper received $119,074 during Calendar Year 2011 under a supplemental nonqualified retirement plan Marshall Bolyard received $59,882 during Calendar Year 2011 under a supplemental nonqualified retirement plan Darrell Dixon received $69,317 during Calendar Year 2011 under a supplemental nonqualified retirement plan John Gillean, MD received $55,478 during Calendar Year 2011 under a supplemental nonqualified retirement plan Jay Herron received $1,822,660 during Calendar Year 2011 under a supplemental nonqualified retirement plan Mary Lynch received $24,900 during Calendar Year 2011 under a supplemental nonqualified retirement plan Linda McClung received $34,773 during Calendar Year 2011 under a supplemental nonqualified retirement plan Donna Mikulecky received $21,507 during Calendar Year 2011 under a supplemental nonqualified retirement plan Jeffrey Puckett received $43,877 during Calendar Year 2011 under a supplemental nonqualified retirement plan Thomas Royer, MD received $234,727 during Calendar Year 2011 under a supplemental nonqualified retirement plan Ernie Sadau received $114,135 during Calendar Year 2011 under a supplemental nonqualified retirement plan Christopher Blakemore received $118,688 during Calendar Year 2011 under a supplemental nonqualified retirement plan John Zipprich received $628,727 during Calendar Year 2011 under a supplemental nonqualified retirement plan Paul Generale received $29,982 during Calendar Year 2011 under a supplemental nonqualified retirement plan 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 2011
Bonus and Incentive Compensation	Form 990, Schedule J, Part II, Column (B)(ii)	The bonus and incentive compensation is a result of a change in position and required relocation The amount on Schedule J, Part II, Column (B)(ii) includes tax assistance of $153,378 and a transfer/sign-on bonus of $27,500 The relocation portion of the bonus is contingent on continuous employment with CHRISTUS through 5-1-18 or the amount is subject to repayment 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 Compensation reported as deferred in prior Form 990 Form 990, Schedule J, Part II, Column (F) The amounts reported on Form 990, Schedule J, Part II, Column (F) are the payments reported as reportable compensation on Form 990, Schedule J, Part II, Column (B)(iii) to the extent that such payments were reported as deferred compensation on a prior Form 990 The amounts reported on Form 990, Schedule J, Part II, Column (F) are a result of participation in the following nonqualified supplemental retirement plans Pension Restoration Plan, Deferred Income Account and Supplemental Executive Retirement and Retention Plan

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				
Jay S Herron	(I) (II)	448,409 0	135,770 0	2,032,770 0	167,412 0	11,997 0	2,796,358 0	1,822,660 0
William L Pardue	(I) (II)	130,790 0	17,460 0	848 0	9,471 0	10,134 0	168,703 0	0 0
George S Conklin	(I) (II)	365,688 0	94,306 0	30,681 0	70,269 0	19,769 0	580,713 0	0 0
John Gillean MD	(I) (II)	533,457 0	128,208 0	73,743 0	154,707 0	30,902 0	921,017 0	55,478 0
Gerard F Heeley	(I) (II)	278,778 0	72,930 0	15,270 0	73,619 0	8,522 0	449,119 0	0 0
Mary T Lynch	(I) (II)	379,324 0	90,698 0	67,275 0	75,110 0	13,354 0	625,761 0	24,900 0
Peter F Maddox	(I) (II)	376,301 0	98,016 0	42,228 0	50,045 0	20,769 0	587,359 0	0 0
Linda K McClung	(I) (II)	372,646 0	90,697 0	45,823 0	96,876 0	28,331 0	634,373 0	34,773 0
Ernie W Sadau	(I) (II)	920,052 0	280,098 0	168,630 0	308,234 0	20,256 0	1,697,270 0	114,135 0
John L Zipprich	(I) (II)	457,105 0	119,340 0	673,210 0	145,525 0	6,425 0	1,401,605 0	628,727 0
Jeffrey M Puckett	(I) (II)	450,687 0	95,472 0	72,208 0	108,639 0	20,907 0	747,913 0	43,877 0
Marshall Bolyard	(I) (II)	230,145 0	32,691 0	60,436 0	28,741 0	1,100 0	353,113 0	59,882 0
Randy Safady	(I) (II)	326,832 0	429,236 0	26,010 0	105,173 0	10,354 0	897,605 0	0 0
Eugene Woods	(I) (II)	426,431 0	130,000 0	49,273 0	91,595 0	10,095 0	707,394 0	0 0
Paul Generale	(I) (II)	336,323 0	1,002,239 0	73,886 0	137,894 0	19,568 0	1,569,910 0	29,982 0
Thomas C Royer MD	(I) (II)	867,747 0	578,358 0	261,121 0	22,758 0	10,702 0	1,740,686 0	234,727 0
Darrell Dixon	(I) (II)	294,511 0	69,071 0	70,060 0	62,240 0	31,056 0	526,938 0	69,317 0
Donna Mikulecky	(I) (II)	123,646 122,991	63,939 0	25,305 247	25,867 20,823	2,072 0	240,829 144,061	21,507 0

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				
Christopher Blakemore	(I)	212,371	42,518	163,017	37,970	15,123	470,999	118,688
	(II)	0	0	0	0	0	0	0
Patricia Harper	(I)	211,795	41,193	133,639	50,694	12,973	450,294	119,074
	(II)	0	0	0	0	0	0	0
Shelton Webster	(I)	339,888	60,381	25,839	85,807	7,338	519,253	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

2011

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 FACILTIES DEV CORP	52-1284201	41315RHY3	12-09-2010	96,654,505	SEE SCHEDULE O		X		X		X
C	COASTAL BEND HEALTH FACILITIES DEV 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	165,720,000	9,715,000	4,050,000	21,940,000
2	Amount of bonds 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	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	1,687,415	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	3,624,407	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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a 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 %		0 180 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 180 %		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		0		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	0		0		0		0	
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
See Schedule O	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

2011

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	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398ZM3	11-25-2008	44,382,370	SEE SCHEDULE O		X		X		X
B	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398C71	08-12-2009	231,654,638	SEE SCHEDULE O		X		X		X
C	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDB6	11-25-2008	185,542,228	SEE SCHEDULE O		X		X		X
D	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDF7	12-19-2008	268,560,000	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,480,000	10,280,000	6,500,000	74,765,000
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	44,503,603	231,825,119	186,093,157	268,560,701
4	Gross proceeds in reserve funds	4,113,000	15,770,981	17,478,224	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	775,238	0	3,029,908	1,638,896
8	Credit enhancement from proceeds	575,366	0	2,510,025	235,297
9	Working capital expenditures from proceeds	0	4,138	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	39,040,000	216,050,000	163,075,000	266,686,508
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion				

		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a 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 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		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	0		0		0			
c	Term of hedge								39 7
d	Was the hedge superintegrated?								X
e	Was a hedge terminated?								X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider	0		0		0		0	
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI 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 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

2011

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	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TEA7	12-03-2009	73,865,293	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,715,000			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	73,865,293			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	73,865,293			
12	Other unspent proceeds	0			
13	Year of substantial completion				

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	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 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
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						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI 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.

OMB No 1545-0047

2011

Open to Public Inspection

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	35,133,831	SEE PART V, TRANSACTION 1		No
(2) CHRISTUS Muguerza SAPI de CV	SEE PART V, TRANSACTION 2	6,000,000	SEE PART V, TRANSACTION 2		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 ERNIE SADAU IS AN OFFICER OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD JOHN GILLEAN, MD IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD EUGENE WOODS IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD RANDY SAFADY IS AN OFFICER 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 CELINA GARZA RIDGE SERVED AS A BOARD MEMBER OF CHRISTUS HEALTH AND CHRISTUS MUGUERZA

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	115,722	cost/selling price
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 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

2011

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 CHRISTUS St Joseph Village onlinepaydirect CHRISTUS Health TechSource CHRISTUS Innovations Institute CHRISTUS Healthy Living Spa TLRA US Family Health Plan Uniformed Services Family Health Plan CHRISTUS Health System TechSource USFHP Marketplace Solutions CHRISTUS St Michael Simulation Center 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 FY2012 WAS $171,292 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, 2012, THE OUTSTANDING LOAN BALANCES WERE IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS $ 1,000,000 IN CHRISTUS HEALTH GULF COAST REGION $ 1,111,325 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $ 1,691,452 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $ 99,400 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $ 978,796 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) $ 1,000,000 TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2012 $ 6,775,573 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 2012, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS IN CHRISTUS HEALTH ARK-LA-TEX REGION $ 39,980 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $ $25,000 IN CHRISTUS HEALTH GULF COAST REGION $ 174,209 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $ 61,560 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $ 355,000 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $ 190,598 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $ 62,419 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION $ 144,531 IN CHRISTUS HEALTH SPONSOR/RELATED REGION $ 102,000 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) $ 82,194 TOTAL CHRISTUS FUND $ 1,237,491 PROGRAM SERVICE EXPENSE = $1,079,702 GRANTS = $1,073,202 PROGRAM SERVICE REVENUE = $0

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	Officers Ernie Sadau and Randy Safady, and Key Employees John Gillean, MD and Eugene Woods have a business relationship as each served as a director on the board of Emerald Assurance Cayman, Ltd Board member Celina Garza Ridge and key employees John Zipprich and Peter Maddox had 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 of 2013 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	A conflict of interest questionnaire was distributed to the organization's officers and key employees during the fiscal year The organization's Human Resources department 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 A conflict of interest questionnaire was distributed to the organization's officers, key employees and directors during the next fiscal year by the organization's Corporate Secretary 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 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 (TERM 7/31/11) PETER MADDOX 1 CHRISTUS MUGUERZA S A DE C E 2 ST VINCENT HOSPITAL (term 12/2011) LINDA MCCLUNG 1 CHRISTUS HEALTH UTAH ERNIE SADAU 1 EMERALD ASSURANCE CAYMAN, LTD 1 CHRISTUS HEALTH LIAB RETENTION TRUST (EFFECTIVE 8/1/11) MARY SILVA 1 CHRISTUS HEALTH FOUNDATION 5 CHRISTUS CONTINUING CARE 1 CHRISTUS HEALTH SOUTHEAST TX (TERM 12/31/11) 1 CHRISTUS HEALTH PLAN WILLIAM L PARDUE 5 CHRISTUS CONTINUING CARE 1 CHRISTUS STEHLIN FOUNDATION 1 CHRISTUS HEALTH PLAN 1 CHRISTUS HEALTH UTAH DARRELL DIXON 4 CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK DONNA MIKULECKY 20 CHRISTUS HEALTH WILKINSON PHYSICIAN NETWORK JOHN ZIPPRICH 1 CHRISTUS MUGUERZA S A DE C E GERARD F HEELEY 1 CHRISTUS HEALTH UTAH Jeffrey Puckett 1 Christus Health Plan Marshall Bolyard 1 Christus Health Plan Randy Safady 1 Emerald Assurance Cayman, Ltd Eugene Woods 1 Emerald Assurance Cayman, Ltd Celina Garza Ridge 1 Christus Muguerza S A De C E Paul Generale 1 Christus Health Utah Functional Expense, Line 8, Pension Plan Contributions Form 990, Part IX Reported in Pension Plan Contributions is the pension expense incurred by the filing organization netted with the pension expense allocated to the filing organization's subsidiaries Pension expense allocated exceeded the pension expense incurred for fiscal year ending June 30, 2012

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	Transfer of Interest Accrued to Revenue = 77,487 Unrealized Loss = (97,785,546) Pension Funding = 50,571,672 Pension Liability/Expense = (51,471,760) Capital Contribution to Christus Stehlin Foundation for Cancer Research = (4,887,894) Capital Contribution to Christus Health Plan = (12,000,000) Reclass Christus Health Plan Investment to Net Assets = (500,000) Transfer of Net Assets Between Entities = 8,620,335 Unrealized Loss-Unconsolidated Subsidiaries (FAS 124) = (220,925) Equity Adjustment-Consolidated Subsidiaries = (54,055,767) Muguerza Equity Adjustment = (7,909,821) Dissolved Entity = 317,535 Pension Amortization = 7,356,460 Minimum Pension Liability = (96,881,793) Transfer from Christus Health Utah = 1,410,039 Grant Reversal = (235,386) PV Contribution Adjustment = 1,563 Reclass Interest Accrued to Revenue = (77,487) Intracompany Return of Unused Grant Funds = (45,000) Wire Transfer Adjustment & Interest = (5,477) Baptist St Anthony Change in Equity = 2,943,916 Intracompany Grant Expense = (2,049) Intracompany Return of Unused Grant Funds = 45,000 Salary Grant Adjusting Item = (9,714) Rounding Adjustment = (6) Total = (254,744,618)

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	Form 990, Schedule K, PART I, PAGE 1	A HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (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) DESCRIPTION OF PURPOSE 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) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 8, 2005) B LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 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 = $121,233 B LINE 3 INVESTMENT EARNINGS = $170,481 C LINE 3 INVESTMENT EARNINGS = $550,929 D LINE 3 INVESTMENT EARNINGS = $701 LINE 16 REPORTED FINAL ALLOCATION HAS NOT BEEN MADE TO THE EXTENT WE HAVE UNSPENT TRANSFER PROCEEDS FORM 990, SCHEDULE K PART IV, PAGE 1 A LINE 3E - TERMINATED EFFECTIVE JANUARY 4, 2012 C LINE 3E - TERMINATED EFFECTIVE JANUARY 4, 2012

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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

2011

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) Disproportionate 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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f	Yes	
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h	Yes	
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
Christus Spohn Health System Corporation 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH SOUTHEAST TEXAS 2830 Calder Street BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH UTAH 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 87-0231682	HLTHCARE SVCS	UT	501(c)(3)	9	CH	Yes	
CHRISTUS Continuing Care 1700 W LOOP SOUTH SUITE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	11-TYPE 1	CH	Yes	
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE PARIS, TX 75460 42-1619230	SUPP HTH SVCS	TX	501(c)(3)	11-TYPE 1	CH	Yes	
CHRISTUS STEHLIN FDN FOR CANCER RESEARCH 10301 Stella Link Suite A HOUSTON, TX 77025 74-1622404	CANCER RESCH	TX	501(c)(3)	9	CH	Yes	
DUBUIS HEALTH SYSTEM INC 1700 WEST LOOP SOUTHSTE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
CHRISTUS HEALTH FOUNDATION 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(c)(3)	11-TYPE 1	CH	Yes	
ST FRANCES CABRINI HPL FDN OF ALEXANDRIA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0998302	SUPP HTH SVCS	LA	501(c)(3)	7	CNLA	Yes	
CHRISTUS FOUNDATION FOR HEALTHCARE PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(c)(3)	7	GULF COAST	Yes	
CHRISTUS SCHUMPERT HEALTH SYSTEM FD ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1219280	SUPP HTH SVCS	LA	501(c)(3)	7	NOLA	Yes	
CHRISTUS SPOHN HTH SYSTEM DEVELOPMENT FD 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1906005	SUPP HTH SVCS	TX	501(c)(3)	7	SPOHN HS	Yes	
CHRISTUS HEALTH FDN OF SOUTHEAST OF TX 2830 CALDER BEAUMONT, TX 77702 76-0136274	SUPP HTH SVCS	TX	501(c)(3)	11-TYPE 1	SETX	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
FRIENDS OF SANTA ROSA FOUNDATION 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2723391	SUPP HTH SVCS	TX	501(c)(3)	11-TYPE 1	CSRHCC	Yes	
SANTA ROSA FAMILY HEALTH CENTER 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2806531	HLTHCARE SVCS	TX	501(c)(3)	9	CSRHCC	Yes	
CHRISTUS Health Liab Retention Trust 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0259623	SELF INS TRST	TX	501(c)(3)	11-Type I	CH	Yes	
SANTA ROSA GENERAL HOSPITAL AUXILIARY 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1278312	SUPP HTH SVCS	TX	501(c)(3)	3	CSRHCC	Yes	
THE FRIENDS OF THE STEHLIN FOUNDATION 10301 STELLA LINK SUITE A HOUSTON, TX 77025 74-2200613	SUPP CCR RSRH	TX	501(c)(3)	9	CSFCR	Yes	
CHRISTUS HEALTH PLAN 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(c)(3)	9	CSHSC	Yes	
ST FRANCES CABRINI HOSPITAL AUXILIARY 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 23-7255175	SUPP HTH SVCS	LA	501(C)(3)	9	CNLA	Yes	
Christus Santa Rosa Med Ctr Auxiliary 2827 Babock Road San Antonio, TX 78229 73-1655493	SUPP HTH SVCS	TX	501(c)(3)	9	CSRHCC	Yes	

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, LA 71359 72-1461793	HEALTH CLUB	LA	CNLA									
HEART CENTER OF CENTRAL LOUISIANA LP 2108 Texas Avenue Alexandria, LA 71301 72-1325012	HLTHCARE SVCS	LA	CNLA									
WEST HOUSTON REAL ESTATE DEVELOPMNT LLC 1700 WEST LOOP SOUTH HOUSTON, TX 77027 26-2330994	HLTHCARE SVCS	TX	Gulf Coast									
SOUTHEAST TEXAS PAIN MANAGEMENT LLC PO BOX 5405 BEAUMONT, TX 77726 26-1678856	PAIN MGT HTH	TX	SETX									
ST ELIZABETH REHAB PARTNERS 2830 CALDER STREET BEAUMONT, TX 777021809 20-5657181	HLTHCARE SVCS	TX	H VENTURES-SETX									
SOUTH RYAN MRI LLC 650 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 74-3103662	IMAGING SVCS	LA	OCCUPATIONAL HS									
MCKENNA LEASING GP LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX 78130 74-1191729	INVESTMENT	TX	CSRHCC									
MCKENNA EQUIPMENT LEASING LP 600 NORTH UNION AVE NEW BRAUNFELS, TX 78130 20-4177842	MED EQUIP LEA	TX	CSRHCC									
NEW BRAUNFELS SURGICAL CENTER LLC 333 N SANTA ROSA ST SAN ANTONIO, TX 78207 81-0571408	HLTHCARE SVCS	TX	CSRHCC									
CSR Outpatient Surgery New Braunfels 333 N SANTA ROSA ST SAN ANTONIO, TX 78207 81-0571409	HLTHCARE SVCS	TX	CSRHCC									
CSR Surgery Center LLP 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 20-0424958	HLTHCARE SVCS	TX	CSRHCC									
CHRISTUS Santa Rosa Physicians 333 Santa Rosa San Antonio, TX 78207 41-2092141	HLTHCARE SVCS	TX	CSRHCC									

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, TX 755042911 75-2562459	HLTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp			
AK INTEGRATED COMM HLTH NTWK 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 76-0480684	HLTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp			
HOUSTON METROPOLITAN HLTH NTWK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX 77027 76-0427193	HLTHCARE SVCS	TX	CH Gulf Coast	C-Corp			
SCH MGMNT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1270625	MGT JOINT VEN	LA	NOLA	C-Corp			
SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2616328	HLTH PLAN ADM	TX	Spohn HSC	C-Corp			
SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2322574	RENTALS	TX	Spohn HSC	C-Corp			
CHRISTUS SOUTHEAST TEXAS PHO 3010 HARRISON STREET SUITE 202 BEAUMONT, TX 77702 76-0429902	MEDICAL SVCS	TX	CH SETX	C-Corp			
HEALTH VENTURES OF SE TEXAS 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX 77027 76-0397263	BUILDING RENT	TX	CH SETX	C-Corp			
OCCUPATIONAL HEALTH SVCS INC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1217389	MEDICAL SVCS	LA	CH SWLA	C-Corp			
SOUTHWESTERN LOUISIANA PHO 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1274256	HLTHCARE SVCS	LA	CH SWLA	C-Corp			
SOUTH RYAN DEVELOPMENT CORP 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1183790	LEASING BLDG	LA	CH SWLA	C-Corp			
MCKENNA PROF BLDG OWNERS ASSOC 598 N UNION ST SUITE 210 NEW BRAUNFELS, TX 78130 74-2742934	BUILDING ASSO	TX	CSRHCC	C-Corp			
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX 78201 74-2782184	health svcs	TX	CSRHCC	C-Corp			
CHRISTUS Muguerza SAPI de CV Hidalgo PTE 2525 Col Obispado, Monterrey, N L 64060 MX	HLTHCARE SVCS	MX	CH	C-Corp	15,758,269	59,035,251	64 600 %
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	33,011,950	201,437,652	100 000 %
SUPERCAMPTO INC 10301 STELLA LINK SUITE A HOUSTON, TX 77025 76-0534968	MEDICAL RSCH	TX	STEHLIN FND	C-CORP			
ROMLAC INC 10301 STELLA LINK SUITE A HOUSTON, TX 77025 74-1674943	REAL ESTATE I	TX	STEHLIN FND	C-CORP			
CHRISTUS LOUISIANA HEALTH PLAN 3330 Masonic Drive Alexandria, LA 71301 45-2515179	HLTH PLAN ADM	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)	CH WILKINSON PHYSICIAN NETWORK	A(IV)	265,962	ACCRUAL
(2)	CH WILKINSON PHYSICIAN NETWORK	K	1,220,428	ACCRUAL
(3)	CH WILKINSON PHYSICIAN NETWORK	N	71,560	ACCRUAL
(4)	CH WILKINSON PHYSICIAN NETWORK	P	5,005,224	ACCRUAL
(5)	CHRISTUS CONTINUING CARE	A(IV)	556,811	ACCRUAL
(6)	CHRISTUS CONTINUING CARE	L	2,101,652	ACCRUAL
(7)	CHRISTUS CONTINUING CARE	O	374,536	ACCRUAL
(8)	CHRISTUS CONTINUING CARE	P	10,640,803	ACCRUAL
(9)	CHRISTUS FOUNDATION FOR HEALTHCARE	P	132,985	ACCRUAL
(10)	CHRISTUS HEALTH ARK-LA-TEX	k	3,315,445	ACCRUAL
(11)	CHRISTUS HEALTH ARK-LA-TEX	o	7,300,936	ACCRUAL
(12)	CHRISTUS HEALTH ARK-LA-TEX	p	33,712,300	ACCRUAL
(13)	CHRISTUS HEALTH ARK-LA-TEX	q	2,493,859	ACCRUAL
(14)	CHRISTUS HEALTH ARK-LA-TEX	R	4,726,807	ACCRUAL
(15)	CHRISTUS HEALTH CENTRAL LOUISIANA	k	3,354,431	ACCRUAL
(16)	CHRISTUS HEALTH CENTRAL LOUISIANA	o	13,250,670	ACCRUAL
(17)	CHRISTUS HEALTH CENTRAL LOUISIANA	p	32,710,602	ACCRUAL
(18)	CHRISTUS HEALTH CENTRAL LOUISIANA	q	682,789	ACCRUAL
(19)	CHRISTUS HEALTH CENTRAL LOUISIANA	R	5,295,449	ACCRUAL
(20)	CHRISTUS HEALTH GULF COAST	A(I)	562,948	ACCRUAL

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
(21)	CHRISTUS HEALTH GULF COAST	A(IV)	598,163	ACCRUAL
(22)	CHRISTUS HEALTH GULF COAST	K	3,238,695	ACCRUAL
(23)	CHRISTUS HEALTH GULF COAST	L	22,741,810	ACCRUAL
(24)	CHRISTUS HEALTH GULF COAST	O	9,603,944	ACCRUAL
(25)	CHRISTUS HEALTH GULF COAST	p	27,473,032	ACCRUAL
(26)	CHRISTUS HEALTH GULF COAST	B	174,715	ACCRUAL
(27)	CHRISTUS HEALTH GULF COAST	Q	2,651,805	ACCRUAL
(28)	CHRISTUS HEALTH GULF COAST	R	9,552,707	ACCRUAL
(29)	CHRISTUS HEALTH NORTHERN LOUISIANA	K	3,468,134	ACCRUAL
(30)	CHRISTUS HEALTH NORTHERN LOUISIANA	O	12,001,455	ACCRUAL
(31)	CHRISTUS HEALTH NORTHERN LOUISIANA	P	38,426,835	ACCRUAL
(32)	CHRISTUS HEALTH NORTHERN LOUISIANA	Q	1,213,864	ACCRUAL
(33)	CHRISTUS HEALTH NORTHERN LOUISIANA	R	8,143,101	ACCRUAL
(34)	CHRISTUS HEALTH PLAN	Q	12,000,000	ACCRUAL
(35)	CHRISTUS HEALTH SOUTHEAST TEXAS	b	525,381	ACCRUAL
(36)	CHRISTUS HEALTH SOUTHEAST TEXAS	K	6,346,627	ACCRUAL
(37)	CHRISTUS HEALTH SOUTHEAST TEXAS	L	9,867,944	ACCRUAL
(38)	CHRISTUS HEALTH SOUTHEAST TEXAS	O	15,227,603	ACCRUAL
(39)	CHRISTUS HEALTH SOUTHEAST TEXAS	P	56,266,116	ACCRUAL
(40)	CHRISTUS HEALTH SOUTHEAST TEXAS	Q	5,766,397	ACCRUAL

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
(41)	CHRISTUS HEALTH SOUTHEAST TEXAS	R	2,257,528	ACCRUAL
(42)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	b	55,500	ACCRUAL
(43)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	J	85,967	ACCRUAL
(44)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	K	2,027,317	ACCRUAL
(45)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	O	4,776,929	ACCRUAL
(46)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	P	20,133,467	ACCRUAL
(47)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	Q	1,309,909	ACCRUAL
(48)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	R	4,513,393	ACCRUAL
(49)	CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	P	762,423	ACCRUAL
(50)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	b	210,853	ACCRUAL
(51)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	J	325,620	ACCRUAL
(52)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	k	9,887,490	ACCRUAL
(53)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	O	34,505,122	ACCRUAL
(54)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	p	70,521,874	ACCRUAL
(55)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	Q	7,535,929	ACCRUAL
(56)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	R	2,896,584	ACCRUAL
(57)	CHRISTUS SANTA ROSA OUTPATIENT SURG CTR-NB	P	228,529	ACCRUAL
(58)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	k	8,671,154	ACCRUAL
(59)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	O	23,114,068	ACCRUAL
(60)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	p	92,450,111	ACCRUAL

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 SPOHN HEALTH SYSTEM CORPORATION	q	8,581,669	ACCRUAL
(62)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	r	4,476,248	ACCRUAL
(63)	CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	b	57,500	ACCRUAL
(64)	CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	p	67,640	ACCRUAL
(65)	CHRISTUS UTAH	R	8,639,406	ACCRUAL
(66)	EMERALD ASSURANCE CAYMAN LTD	c	2,029,670	ACCRUAL
(67)	EMERALD ASSURANCE CAYMAN LTD	o	27,369,287	ACCRUAL
(68)	SPOHN INVESTMENT CORPORATION	o	155,529	accrual
(69)	SPOHN INVESTMENT CORPORATION	p	82,161	accrual
(70)	SPOHN INVESTMENT CORPORATION	q	50,221	ACCRUAL
(71)	ST ELIZABETH REHAB PARTNERS LLP	p	106,635	accrual
(72)	Ark-La-Tex Health Network	p	55,845	accrual
(73)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	B	149,420	accrual
(74)	Christus Health Southeast Texas	h	5,843,275	accrual
(75)	Christus Health Gulf Coast	f	3,071,527	accrual

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TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NONE	CHRISTUS HEALTH	919 Hidden Ridge Dr IRVING, TX 75038	76-0590551	1542

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TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NONE	CHRISTUS HEALTH	919 Hidden Ridge Dr IRVING, TX 75038	76-0590551	355733

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TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	NONE	CHRISTUS HEALTH	919 Hidden Ridge Dr IRVING, TX 75038	76-0590551	41711

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	christus health	919 hidden ridge drive irving, TX 75038	76-0590551	86347650

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	NONE	CHRISTUS HEALTH	919 Hidden Ridge Dr IRVING, TX 75038	76-0590551	2

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Category 3 filer statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	NONE	CHRISTUS HEALTH	919 Hidden Ridge Dr IRVING, TX 75038	76-0590551	317767

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	105,086

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
FINES AND PENALTIES	27,310

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
Unrealized EXCHANGE loss	3,628

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	1,721,788
UNREALIZED EXCHANGE LOSS	56,173

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	3,080
PREPAID EXPENSES	323,316

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	230

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	2,837,328

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	96,229
deferred profit sharing	1,091,535

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	7,428

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	104,302

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
Deferred Profit Sharing	2,570,654

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
deferred profit sharing	2,964,834

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
DEFERRED PROFIT SHARING	753,626

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE GAIN	786

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
Unrealized exchange gain	52,408

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE GAIN	4,834,698
reverse equity income from subsidiaries	7,646,312

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
Unrealized EXCHANGE Gain	167

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
PREPAID EXPENSES	93,675

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 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: 93493135046853

TY 2011 Itemized Other Current Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		NOTES PAYABLE - CURRENT	4,035,675	0
		EMPLOYEE PROFIT SHARING	107,925	259,182
		OTHER INTERCOMPANY LIABILITIES	786,459	176,201
		ACCRUED PENSION LIABILITY	2,230,064	2,379,548
		DEFERRED INCOME TAXES	6,023,198	4,829,020
		CAPITAL LEASE PAYABLE - CURRENT	124,889	77,835
		ANNUAL INCOME TAX PAYABLE	0	349,666

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TY 2011 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	1,224,964	571,635

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TY 2011 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	12,239	0
		OTHER INTERCOMPANY ASSETS	8,196,513	7,151,349
		DEFERRED PROFIT SHARING	75,937	183,598
		INCOME TAX RECEIVABLE	238,867	3,288
		TAX ON CASH DEPOSITS	121,907	0
		VAT RECEIVABLE	1,270,381	0
		FLAT TAX RECEVIABLE	0	256,514

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TY 2011 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	34,480	2,771
BAD DEBT EXPENSE	1,110,355	89,220
LEGAL AND PROFESSIONAL FEES	408,421	32,818
INSURANCE	2,756,886	221,523
PROFIT SHARING	3,582,591	287,871
CHARITABLE CONTRIBUTIONS	84,984	6,829
UNIFORMS	2,159,303	173,506
ADVERTISING AND PUBLIC RELATIONS	142,390	11,441
LEASING AND SALES COSTS	802,401	64,475
MEALS AND ENTERTAINMENT	35,758	2,873
PENSION EXPENSE	20,498,520	1,647,110
PARKING EXPENSE	151,816	12,199
TRAVEL EXPENSE	65,883	5,294
OTHER EVENTS	504,815	40,563
UNREALIZED TRANSLATION LOSS	155,206	12,471
PROFIT SHARING - DEFERRED	-1,629,835	-130,962

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 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: 93493135046853

TY 2011 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Other Income Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount	Amount
Unrealized Translation Gain	50,120	4,027

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135046853

TY 2011 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount

CHRISTUS HEALTH
EIN 76-0590551
FORM 990-T
FYE 6/30/2012 EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

STATEMENT REQUIRED UNDER REG §1 368(a)

CHRISTUS MUGUERZA TUXTLA SA DE CV
EIN FOREIGNUS
FOR THE YEAR ENDED DECEMBER 31, 2011

ON SEPTEMBER 14, 2011, CHRISTUS MUGUERZA TUXTLA, SA DE CV ENGAGED IN A REORGANIZATION UNDER I R C SECTION 368(A)(1)(F), CHANGING ITS NAME TO CHECA-T DEL DR CHECO, SA DE CV THIS REORGANIZATION WAS A MERE A CHANGE IN IDENTITY OF THE CORPORATION

STATEMENT PURSUANT TO REGULATIONS SECTION 1.368-3(A)
ENDOSCOPIA CHRISTUS MUGUERZA DE SALTILLO, SA DE CV
A CORPORATION A PARTY TO A REORGANIZATION
TAX YEAR ENDING DECEMBER 31, 2011

The taxpayer, Endoscopia Christus Muguerza de Saltillo, SA de CV ("Endoscopia"), a Mexican corporation, attaches this statement to its 2011 tax return as required by Treas Reg §1 368-3(a), because the taxpayer was a party to a reorganization that occurred during the taxpayer's taxable year The Treas Reg §1 368-3 requirements are addressed below

I Corporate Parties to a Reorganization

A A copy of a plan of reorganization and a statement describing the purposes and transactions incident thereto

On June 30, 2011, a resolution (the "Resolution") was adopted approving the corporate restructuring (the "Restructuring") through a merger of Endoscopia with Christus Muguerza Saltillo, SAPI (fka Christus Muguerza Saltillo, SA de CV) ("CM Saltillo"), also a Mexican corporation

This merger constituted a reorganization described in Section 368(a)(1)(D)

The business purpose for the Restructuring was to allow more efficient administration of Endoscopia

B A statement of the cost or other basis of all property transferred

Adjusted basis $240,463

C A statement of the amount of stock or securities and other property or money received from each exchange, including a statement of all distributions or other disposition made thereof

In the reorganization, Endoscopia transferred all of its assets to CM Saltillo and all stock of Endoscopia was cancelled without any repayment of capital in respect to such shares

D A statement of the amount of liabilities assumed upon each exchange, and the amount and nature of any liabilities to which any property acquired is subject

CM Saltillo assumed all the liabilities of Endoscopia, in the amount of $7,037, as a part of the reorganization

II Target Shareholders

A A statement of the cost or other basis of the stock or securities transferred in the exchange

Not applicable

B A statement of the amount of stock or securities and other property or money received from each exchange, including a statement of all distributions or other disposition made thereof

Endoscopia cancelled all of its stock as part of the reorganization

Fair Market Value $240,463

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN PURSUANT TO REGULATIONS SECTION 1.367(B)-1(C) LITOTRIPSIA CHRISTUS MUGUERZA DE SALTILLO, SA DE CV TAX YEAR ENDING DECEMBER 31, 2011

The taxpayer, Litotripsia Christus Muguerza de Saltillo, SA de CV ("Litotripsia"), a Mexican corporation, attaches this statement to its 2011 tax return as required by Treas Reg Section 1 367(b)-1(c), because the taxpayer was a party to a reorganization that occurred during the taxpayer's taxable year The Treas Reg Section 1 367(b)-1(c) requirements are addressed below

(i) Litotripsia is filing this statement of all facts pertinent in connection with the reorganization under IRC Section 368(a)(1)(D) The transaction is treated as an exchange described in IRC Section 367(b)

(ii) On June 30, 2011, a resolution was adopted approving the corporate restructuring through a merger of Litotripsia with Christus Muguerza Saltillo, SAPI (fka Christus Muguerza Saltillo, SA de CV) ("CM Saltillo"), also a Mexican corporation As a result of this merger, on June 30, 2011, Litotripsia transferred all of its assets to CM Saltillo and immediately after the transfer, CM Saltillo, is in control of Litotripsia Pursuant to the plan, all shares in the capital of Litotripsia on June 30, 2011 were cancelled The exchange reported herein is not taxable under the provisions of IRC Section 368(a)(1)(D) and Section 367(b)

(iii) Pursuant to the plan, all shares in the capital of Litotripsia on June 30, 2011 were cancelled without any repayment of capital in respect to such shares

(iv) The amount which is required to be added to the earnings and profits of CM Saltillo as a result of this reorganization is MXP -1,506,875 The amount of required basis adjustment as a result of this reorganization is available upon request No amount is required to be included in gross income

(v) The following statement is provided pursuant to Treasury Regulation 1 368-(3)(a) See attached Section 368 statement

(vi) Information required to be furnished under Sections 6038, 6038A, 6038B, 6038(C), or 6046 is provided in the Form 5471

(vii) Not applicable

STATEMENT PURSUANT TO REGULATIONS SECTION 1.368-3(A)
LITOTRIPSIA CHRISTUS MUGUERZA DE SALTILLO, SA DE CV
A CORPORATION A PARTY TO A REORGANIZATION
TAX YEAR ENDING DECEMBER 31, 2011

The taxpayer, Litotripsia Christus Muguerza de Saltillo, SA de CV ("Litotripsia"), a Mexican corporation, attaches this statement to its 2011 tax return as required by Treas Reg §1 368-3(a), because the taxpayer was a party to a reorganization that occurred during the taxpayer's taxable year The Treas Reg §1 368-3 requirements are addressed below

I Corporate Parties to a Reorganization

A A copy of a plan of reorganization and a statement describing the purposes and transactions incident thereto

On June 30, 2011, a resolution (the "Resolution") was adopted approving the corporate restructuring (the "Restructuring") through a merger of Litotripsia with Christus Muguerza Saltillo, SAPI (fka Christus Muguerza Saltillo, SA de CV) ("CM Saltillo"), also a Mexican corporation

This merger constituted a reorganization described in Section 368(a)(1)(D)

The business purpose for the Restructuring was to allow more efficient administration of Litotripsia

B A statement of the cost or other basis of all property transferred

Adjusted basis $1

C A statement of the amount of stock or securities and other property or money received from each exchange, including a statement of all distributions or other disposition made thereof

In the reorganization, Litotripsia transferred all of its assets to CM Saltillo and all stock of Litotripsia was cancelled without any repayment of capital in respect to such shares

D A statement of the amount of liabilities assumed upon each exchange, and the amount and nature of any liabilities to which any property acquired is subject

CM Saltillo assumed all the liabilities of Litotripsia, in the amount of $72,484, as a part of the reorganization

II Target Shareholders

A A statement of the cost or other basis of the stock or securities transferred in the exchange

Not applicable

B A statement of the amount of stock or securities and other property or money received from each exchange, including a statement of all distributions or other disposition made thereof

Litotripsia cancelled all of its stock as part of the reorganization

Fair Market Value $1

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN PURSUANT TO REGULATIONS SECTION 1.367(B)-1(C) ENDOSCOPIA CHRISTUS MUGUERZA DE SALTILLO, SA DE CV TAX YEAR ENDING DECEMBER 31, 2011

The taxpayer, Endoscopia Christus Muguerza de Saltillo, SA de CV ("Endoscopia"), a Mexican corporation, attaches this statement to its 2011 tax return as required by Treas Reg Section 1 367(b)-1(c), because the taxpayer was a party to a reorganization that occurred during the taxpayer's taxable year The Treas Reg Section 1 367(b)-1(c) requirements are addressed below

(i) Endoscopia is filing this statement of all facts pertinent in connection with the reorganization under IRC Section 368(a)(1)(D) The transaction is treated as an exchange described in IRC Section 367(b)

(ii) On June 30, 2011, a resolution was adopted approving the corporate restructuring through a merger of Endoscopia with Christus Muguerza Saltillo, SAPI (fka Christus Muguerza Saltillo, SA de CV) ("CM Saltillo"), also a Mexican corporation As a result of this merger, on June 30, 2011, Endoscopia transferred all of its assets to CM Saltillo and immediately after the transfer, CM Saltillo, is in control of Endoscopia Pursuant to the plan, all shares in the capital of Endoscopia on June 30, 2011 were cancelled The exchange reported herein is not taxable under the provisions of IRC Section 368(a)(1)(D) and Section 367(b)

(iii) Pursuant to the plan, all shares in the capital of Endoscopia on June 30, 2011 were cancelled without any repayment of capital in respect to such shares

(iv) The amount which is required to be added to the earnings and profits of CM Saltillo as a result of this reorganization is MXP 2,735,044 The amount of required basis adjustment as a result of this reorganization is available upon request No amount is required to be included in gross income

(v) The following statement is provided pursuant to Treasury Regulation 1 368-(3)(a) See attached Section 368 statement

(vi) Information required to be furnished under Sections 6038, 6038A, 6038B, 6038(C), or 6046 is provided in the Form 5471

(vii) Not applicable

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: CHRISTUS MUGUERZA SAPI DE CV
FEIN: FOREIGNUS
ADDRESS: HIDALGO PTE 2525 COL OBISPADO
MONTERREY N.L. MX

COUNTRY OF INCORPORATION: MEXICO

GENERAL DESCRIPTION OF TRANSFER: ON 5/03/2012 CASH OF $6,000,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO CHRISTUS MUGUERZA SAPI DE CV, A MEXICO CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN CHRISTUS MUGUERZA SAPI DE CV.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN CHRISTUS MUGUERZA SAPI DE CV.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $6,000,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: BLUE HARBOUR STRATEGIC VALUE PARTNERS OFFSHORE, LTD
FEIN: FOREIGNUS
ADDRESS: C/O CITI HEDGE FUND SERVICES (CAYMAN), LTD
27 HOSPITAL ROAD, 5TH FLOOR
PO BOX 1748
GRAND CAYMAN KY1-1109
CAYMAN ISLANDS

COUNTRY OF INCORPORATION: CAYMAN ISLANDS

GENERAL DESCRIPTION OF TRANSFER: ON 6/01/2012 CASH OF $7,700,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO BLUE HARBOUR STRATEGIC VALUE PARTNERS OFFSHORE, LTD, A CAYMAN ISLANDS CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN BLUE HARBOUR STRATEGIC VALUE PARTNERS OFFSHORE, LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN BLUE HARBOUR STRATEGIC VALUE PARTNERS OFFSHORE, LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $7,700,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: DAVIDSON KEMPNER INTERNATIONAL (BVI), LTD.
FEIN: FOREIGNUS
ADDRESS: C/O WALTER CORPORATE SERVICES (BVI) LIMITED,
171 MAIN STREET, P.O. BOX 92
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

COUNTRY OF INCORPORATION: BRITISH VIRGIN ISLANDS

GENERAL DESCRIPTION OF TRANSFER: ON 4/01/2012 CASH OF $11,500,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO DAVIDSON KEMPNER INTERNATIONAL (BVI), LTD, A BRITISH VIRGIN ISLANDS CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN DAVIDSON KEMPNER INTERNATIONAL (BVI), LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN DAVIDSON KEMPNER INTERNATIONAL (BVI), LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $11,500,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: ETON PARK OVERSEAS FUND, LTD.
FEIN: FOREIGNUS
ADDRESS: 89 NEXUS WAY, CAMANA BAY, P.O. BOX 31106 SMB,
GRAND CAYMAN KY1-1205, CAYMAN ISLANDS

COUNTRY OF INCORPORATION: CAYMAN ISLANDS

GENERAL DESCRIPTION OF TRANSFER: ON 9/01/2011 CASH OF $14,300,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO ETON PARK OVERSEAS FUND, LTD, A CAYMAN ISLANDS CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN ETON PARK OVERSEAS FUND, LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN ETON PARK OVERSEAS FUND, LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $14,300,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: IVORY OFFSHORE FLAGSHIP FUND, LTD.
FEIN: FOREIGNUS
ADDRESS: C/O OGIER FIDUCIARY SERVICES (BVI) LTD
NEMOURS CHAMBERS
PO BOX 3170
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

COUNTRY OF INCORPORATION: BRITISH VIRGIN ISLANDS

GENERAL DESCRIPTION OF TRANSFER: ON 9/01/2011 CASH OF $6,000,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO IVORY OFFSHORE FLAGSHIP FUND, LTD, A BRITISH VIRGIN ISLANDS CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN IVORY OFFSHORE FLAGSHIP FUND, LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN IVORY OFFSHORE FLAGSHIP FUND, LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $6,000,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: STANDARD PACIFIC CAPITAL OFFSHORE FUND, LTD.
FEIN: FOREIGNUS
ADDRESS: C/O CITCO FUND SERVICES (BERMUDA) LIMITED
WASHINGTON MALL WEST, 2ND FLOOR
7 REID STREET, HAMILTON HM 11
BERMUDA

COUNTRY OF INCORPORATION: BERMUDA

GENERAL DESCRIPTION OF TRANSFER: ON 9/01/2011 CASH OF $11,500,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO STANDARD PACIFIC CAPITAL OFFSHORE FUND, LTD, A BERMUDA CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN STANDARD PACIFIC CAPITAL OFFSHORE FUND, LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN STANDARD PACIFIC CAPITAL OFFSHORE FUND, LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $11,500,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

FEDERAL ELECTIONS

DESCRIPTION: STATEMENT FILED - 6038B

FORM & LINE/INSTRUCTION REFERENCE: FORM 926

REGULATION REFERENCE: SECTION 6038B

STATEMENT ATTACHED TO AND MADE PART OF INCOME TAX RETURN FOR TAXABLE YEAR-ENDED JUNE 30, 2012
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)

(1) TRANSFEROR: CHRISTUS HEALTH
FEIN: 76-0590551
ADDRESS: 919 HIDDEN RIDGE DRIVE
IRVING, TX 75038

2) TRANSFEREE: PASSPORT OFFSHORE, LTD.
FEIN: FOREIGNUS
ADDRESS: C/O OGIER FIDUCIARY SERVICES (BVI) LTD
NEMOURS CHAMBERS
PO BOX 3170
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

COUNTRY OF INCORPORATION: BRITISH VIRGIN ISLANDS

GENERAL DESCRIPTION OF TRANSFER: ON 9/01/2011 CASH OF $6,000,000 USD TRANSFERRED BY CHRISTUS HEALTH, A U.S. CORPORATION, TO PASSPORT OFFSHORE, LTD, A BRITISH VIRGIN ISLANDS CORPORATION, IN EXCHANGE FOR AN ADDITIONAL INVESTMENT IN PASSPORT OFFSHORE, LTD.

(3) CONSIDERATION RECEIVED BY THE U.S. PERSON: ADDITIONAL INVESTMENT IN PASSPORT OFFSHORE, LTD.

(4) PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY.
I. ACTIVE TRADE OR BUSINESS PROPERTY: CASH OF $6,000,000
II. STOCK OR SECURITIES: N/A
III. DEPRECIATED PROPERTY: N/A
IV. PROPERTY TO BE LEASED: N/A
V. PROPERTY TO BE SOLD: N/A
VI. TRANSFERS TO FSCS: N/A
VII. TAINTED PROPERTY: N/A
VIII. FOREIGN LOSS BRANCH: N/A
IX. OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES: N/A
I. BRANCH OPERATION: N/A
II. BRANCH PROPERTY: N/A
III. PREVIOUSLY DEDUCTED LOSSES: N/A
IV. CHARACTER OF GAIN: N/A

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
Cheryl D Alston Director (Effective 1/1/12)	1 0	X						0	0	0
Richard L Clarke Director	1 0	X						759	0	0
Sister Kathleen Coughlin Director	1 0	X						0	0	0
J Lynn Britton Director (Effective 1/1/12)	1 0	X						0	0	0
Phyllis A Cowling Director	1 0	X						759	0	0
Catherine A Dulle Chairperson (Term 12/31/11)	1 0	X		X				4,100	0	0
Celina Garza Ridge Director (Term 12/31/11)	1 0	X						759	0	0
Robert Z Gussin PhD Director	1 0	X						759	0	0
Sister Walter Maher Director	1 0	X						0	0	0
Pedro Martin Director (Term 12/31/11)	1 0	X						6,000	0	0
SR Hannah Patricia O'Donoghue Director	1 0	X						0	0	0
Mary Jo Potter Director (Term 12/31/11)	1 0	X						759	0	0
Dennis N Stine Director	1 0	X						759	0	0
Sister Celeste Trahan Director	1 0	X						0	0	0
Kenneth D Wells MD Director	1 0	X						759	0	0
Clarence Williams Director (Effective 1/1/12)	1 0	X						0	0	0
Ernie W Sadau President/CEO	38 0	X		X				1,368,780	0	328,490
Jay S Herron CFO (Term 7/3/11)	39 0			X				2,616,949	0	179,409
William L Pardue Corporate Secretary	32 0			X				149,098	0	19,605
Mary D Silva Deputy Corporate Secretary	32 0			X				88,240	0	6,537
Randy Safady Chief Financial Officer	39 0			X				782,078	0	115,527
George S Conklin Sr VP Chief Infor Officer	38 0				X			490,675	0	90,038
John Gillean MD Sr VP Chief Medical Officer	38 0				X			735,408	0	185,609
Gerard F Heeley Sr VP Mission and Ethics	39 0				X			366,978	0	82,141

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			
Mary T Lynch Sr VP Human Resources	40 0				X			537,297	0	88,464
Peter F Maddox Sr VP Business,Stgy & Corp Dev	37 0				X			516,545	0	70,814
Linda K McClung Sr VP Non-Acute Op/Corp Comm	39 0				X			509,166	0	125,207
John L Zipprich Sr VP Int Op Lgl (term 1/1/12)	39 0				X			1,249,655	0	151,950
Jeffrey M Puckett Corp VP Mng Care, Bus Adv/Dev	39 0				X			618,367	0	129,546
Marshall Bolyard Executive Director USFHP	39 0				X			323,272	0	29,841
Eugene Woods Sr VP Chief Operating Officer	39 0				X			605,704	0	101,690
Paul Generale Sr VP Senior Finance Officer	39 0				X			1,412,448	0	157,462
Darrell Dixon System Medical Director	36 0					X		433,642	0	93,296
Donna Mikulecky Sys Sr Dir, Phys Integration	20 0					X		212,890	123,238	48,762
Christopher Blakemore Sys Sr Dir,CIO (term 10/14/11)	40 0					X		417,906	0	53,093
Patricia Harper Sys Sr Dir (term 11/30/11)	40 0					X		386,627	0	63,667
Shelton Webster Sys Sr Dir, Chief Info Officer	40 0					X		426,108	0	93,145
Thomas C Royer MD President/CEO (Term 3/1/11)							X	1,707,226	0	33,460

Additional Data

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

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

1 **(a)** Description of Liability	**(b)** Amount
CMS Due Related Entities-Part XIV	982,579,174
Payable to CCVI	1,320,847
Security Lending Agreement	47,288,245
LT Pension Liability	197,177,171
Due to Related Organizations	74,407,381
Collections Payable	1,999,956
Capital Lease Liability	22,608
LT Self Funding Liability	55,867,300
Other Long Term Obligations	27,945,045