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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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)
919 Hidden Ridge Drive
Suite

Room/suite

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 $ 1,654,479,614

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,828
6	Total number of volunteers (estimate if necessary)	6	220
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,431,219
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,016,026	0
9	Program service revenue (Part VIII, line 2g)	511,829,568	584,899,633
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,476,970	49,039,925
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,576,857	12,902,962
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	538,899,421	646,842,520

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,784,122	9,122,043
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)	123,111,268	115,829,611
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)	402,065,144	397,373,825
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	530,960,534	522,325,479
19	Revenue less expenses Subtract line 18 from line 12	7,938,887	124,517,041

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,840,593,115	2,696,321,439
21	Total liabilities (Part X, line 26)	2,765,609,486	2,515,045,098
22	Net assets or fund balances Subtract line 21 from line 20	74,983,629	181,276,341

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: 2014-05-14

Randy Safady cfo
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 201 MAIN STREET SUITE 1100 FORT WORTH, TX 76102			Phone no (817) 335-1900	

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 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 $ 150,219,286 including grants of $ 0) (Revenue $ 426,770,226)

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 148 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 13,335,199 IN FISCAL YEAR 2013 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 803,351 VISITS TO OUR EMERGENCY DEPARTMENTS, 48,335 INPATIENT SURGERY PROCEDURES, 91,716 OUTPATIENT SURGERY PROCEDURES, 182,974 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 2,220,858 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 $ 138,983,868 including grants of $ 0) (Revenue $ 158,129,407)

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 XXX 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 $ 10,226,398 including grants of $ 8,105,043) (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 2013, 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 $ 1,023,500 including grants of $ 1,017,000) (Revenue $ 0)

4e **Total program service expenses** ▶ 300,453,052

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		No
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 for escrow or custodial account liability, 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, line 10? *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		No
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		No
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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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	4,455		
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	1,828		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ, MX See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								15,393,344	307,790	2,676,148

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 ▶166

			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
Alliant Insurance Services , 1301 Dove Street Suite 200 NEWPORT CA 92660	health insurance	16,663,659
Carefusion Solutions LLC , 3750 Torrey View Court SAN DIEGO CA 92130	medical services	15,005,344
ATT , 2952 N Stemmons DALLAS TX 75247	communication svcs	13,872,658
2707 NORTH LOOP W LTD , 2707 NORTH LOOP WEST HOUSTON TX 77044	building lease svcs	7,256,251
American Express , 2233 Pebble Beach INGLESIDE TX 78362	card services	7,128,037
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 ▶285		

Part VIII Statement of Revenue

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

				(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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	CAPITATION REVENUE	621400	157,588,990	157,588,990		
	b	SYSTEM OFFICE FEES AND MGMT SERVICE	561000	40,746,368	39,374,868	1,371,500	
	c	SERVICE FEE INCOME	541900	151,636,680	151,138,272	498,408	
	d	EQUITY IN UNCONCOL SUBS	900099	105,623,520	105,623,520		
	e	MEANINGFUL USE INCENTIVE PAYMENTS	900099	21,993,150	21,993,150		
	f	All other program service revenue		107,310,925	107,310,925		
	g	**Total.** Add lines 2a–2f		584,899,633			
	3	Investment income (including dividends, interest, and other similar amounts)		17,695,527			17,695,527
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		1,337,465			1,337,465
			(i) Real / (ii) Personal				
	6a	Gross rents	95,756 /				
	b	Less rental expenses	36,113 /				
	c	Rental income or (loss)	59,643 / 0				
	d	Net rental income or (loss)		59,643			59,643
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,036,643,771 / 0				
	b	Less cost or other basis and sales expenses	1,005,289,429 / 9,944				
	c	Gain or (loss)	31,354,342 / -9,944				
	d	Net gain or (loss)		31,344,398			31,344,398
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 6,936,597				
	b	Less cost of goods sold	b 2,301,608				
	c	Net income or (loss) from sales of inventory		4,634,989			4,634,989
	Miscellaneous Revenue		Business Code				
	11a	SPA REVENUE	812900	431,283		431,283	
	b	FITNESS CENTER	713940	85,620		85,620	
	c	SERVICE EATING	722210	44,408		44,408	
	d	All other revenue		6,309,554			6,309,554
	e	**Total.** Add lines 11a–11d		6,870,865			
	12	**Total revenue.** See Instructions		646,842,520	583,029,725	2,431,219	61,381,576

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)

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	9,074,043	9,074,043		
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	48,000	48,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	14,603,343	5,060,511	9,542,832	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,049,465	363,672	685,793	
7 Other salaries and wages	113,904,614	39,471,516	74,433,098	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-16,922,037	1,420,367	-18,342,404	
9 Other employee benefits	-4,822,496	-21,546,453	16,723,957	
10 Payroll taxes	8,016,722	3,046,442	4,970,280	
11 Fees for services (non-employees)				
a Management	0			
b Legal	4,118,076	260,586	3,857,490	
c Accounting	2,612,946		2,612,946	
d Lobbying	1,031,655		1,031,655	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	3,635,456		3,635,456	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	248,386,578	212,065,996	36,320,582	
12 Advertising and promotion	1,373,232	6,780	1,366,452	
13 Office expenses	22,700,328	21,482,690	1,217,638	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	24,475,709	11,569,405	12,906,304	
17 Travel	7,020,364	1,497,099	5,523,265	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,873,649	398,985	2,474,664	
20 Interest	31,610,827		31,610,827	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,512,990	5,514,990	10,998,000	
23 Insurance	10,277,397	9,244,216	1,033,181	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SWAP FINANCING COST	15,338,456		15,338,456	
b DUES/MEMBERSHIPS/SUBSCRIP	2,785,526	462,106	2,323,420	
c RECRUITMENT/PLACEMENT FEES	1,191,770	146,231	1,045,539	
d BAD DEBT EXPENSE	44,605	44,605		
e All other expenses	1,384,261	821,265	562,996	
25 **Total functional expenses.** Add lines 1 through 24e	522,325,479	300,453,052	221,872,427	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		86,024,881	1	2,703,843
	2	Savings and temporary cash investments		88,340,000	2	10,620,547
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		9,461,334	4	10,028,157
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		949,394,947	7	915,381,902
	8	Inventories for sale or use		915,785	8	801,466
	9	Prepaid expenses and deferred charges		35,009,296	9	48,874,861
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 155,308,733			
	b	Less accumulated depreciation	10b 62,797,338	89,613,536	10c	92,511,395
	11	Investments—publicly traded securities		856,407,788	11	988,700,512
	12	Investments—other securities See Part IV, line 11		197,147,318	12	395,670,563
	13	Investments—program-related See Part IV, line 11		300,754,320	13	97,144,443
	14	Intangible assets		49,041,435	14	31,943,296
	15	Other assets See Part IV, line 11		178,482,475	15	101,940,454
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,840,593,115	16	2,696,321,439
Liabilities	17	Accounts payable and accrued expenses		171,659,695	17	218,537,661
	18	Grants payable		0	18	0
	19	Deferred revenue		235,332	19	5,046,868
	20	Tax-exempt bond liabilities		1,205,106,732	20	1,120,636,992
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		1,388,607,727	25	1,170,823,577
	26	**Total liabilities.** Add lines 17 through 25		2,765,609,486	26	2,515,045,098
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		67,374,665	27	179,919,437
	28	Temporarily restricted net assets		153,543	28	154,499
	29	Permanently restricted net assets		7,455,421	29	1,202,405
		Organizations that do not follow SFAS 117 (ASC 958), 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		74,983,629	33	181,276,341
	34	Total liabilities and net assets/fund balances		2,840,593,115	34	2,696,321,439

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	646,842,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	522,325,479
3	Revenue less expenses Subtract line 2 from line 1	3	124,517,041
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,983,629
5	Net unrealized gains (losses) on investments	5	50,356,683
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-68,581,012
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	181,276,341

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

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 (list any hours for related organizations below dotted line)	(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			
Patricio Donoso Director	1 0 0 0	X						0	0	0
Maricela Siewczynski Moore Director	1 0 0 0	X						0	0	0
Arthur Milton Southam MD Director	1 0 0 0	X						0	0	0
George W Bo-Linn MD Director	1 0 0 0	X						0	0	0
Father Charles E Bouchard Director	1 0 0 0	X						0	0	0
Cheryl D Alston Director	1 0 0 0	X						0	0	0
Richard L Clarke Director & Board Chair	1 0 0 0	X		X				0	0	0
Sister Kathleen Coughlin Director	1 0 0 0	X						0	0	0
J Lynn Britton Director	1 0 0 0	X						0	0	0
Phyllis A Cowling Director	1 0 0 0	X						0	0	0
Sister Walter Maher Director	1 0 0 0	X						0	0	0
SR Hannah Patricia O'Donoghue Director	1 0 0 0	X						0	0	0
Dennis N Stine Director	1 0 0 0	X						0	0	0
Sister Celeste Trahan Director	1 0 0 0	X						0	0	0
Kenneth D Wells MD Director	1 0 0 0	X						0	0	0
Clarence Williams Director	1 0 0 0	X						0	0	0
Ernie W Sadau President/CEO	38 0 2 0	X		X				1,618,826	0	339,909
Randy Safady Chief Financial Officer	39 0 1 0			X				1,104,118	0	230,251
William L Pardue Corp Secretary (term 10/31/12)	32 0 8 0			X				146,813	0	18,497
Patricia Nobles Corporate Secretary	32 0 8 0			X				38,279	0	3,703
Mary D Silva Deputy Corp Secr (term 1/4/13)	32 0 8 0			X				91,342	0	1,324
George S Conklin SR VP Chief Infor Officer	39 0 1 0				X			702,788	0	114,965
John Gillean MD SR VP Chief Medical Officer	39 0 1 0				X			906,198	0	201,016
Gerard F Heeley Sr VP Mission and Ethics	39 0 1 0				X			425,688	0	95,956
Mary T Lynch Sr VP/Chief Gover & Sponorship	40 0 0 0				X			824,957	0	148,309

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 (list any hours for related organizations below dotted line)	(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			
Linda K McClung SR VP/Chief Admin Officer	39 0 1 0				X			721,259	0	159,607
Paul Generale SR VP Senior Finance Officer	39 0 1 0				X			738,988	0	119,333
Jeffrey M Puckett SR VP/Chief Stgy, Bus Adv/Dev	39 0 1 0				X			816,906	0	162,070
Eugene Woods Sr VP Chief Operating Officer	39 0 1 0				X			1,048,113	0	238,722
Marshall Bolyard Executive Director USFHP	39 0 1 0				X			378,185	0	45,396
Alex J Valdez VP, International Advocacy	40 0				X			530,051	0	129,936
JOHN L ZIPPRICH SR VP INT OP LGL	40 0 0 0				X			1,396,379	0	121,119
Donna Mikulecky Sys Sr Dir (term 12/31/2012)	20 0 20 0					X		307,789	307,790	72,452
Frantz R Mello CMO, Hospital Based Physician	40 0					X		487,576	0	95,584
Marty F Margetts Vice President,Human Resources	40 0					X		524,051	0	115,792
Darrell R Dixon System Med Dir/System Dir Prof	40 0 0 0					X		506,589	0	115,380
Shelton L Webster VP/Chief Medical Info Officer	40 0					X		492,578	0	107,290
Jay S Herron SVP Chief Financial Officer	0 0 0 0						X	531,531	0	0
Peter Maddox SR VP BUSINESS,STGY & CORP DEV	0 0 0 0						X	1,054,340	0	39,537

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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

2012

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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 supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	353,830	101,308	257,890	3,016,026	0	3,729,054
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	157,584,471	161,364,314	151,666,161	208,487,936	195,922,267	875,025,149
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,754,000	4,294,072	4,434,502	4,736,260	6,936,597	23,155,431
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	160,692,301	165,759,694	156,358,553	216,240,222	202,858,864	901,909,634
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						901,909,634

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	160,692,301	165,759,694	156,358,553	216,240,222	202,858,864	901,909,634
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,526,540	16,618,261	17,322,724	17,625,801	19,128,748	97,222,074
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	26,526,540	16,618,261	17,322,724	17,625,801	19,128,748	97,222,074
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,109,700	3,075,838	140,525	171,489	6,309,554	10,807,106
13 **Total support.** (Add lines 9, 10c, 11, and 12)	188,328,541	185,453,793	173,821,802	234,037,512	228,297,166	1,009,938,814

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 2012 (line 8, column (f) divided by line 13, column (f))	15	89 303 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	9 627 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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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

2012

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		10,000
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		51,474
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		970,181
j	Total Add lines 1c through 1i			1,031,655
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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	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 1D A TOTAL OF 2089 EMAILS AND FAXES SENT ON BEHALF OF CHRISTUS HEALTH BY EMPLOYEES AS WELL AS VOLUNTEERS *3/4/2013 (HR3590) SUPPORT MEDICAID EXPANSION IN LOUISIANA 3 *4/16/2013 (HR3590) SUPPORT MEDICAID EXPANSION IN TEXAS 1485 *9/5/2013 (HR1787/S842) URGE CONGRESS TO EXTEND MDH PROGRAM AND LVH ADJUSTMENT HR1787/S842 1 MINUTE PER EMAIL *$5,000 ANNUAL FEE TO CAPWIZ *$5,000 WEBSITE SERVER HOST FEE ANNUAL FORM 990, SCHEDULE C, PART II-B, LINE 1G DELISI 75% OF 210,000 00 OF ANNUAL FEE UTILIZED FOR LOBBYING *TEXAS HOSPITAL ASSOCIATION 24 6 OF $382,742 00 OF ANNUAL DUES UTILIZED FOR LOBBYING *PATTON BOGGS 75% OF $420,000 00 OF ANNUAL FEE UTILIZED FOR LOBBYING *PABLO SEDILLO 35% OF $30,000 00 OF ANNUAL FEE UTILIZED FOR LOBBYING *NEW MEXICO HOSPITAL ASSOCIATION 11 7% OF $100,909 00 OF ANNUAL DUES UTILIZED FOR LOBBYING *MCGUIRE WOODS 75% OF $27,500 00 OF ANNUAL FEE UTILIZED FOR LOBBYING *DON GILBERT 20% OF $12,085 00 OF ANNUAL FEE UILIZED FOR LOBBYING *COURSON NICKEL 90% OF $90,000 00 OF ANNUAL FEE UTILIZED FOR LOBBYING *CATHOLIC HEALTH ASSOCIATION 3 31% OF $575,484,000 22 OF ANNUAL DUES UTILIZED FOR LOBBYING HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE LOUISIANA STATE LEGISLATURE, DEPARTMENT OF HEALTH AND HOSPITALS, LOUISIANA GOVERNOR BOBBY JINDAL STAFF THROUGH EMAILS, PHONE CALLS AND MEETINGS ON ISSUES SUCH AS MEDICAID EXPANSION, REIMBURSEMENT(HB 1), SCHOOL BASED HEALTH CLINICS(HB 1), HOSPITAL PROVIDER FEE (HB 532), UNCOMPENSATED CARE, MEDICAID MANAGED CARE, LSU CHARITY CARE SYSTEM PRIVATIZATION (HB 1) HAD DIRECT CONTACT WITH MEMBERS AND STAFF OF THE TEXAS STATE LEGISLATURE, TEXAS HEALTH AND HUMAN SERVICES COMMISSION STAFF, TEXAS GOVERNOR PERRY STAFF THROUGH EMAILS, PHONE CALLS AND MEETINGS ON ISSUES SUCH AS MEDICAID EXPANSION(SB 7), 1115 TRANSFORMATION WAIVER, MEDICAID MANAGED CARE (SB 7), MEDICAID DISPROPORTIOANTE SHARE FUNDING (SB 1), STATE BUDGET AND MEDICAID COST CONTAINMENT POLICY(SB 1), ADVANCED DIRECTIVES ACT, NICU REGIONALIZTION(HB 15) AND HOSPITAL DISTRICT LEGISLATION (SB 1863) HAD DIRECT CONTACT WITH MEMBERS OF THE NEW MEXICO STATE LEGISLATORS THROUGH EMAILS, PHONE CALLS AND MEETINGS ON THE ISSUE OF SOLE COMMUNITY PROVIDER FUNDING AND MEDICAID WAIVERS HAD DIRECT CONTACT WITH MEMBERS OF THE TEXAS, LOUISIANA, NEW MEXICO CONGRESSIONAL DELEGATION THROUGH EMAILS, PHONE CALLS AND MEETINGS ON HEALTHCARE REFORM, CMS INNOVATIONS, MEDICARE DEPENDENT HOSPITAL (H R 1787/S842) AND RURAL HOSPITAL ACCESS ACT OF 2013, MEDICARE DSH(H R 1920/ S1555), IPPS MEDICARE RULE AND THE MEDICARE AUDIT IMPROVEMENT ACT OF 2013 (HR 1250/S1012) $18,392 AMERICAN HOSPITAL ASSOCIATION 23 98 % OF $342,942 00 OF ANNUAL DUES UTILIZED FOR LOBBYING 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 ASSOCIATION (2) THE FEE PAID TO ADVOCACY AND PUBLIC POLICY CONSULTANTS APPORTIONED TO LOBBYING FOR SUCH TOPICS AS HEALTHCARE REIMBURSEMENT ISSUES AND HEALTHCARE REFORMS (3) THE WEBSITE DESIGN AND MAINTENANCE COST OF THE CHRISTUS ADVOCACY WEBSITE TOTALING $970,181

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		87,852,269	28,338,229	59,514,040
c Leasehold improvements		18,922,898	12,299,502	6,623,396
d Equipment		20,918,217	20,918,217	0
e Other		2,659,520	1,241,390	1,418,130
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				92,511,395

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) HEDGE FUNDS	394,700,822	F
(B) MINERAL INTEREST	969,741	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	395,670,563	

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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
CMS DUE RELATED ENTITIES	1,025,936,763
PAYABLE TO CCVI	502,042
LT SELF FUNDING LIABILITY	58,136,055
CAPITAL LEASE LIABILITY	6,956
LT PENSION LIABILITY	75,434,622
SECURITY LENDING AGREEMENT	9,210,459
DUE TO RELATED ORGANIZATIONS	-70,605,690
OTHER LONG TERM OBLIGATIONS	70,708,585
COLLECTIONS PAYABLE	1,493,785
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,170,823,577

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
CASH - NON-INTEREST BEARING & SAVINGS & TEMPORARY CASH INVESTMENTS	FORM 990, PART X, LINE 1 AND 2	OTHER LIABILITIES, FORM 990, PART X, LINE 25 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V	CHRISTUS HEALTH HAS A 50% INTEREST IN BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES SHOW ENDOWMENTS INCLUDED IN PERMANENTLY RESTRICTED NET ASSETS THEREFORE, CHRISTUS HEALTH REPORTS 50% OF SUCH ENDOWMENTS ON ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS HOWEVER, SUCH ENDOWMENTS ARE NOT REPORTED ON THE CHRISTUS HEALTH FORM 990, SCHEDULE D, PART V BECAUSE CHRISTUS HEALTH DOES NOT HAVE A CONTROLLING INTEREST OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES, AND THEREFORE IT IS NOT A RELATED ORGANIZATION PER THE IRS FORM 990 INSTRUCTIONS
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X, Line 2	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2013 AND 2012

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) Book Value
CMS DUE RELATED ENTITIES	1,025,936,763
PAYABLE TO CCVI	502,042
LT SELF FUNDING LIABILITY	58,136,055
CAPITAL LEASE LIABILITY	6,956
LT PENSION LIABILITY	75,434,622
SECURITY LENDING AGREEMENT	9,210,459
DUE TO RELATED ORGANIZATIONS	-70,605,690
OTHER LONG TERM OBLIGATIONS	70,708,585
COLLECTIONS PAYABLE	1,493,785

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total	0	0			403,148,071
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			403,148,071

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America	Donation/Fundraiser	48,000				fmv

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 . . . . ▶ 1

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	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

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
North America	0	0	Program Services	Program/Bus Develop	26,386
Europe (Including Iceland and Greenland)	0	0	Program Services	Program/Bus Develop	74,099
East Asia and the Pacific	0	0	Program Services	Program/Bus Develop	49

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Central America and the Caribbean	0	0	Program Services	Program/Bus Develop	3,878
South America	0	0	Program Services	Program/Bus Develop	227,737
North America	0	0	Program Services	Investments - Cap Cont	10,500,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Central America and the Caribbean	0	0	Program Services	Investments-Book Value	189,987,698
Central America and the Caribbean	0	0	Program Services	Investments	56,500,000
Central America and the Caribbean	0	0	Program Services	self insurance funding	32,303,416

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Central America and the Caribbean	0	0	Program Services	Investments-Book Value	113,524,808

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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

2012

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. Part II can be duplicated 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 . . . . . ▶ 26

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

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. Part III can be duplicated 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, Part III, column (b), 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

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
United Way of Santa Fe County4400 Cerrillos Rd Suite A Santa Fe,NM 87501	85-0163601	501(c)(3)	50,000				
Catholic Charities of Southeast Texas2780 Eastex Freeway Beaumont,TX 77703	74-1900345	501(c)(3)	35,000				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
Pastoral Counseling Center 1533 S St Francis Dr STE E Santa Fe,NM 87505	85-0411553	501(c)(3)	24,000				Donation for Lyceum
New Braunfels Christian Ministries1195 W San Antonio St New Braunfels,TX 78130	26-2221231	501(c)(3)	40,000				Donation to become member of The Cardinal's Circle

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
Martin Luther King Health Center827 Margaret Pl Ste 201 Shreveport, LA 71101	72-1079721	501(c)(3)	45,000				see part iv
Any Baby Can Inc217 Howard Street San Antonio, TX 78212	74-2684333	501(c)(3)	20,000				

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
Villa Therese Catholic Clinic 219 Cathedral Place Santa Fe,NM 87501	85-0229019	501(c)(3)	48,000				see part iv
El Centro Del Barrio Inc3750 Commercial Ave San Antonio,TX 78221	74-1787031	501(c)(3)	75,000				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
Seton Home1115 Mission Rd San Antonio,TX 78210	74-2247996	501(c)(3)	40,000				Donation to the Good Health 18th annual TMA Foundation Gala
The Arc of San Antonio 13430 West Avenue San Antonio,TX 78216	74-1200110	501(c)(3)	50,000				

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
Catholic Charities of Corpus Christi Inc1322 Comanche St Corpus Christi, TX 78401	74-2330464	501(c)(3)	40,000				See Part IV
Citizens Promoting Medical Excellence405 North Adams Beeville, TX 78102	74-2531617	501(c)(3)	25,000				Donation/Annual Spring Luncheon

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
Breath of Life Children's Center Inc21715 Kingsland Blvd Suite 103 Katy,TX 77450	76-0626159	501(c)(3)	18,750				see part iv
Kristi Samaritan Ctr for Counseling Education17555 El Camino Real Houston,TX 77058	76-0173176	501(c)(3)	15,000				Program 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
Mary McLeod Bethune Day Nursery Inc900 Kinney Avenue Corpus Christi,TX 78401	74-1238426	501(c)(3)	8,000				see part iv
San Antonio Christian Dental Clinic Inc1 Haven for Hope Way Bldg 1 400 San Antonio,TX 78207	74-2428161	501(c)(3)	60,000				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
Samaritan Counseling Center of Southeast TX3747 Doctors Drive Port Arthur,TX 77642	76-0068922	501(c)(3)	50,000				See Part IV
CHRISTUS Foundation for HealthCare1919 La Branch Houston,TX 77251	75-6074210	501(c)(3)	50,000				Donation/New Roof

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
Calcasieu Parish School Board1724 Kirkman Street Lake Charles,LA 70601	72-6000235	501(c)(3)	13,135				see part iv
CHRISTUS HEALTH FOUNDATION OF SOUTHEAST TX2830 Calder Beaumont,TX 77702	76-0136274	501(c)(3)	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
Christus Health Ark-La-Tex 2600 ST MICHAEL DRIVE Texarkana,TX 75503	75-2796815	501(c)(3)	176,346				program support
Christus Health Gulf Coast 919 Hidden Ridge Drive Irving,TX 75038	76-0591592	501(C)(3)	389,032				program 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
CONGREGATION OF THE SISTERS OF CHARITY-SA 4503 BROADWAY SAN ANTONIO,TX 78209	74-1676917	501(C)(3)	1,047,504				community charity care
Villa De Matel6510 LAWNDALE HOUSTON,TX 77023	23-7152879	501(C)(3)	2,173,364				collaboration with other healthcare providers

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 SPOHN HEALTH SYS DEVELOPMENT FND 600 ELIZABETH ST CORPUS CHRISTI,TX 78404	74-1906005	501(C)(3)	63,500				
ST VINCENT HOSPITALPO BOX 2107 SANTA FE,NM 87504	85-0106941	501(C)(3)	4,507,412				

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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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FORM 990, SCHEDULE J, PART I, QUESTIONS 1-2 ***OPEN ITEM 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 JAY HERRON RECEIVED $529,984 IN SEVERANCE PAYMENT DURING CALENDAR YEAR 2012 PETER MADDOX RECEIVED $368,150 IN SEVERANCE PAYMENT DURING CALENDAR YEAR 2012 JOHN ZIPPRICH RECEIVED $132,690 IN SEVERANCE PAYMENT DURING CALENDAR YEAR 2012 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 ERNIE SADAU RECEIVED $106,776 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN GEORGE CONKLIN RECEIVED $37,513 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN JOHN GILLEAN RECEIVED $48,716 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN LINDA MCCLUNG RECEIVED $38,909 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN PAUL GENERALE RECEIVED $25,575 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN JEFFREY PUCKETT RECEIVED $62,657 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN MARSHALL BOLYARD RECEIVED $60,320 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN DONNA MIKULECKY RECEIVED $255,272 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN DARRELL DIXON RECEIVED $42,513 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN PETER MADDOX RECEIVED $524,804 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN JOHN ZIPPRICH RECEIVED $323,904 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NON QUALIFIED 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 2012 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				
Ernie W Sadau	(I)	1,020,052	411,500	187,274	318,174	21,735	1,958,735	106,776
	(II)	0	0	0	0	0	0	0
George S Conklin	(I)	394,616	136,715	171,457	94,960	20,005	817,753	37,513
	(II)	0	0	0	0	0	0	0
John Gillean MD	(I)	598,301	213,276	94,621	168,720	32,296	1,107,214	48,716
	(II)	0	0	0	0	0	0	0
Gerard F Heeley	(I)	307,399	102,363	15,926	87,184	8,772	521,644	0
	(II)	0	0	0	0	0	0	0
Mary T Lynch	(I)	422,200	151,298	251,459	134,727	13,582	973,266	0
	(II)	0	0	0	0	0	0	0
Linda K McClung	(I)	464,742	167,412	89,105	129,860	29,747	880,866	38,909
	(II)	0	0	0	0	0	0	0
Paul Generale	(I)	384,313	167,590	187,085	98,809	20,524	858,321	25,575
	(II)	0	0	0	0	0	0	0
Jeffrey M Puckett	(I)	534,917	182,287	99,702	140,347	21,723	978,976	62,657
	(II)	0	0	0	0	0	0	0
Randy Safady	(I)	657,882	348,172	98,064	203,254	26,997	1,334,369	0
	(II)	0	0	0	0	0	0	0
Eugene Woods	(I)	765,294	273,431	9,388	213,920	24,802	1,286,835	0
	(II)	0	0	0	0	0	0	0
William L Pardue	(I)	122,402	24,411	0	9,475	9,022	165,310	0
	(II)	0	0	0	0	0	0	0
Marshall Bolyard	(I)	235,812	63,076	79,297	44,241	1,155	423,581	60,320
	(II)	0	0	0	0	0	0	0
Donna Mikulecky	(I)	126,020	27,016	154,753	35,134	1,092	344,015	127,636
	(II)	126,020	27,016	154,754	35,134	1,092	344,016	127,636
Frantz R Melio	(I)	375,260	89,479	22,837	63,448	32,136	583,160	0
	(II)	0	0	0	0	0	0	0
Marty F Margetts	(I)	350,877	95,337	77,837	107,885	7,907	639,843	0
	(II)	0	0	0	0	0	0	0
Darrell R Dixon	(I)	306,660	95,391	104,538	82,056	33,324	621,969	42,513
	(II)	0	0	0	0	0	0	0
Shelton L Webster	(I)	358,607	110,162	23,809	97,551	9,739	599,868	0
	(II)	0	0	0	0	0	0	0
Peter Maddox	(I)	83,633	67,372	903,335	38,681	856	1,093,877	524,804
	(II)	0	0	0	0	0	0	0
Jay S Herron	(I)	0	0	531,531	0	0	531,531	0
	(II)	0	0	0	0	0	0	0
Alex J Valdez	(I)	408,064	90,604	31,383	117,955	11,981	659,987	0
	(II)	0	0	0	0	0	0	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				
JOHN L ZIPPRICH	(I)	415,376	164,058	816,945	116,064	5,055	1,517,498	323,904
	(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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RFV1	11-08-2005	320,620,000	SEE SCHEDULE O		X		X		X
B	HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RHY3	12-09-2010	96,654,505	SEE SCHEDULE O		X		X		X
C	COASTAL BEND HEALTH FACILITIES 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	170,820,000	9,715,000	6,200,000	33,940,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	320,967,402	96,654,505	62,856,640	56,725,518
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	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 of bond-financed property?		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		X		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 00000%		0 00000%		0 00000%		0 00000%
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 00000%		0 00000%		0 00000%		0 00000%
6	Total of lines 4 and 5		0 00000%		0 00000%		0 00000%		0 00000%
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 00000%		0 00000%		0 00000%		0 00000%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			X	X			X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X		X			X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	3,835,000	15,525,000	10,195,000	75,240,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	44,516,460	231,883,365	186,140,922	268,560,701
4	Gross proceeds in reserve funds	4,125,856	15,829,227	17,525,989	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	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 of bond-financed property?		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						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 00000%		0 00000%		0 00000%		0 00000%
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 00000%		0 00000%		0 00000%		0 00000%
6	Total of lines 4 and 5		0 00000%		0 00000%		0 00000%		0 00000%
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 00000%		0 00000%		0 00000%		0 00000%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X	X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0			
c	Term of hedge		39 7						39 7
d	Was the hedge superintegrated?		X						X
e	Was a hedge terminated?		X						X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X		X		X	
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	6,605,000			
2	Amount of bonds legally 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 escrows	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 of bond-financed property?		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 00000%		%		%		%	
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 00000%		%		%		%	
6	Total of lines 4 and 5	0 00000%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified 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?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X							

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, line 38a or 40b.**

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	(e) Sharing of organization's revenues? No
(1) EMERALD ASSURANCE CAYMAN LTD	SEE PART V, TRANSACTION 1	32,303,416	SEE PART V, TRANSACTION 1		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 EUGENE WOODS IS A KEY EMPLOYEE OF CHRISTUS HEALTH AND A BOARD MEMBER OF EMERALD ASSURANCE CAYMAN, LTD

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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

2012

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 RECLASS OF PRIOR YEAR INFORMATION FORM 990, PART I, LINES 9 AND 10 FYE 6/30/2012 INTER-COMPANY REIMBURSEMENT FROM AFFILIATES FOR BOND INTEREST PAID TO BOND HOLDERS WAS RECLASSED FROM INVESTMENT INCOME TO PROGRAM REVENUE CONSISTENT WITH CURRENT YEAR PRESENTATION 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 HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM 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 FY2013 WAS $176,430 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, 2013, THE OUTSTANDING LOAN BALANCES WERE IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS $973,818 IN CHRISTUS HEALTH GULF COAST REGION $1,082,228 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $1,647,167 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $96,797 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $ 953,169 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) $ 973,818 TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2013 $5,727,000 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 2013, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS IN CHRISTUS HEALTH ARK-LA-TEX REGION $75,627 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION $65,000 IN CHRISTUS HEALTH GULF COAST REGION $83,750 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $66,559 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $170,000 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $190,597 IN CHRISTUS HEALTH SOUTHWESTERN LOUISIANA REGION $59,135 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION $209,035 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) $97,000 TOTAL CHRISTUS FUND $1,017,000 PROGRAM SERVICE EXPENSE = $1,023,500 GRANTS = $1,017,000 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 2014 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. 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, 2013

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	Pension Funding - $54,776,610 Pension Liability/Expense - ($51,494,558) Transfer of Net Assets between Entities - ($106,067,714) Unrealized Gains-Unconsolidated Subs Securities (FASB #124) - ($515,480) Equity Adjustment consol Subs - ($49,373,178) Grupo Muguerza Equity Adjustment - ($6,410,973) Partnership Distributions - $312,500 Pension Amortization - $76,565,487 Minimum Pension Liability - $18,575,168 FEMA Contributed Capital - ($718,229) Temporary Restricted Contributions - $905 Other - $29 Permanently Restricted Contribs - ($4,264,339) Transfer of Restricted Donations - $32,760 TOTAL - ($68,581,012)

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	Form 990, Schedule K, PART I, PAGE 1	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) 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=$134,090 B LINE 3 INVESTMENT EARNINGS = $228,727 C LINE 3 INVESTMENT EARNINGS = $598,694 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 2C REBATE COMPUTATION PERFORMED AUGUST 20, 2009 C LINE 2C - REBATE COMPUTATION PERFORMED AUGUST 20, 2009 LINE 7 CHRISTUS HEALTH HAS THE APPROPRIATE PROCESSES IN PLACE TO ADHERE TO AND MONITOR THE REQUIREMENTS UNDER IRC SECTION 148 CHRISTUS HEALTH IS CURRENTLY IN THE PROCESS OF FORMALLY ADOPTING WRITTEN PROCEDURES FORM 990, SCHEDULE K, PART V THE ANSWER YES REFERS TO THE ORGANIZATIONS WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF REGULATIONS SECTIONS 1 141-12 AND 1 145-2 ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS REGULATIONS THE ANSWER YES REFERS TO THE ORGANIZATIONS WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF REGULATIONS SECTIONS 1 141-12 AND 1 145-2 ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX 755042911 75-2562459	HLTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp				Yes	
AK INTEGRATED COMM HLTH NTWK 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 76-0480684	HLTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp				Yes	
HOUSTON METROPOLITAN HLTH NTWK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX 77027 76-0427193	HLTHCARE SVCS	TX	CH Gulf Coast	C-Corp				Yes	
SCH MGMNT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1270625	MGT JOINT VEN	LA	NOLA	C-Corp				Yes	
SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2616328	HLTH PLAN ADM	TX	Spohn HSC	C-Corp				Yes	
SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2322574	RENTALS	TX	Spohn HSC	C-Corp				Yes	
CHRISTUS SOUTHEAST TEXAS PHO 3010 HARRISON STREET SUITE 202 BEAUMONT, TX 77702 76-0429902	MEDICAL SVCS	TX	CH SETX	C-Corp				Yes	
HEALTH VENTURES OF SE TEXAS 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX 77027 76-0397263	BUILDING RENT	TX	CH SETX	C-Corp				Yes	
OCCUPATIONAL HEALTH SVCS INC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1217389	MEDICAL SVCS	LA	CH SWLA	C-Corp				Yes	
SOUTHWESTERN LOUISIANA PHO 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1274256	HLTHCARE SVCS	LA	CH SWLA	C-Corp				Yes	
SOUTH RYAN DEVELOPMENT CORP 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1183790	LEASING BLDG	LA	CH SWLA	C-Corp				Yes	
MCKENNA PROF BLDG OWNERS ASSOC 598 N UNION ST SUITE 210 NEW BRAUNFELS, TX 78130 74-2742934	BUILDING ASSO	TX	CSRHCC	C-Corp				Yes	
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX 78201 74-2782184	health svcs	TX	CSRHCC	C-Corp				Yes	
CHRISTUS Muguerza SAPI de CV Hidalgo PTE 2525 Col Obispado, Monterrey, N L 64060 MX	HLTHCARE SVCS	MX	CH	C-Corp	305,485,871	97,853,925	64 600 %	Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	33,948,431	213,984,028	100 000 %	Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
SUPERCAMPTO INC 10301 STELLA LINK SUITE A HOUSTON, TX 77025 76-0534968	MEDICAL RSCH	TX	STEHLIN FND	C-CORP				Yes	
ROMLAC INC 10301 STELLA LINK SUITE A HOUSTON, TX 77025 74-1674943	REAL ESTATE I	TX	STEHLIN FND	C-CORP				Yes	
CHRISTUS LOUISIANA HEALTH PLAN 3330 Masonic Drive Alexandria, LA 71301 45-2515179	HLTH PLAN ADM	LA	CH CNLA	C-CORP				Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CH WILKINSON PHYSICIAN NETWORK	A(I)	272,511	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	I	1,363,317	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	p	5,252,423	ACCRUAL
CHRISTUS CONTINUING CARE	A(I)	615,741	ACCRUAL
CHRISTUS CONTINUING CARE	b	1,369,510	ACCRUAL
CHRISTUS CONTINUING CARE	P	8,655,449	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	b	176,346	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	I	3,164,270	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	p	32,760,176	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	I	4,678,797	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	p	36,170,099	ACCRUAL
CHRISTUS HEALTH GULF COAST	A(I)	1,099,536	ACCRUAL
CHRISTUS HEALTH GULF COAST	m	12,231,985	ACCRUAL
CHRISTUS HEALTH GULF COAST	p	26,087,251	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	I	2,402,994	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	P	31,259,359	ACCRUAL
CHRISTUS HEALTH PLAN	o	50,945	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	m	2,657,114	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	p	53,707,584	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	a(ı)	85,967	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	I	1,334,512	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	p	19,219,653	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	P	557,313	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	a(ı)	325,620	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	I	8,721,954	ACCRUAL

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	p	82,402,948	ACCRUAL
CHRISTUS SANTA ROSA OUTPATIENT SURG CTR-NB	P	86,316	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	a(i)	2,495,426	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	l	8,793,599	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	p	88,837,333	ACCRUAL
EMERALD ASSURANCE CAYMAN LTD	q	25,856,528	ACCRUAL
SPOHN INVESTMENT CORPORATION	p	66,514	accrual
ST ELIZABETH REHAB PARTNERS LLP	p	89,779	accrual
St Vincent Hospital	b	1,129,606	accrual
St Vincent Hospital	l	9,973,231	accrual
St Vincent Hospital	o	170,200	accrual
St Vincent Hospital	p	7,367,881	accrual
Christus Health Southeast Texas	a(i)	13,181	accrual
CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	B	63,500	ACCRUAL
St Vincent Hospital	B	4,507,412	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	q	3,807,459	accrual
CHRISTUS HEALTH ARK-LA-TEX	r	2,793,736	accrual
CHRISTUS HEALTH ARK-LA-TEX	s	4,938,640	accrual
CHRISTUS HEALTH CENTRAL LOUISIANA	o	2,761,121	accrual
CHRISTUS HEALTH CENTRAL LOUISIANA	r	1,575,999	accrual
Christus Health Gulf Coast	g	413,354	accrual
Christus Health Gulf Coast	q	10,417,073	accrual
Christus Health Gulf Coast	r	2,711,494	accrual
Christus Health Northern Louisiana	q	2,571,711	accrual
Christus Health Northern Louisiana	r	504,947	accrual

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Christus Health Southeast Texas	b	110,803	accrual
Christus Health Southeast Texas	g	3,664,453	accrual
Christus Health Southeast Texas	q	5,037,598	accrual
Christus Health Southeast Texas	r	5,755,324	accrual
Christus Health Southwestern Louisiana	q	1,942,351	accrual
Christus Health Southwestern Louisiana	r	1,258,337	accrual
Christus Santa Rosa Health Care Corporation	q	5,302,885	accrual
Christus Santa Rosa Health Care Corporation	r	16,741,925	accrual
Christus Santa Rosa Health Care Corporation	s	3,110,064	accrual
Christus Health Plan	q	3,829,142	accrual
CHRISTUS HEALTH SOUTHEAST TEXAS	S	2,385,637	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	S	4,487,105	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	S	4,606,446	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	S	5,366,992	ACCRUAL
CHRISTUS HEALTH GULF COAST	S	8,081,545	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	S	8,104,496	ACCRUAL

STATEMENT PURSUANT TO REG §1 368-3(a) BY CHRISTUS MUGUERZA SUR HEMODINAMIA SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization.

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Christus Muguerza Sur Hemodinamia SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization.

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Christus Muguerza Sur Hemodinamia SA de CV	429243	429243

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION`S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Rehabilitación Christus Muguerza Sur SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Rehabilitación Christus Muguerza Sur SA de CV ("Rehab"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, Rehab transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of Rehab Pursuant to the plan, all shares in the capital of Rehab on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY REHABILITACIÓN CHRISTUS MUGUERZA SUR SA DE CV (EIN FOREIGNUS). ON BEHALF OF ITS SUBSIDIARIES. A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization.

- Christus Muguerza Sistemas Hospitalarios. SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Rehabilitación Christus Muguerza Sur SA de CV. a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization.

September 30. 2012

(3) The aggregate fair market value and basis. determined immediately before the exchange. of the assets. stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Rehabilitación Christus Muguerza Sur SA de CV	310014	310014

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Oncología Muguerza SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Oncología Muguerza SA de CV ("Oncología"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, Oncología transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of Oncología Pursuant to the plan, all shares in the capital of Oncología on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY ONCOLOGÍA MUGUERZA SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization.

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Oncología Muguerza SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization.

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Oncología Muguerza SA de CV	334006	334006

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Rayos X Muguerza SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Rayos X Muguerza SA de CV ("Rayos X"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, Rayos X transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of Rayos X Pursuant to the plan, all shares in the capital of Rayos X on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY RAYOS X MUGUERZA SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization,

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Rayos X Muguerza SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization,

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Rayos X Muguerza SA de CV	4139442	4139442

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, CAM Christus Muguerza SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of CAM Christus Muguerza SA de CV ("CAM CM"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, CAM CM transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of CAM CM Pursuant to the plan, all shares in the capital of CAM CM on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY CAM CHRISTUS MUGUERZA SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization,

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- CAM Christus Muguerza SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization,

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of CAM Christus Muguerza SA de CV	2133743	2133743

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, 7-24 Asistencia Médica SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of 7-24 Asistencia Médica SA de CV ("7-24 Assist"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, 7-24 Assist transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of 7-24 Assist Pursuant to the plan, all shares in the capital of 7-24 Assist on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY 7-24 ASISTENCIA MÉDICA SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization.

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- 7-24 Asistencia Médica SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization.

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of 7-24 Asistencia Médica SA de CV	4313452	4313452

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Hospital Muguerza en su Hogar SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Hospital Muguerza en su Hogar SA de CV ("HMH"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, HMH transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of HMH Pursuant to the plan, all shares in the capital of HMH on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY HOSPITAL MUGUERZA EN SU HOGAR SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization,

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Hospital Muguerza en su Hogar SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization,

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Hospital Muguerza en su Hogar SA de CV	614535	614535

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Servicios Administrativos CM de México SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Servicios Administrativos CM de México SA de CV ("Serv Admin"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, Serv Admin transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of Serv Admin Pursuant to the plan, all shares in the capital of Serv Admin on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY SERVICIOS ADMINISTRATIVOS CM DE MÉXICO SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization,

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Servicios Administrativos CM de México SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization,

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Servicios Administrativos CM de México SA de CV	1	1

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION'S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(i) On September 30, 2012, Christus Muguerza Hospitales SA de CV (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(ii) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Christus Muguerza Hospitales SA de CV ("CM Hospitales"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, CM Hospitales transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of CM Hospitales Pursuant to the plan, all shares in the capital of CM Hospitales on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(iii) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(iv) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(v) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(vi) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(vii) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY CHRISTUS MUGUERZA HOSPITALES SA DE CV (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization,

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Christus Muguerza Hospitales SA de CV, a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization,

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	**Fair Market Value**	**Basis**
100% of the assets of Christus Muguerza Hospitales SA de CV	5810626	5810626

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable

STATEMENT TO BE ATTACHED TO CORPORATION`S TAX RETURN
NOTICE FILED PURSUANT TO §1 367(b)-1(c)

The numbered paragraphs correspond to the subparagraphs listed in §1 367(b)-(1)(c)(4)

(I) On September 30, 2012, Checa-T del Dr Checo SA de CV (FKA Christus Muguerza Tuxtla SA de CV) (EIN FOREIGNUS) was an exchanging shareholder in an exchange described in section 367(b)

(II) On September 30, 2012, a resolution was adopted approving the corporate restructuring through a merger of Checa-T del Dr Checo SA de CV (FKA Christus Muguerza Tuxtla SA de CV) ("Checa-T"), treated as a corporation for US federal income tax, with Christus Muguerza Sistemas Hospitalarios, SA de CV ("CM Sistemas"), also treated as a corporation for US federal income tax As a result of this merger, on September 30, 2012, Checa-T transferred all of its assets to CM Sistemas and immediately after the transfer, CM Sistemas, is in control of Checa-T Pursuant to the plan, all shares in the capital of Checa-T on September 30, 2012 were cancelled The exchange reported herein should qualify as a reorganization under section 368(a)(1)(D)

(III) Description of any stock, securities or other consideration transferred or received in the exchange by the exchanging shareholder

See above

(IV) Description of any amount (or amounts) required, under the section 367(b) regulations, to be taken into account as income or loss or as an adjustment (including an adjustment under §1 367(b)-7 or §1 367(b)-9) to basis, earnings and profits, or other tax attributes as a result of the exchange

Not applicable

(V) All information required to be furnished with a federal income tax return pursuant to regulations under section 332, 351, 354, 355, 356, 361, 368 or 381 has otherwise been included as part of the federal income tax return of the person filing this notice

(VI) See the Form(s) 5471 (including Schedule O), and statement pursuant to §§1 6038B-1(c) and -1T(c), included with this return

(VII) Not Applicable

STATEMENT PURSUANT TO REG §1 368-3(a) BY CHECA-T DEL DR CHECO SA DE CV (FKA CHRISTUS MUGUERZA TUXTLA SA DE CV) (EIN FOREIGNUS), ON BEHALF OF ITS SUBSIDIARIES, A CORPORATION A PARTY TO A REORGANIZATION

(1) The names and employer identification numbers (if any) of all parties to the reorganization.

- Christus Muguerza Sistemas Hospitalarios, SA de CV treated as a corporation for US federal income tax purposes (EIN FOREIGNUS)
- Checa-T del Dr Checo SA de CV (FKA Christus Muguerza Tuxtla SA de CV), a Mexican SA de CV (EIN FOREIGNUS)

(2) The date of the reorganization.

September 30, 2012

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the assets, stock or securities of the target corporation transferred in the transaction

Assets	Fair Market Value	Basis
100% of the assets of Checa-T del Dr Checo SA de CV (FKA Christus Muguerza Tuxtla SA de CV)	3757617	3757617

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the reorganization

Not Applicable