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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code

Irving, TX 75038

F Name and address of principal officer

Ernie Sadau

919 HIDDEN RIDGE DRIVE

Irving, TX 75038

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates 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	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALING MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ROMAN CATHOLIC CHURCH	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	2,490
	6	Total number of volunteers (estimate if necessary)	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	8,629,315
	b	Net unrelated business taxable income from Form 990-T, line 34	3,054,553
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	608,139,426
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,556,080
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,714,396
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	673,409,902
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,159,229
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	256,599,132
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	385,285,984
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	648,044,345
	19	Revenue less expenses Subtract line 18 from line 12	25,365,557
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,312,245,452
	21	Total liabilities (Part X, line 26)	2,226,558,149
	22	Net assets or fund balances Subtract line 21 from line 20	85,687,303

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

Randy Safady cfo

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KATHLEEN MOSELEY

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00116760

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

425 HOUSTON STREET SUITE 600

FORT WORTH, TX 76102

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 128,275,916 including grants of \$ 2,374,550) (Revenue \$ 459,235,385)
	COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 149 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, GEORGIA AND NEW MEXICO IN THE U S AND CHIHUAHUA, COAHUILA, NUEVO LEN, PUEBLA, SAN LUIS, CHILE, 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 13,500,000 IN FISCAL YEAR 2014 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 741,535 VISITS TO OUR EMERGENCY DEPARTMENTS, 36,214 INPATIENT SURGERY PROCEDURES, 76,977 OUTPATIENT SURGERY PROCEDURES, 149,714 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 3,059,240 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 \$ 296,038,527 including grants of \$ 0) (Revenue \$ 148,904,041)
	OTHER GOVERNMENT SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS INCLUDING MEDICARE, DEPARTMENT OF DEFENSE (DOD) AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON THEIR FEE SCHEDULE CHRISTUS HEALTH DBA US FAMILY HEALTH PLAN ALSO PROVIDES THE UNIFORM MEDICAL BENEFIT FOR 11,339 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 \$ 3,141,637 including grants of \$ 2,809,741) (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 2014, 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 \$ 974,938) (Revenue \$ 0)
4e	Total program service expenses ▶ 428,479,580

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,270
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,490
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" to line 3b, 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 , CI 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	
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 or note to any line 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	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 75038 (469) 282-2103

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	14,048,958	3,299,434	5,081,900

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: 321

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CREST SERVICES INC, SUPPORT TECH SVC INC COPPELL TX 75019	Clinical & Tech SVCS	36,095,787
PRICewaterhouseCOOPERS LLP, 3109 W DR MLK JR BLVD TAMPA FL 33607	BUSINESS SVCS	6,919,361
THE VIA GROUP INC, 2610 TECHNOLOGY FOREST BOULEVARD THE WOODLANDS TX 77381	TECHNOLOGY SVCS	5,862,661
MEDASSETS NET REVENUE SYSTEMS LLC, PO BOX 405652 ATLANTA GA 303845652	REVENUE CYCLE SVCS	5,543,067
PROTIVITI INC, 5720 STONERIDGE DRIVE PLEASANTON CA 94588	BUSINESS SVCS	4,761,600

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 140

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	0			
	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				
Program Service Revenue	2a	CAPITATION REVENUE	144,713,489	144,713,489		
		Business Code 621400				
		b SYSTEM OFFICE FEES AND MGMT SERVICE 561000				
		c SERVICE FEE INCOME 541900				
		d MEANINGFUL USE INCENTIVE PAYMENTS 900099				
		e PREMIUM REVENUE 900099				
		f All other program service revenue				
		g Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	21,836,386			21,836,386
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	869,407			869,407
	6a	Gross rents	(i) Real			
			154,557			
			b Less rental expenses 0			
			c Rental income or (loss) 154,557			
	d	Net rental income or (loss)	154,557			154,557
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			916,566,560			
			b Less cost or other basis and sales expenses 882,846,866			
			c Gain or (loss) 33,719,694			
	d	Net gain or (loss)	33,719,694			33,719,694
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	0			
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	0			
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	3,342,711			
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code	3,081,358		3,081,358
	11a	OTHER OPERATING REVENUE	900099			
	b	SPA REVENUE	812900			
	c	FOOD SERVICE	722210			
	d	All other revenue	1,843,231			
	e	Total. Add lines 11a-11d	5,347,721			
	12	Total revenue. See Instructions	673,409,902	599,933,243	8,629,315	64,847,344

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 or note to any line 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.	6,159,229	6,159,229		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	19,313,360	4,948,878	14,364,482	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	181,228	46,438	134,790	
7	Other salaries and wages.	127,758,487	32,736,984	95,021,503	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	-33,581,946	1,083,536	-34,665,482	
9	Other employee benefits.	134,397,863	122,137,996	12,259,867	
10	Payroll taxes.	8,530,140	2,570,518	5,959,622	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	3,550,620	223,689	3,326,931	
c	Accounting.	-702,680		-702,680	
d	Lobbying.	1,048,110		1,048,110	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	3,648,411		3,648,411	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	246,293,322	210,667,696	35,625,626	
12	Advertising and promotion.	2,585,634	1,688	2,583,946	
13	Office expenses.	21,771,223	16,957,432	4,813,791	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	19,430,170	10,708,999	8,721,171	
17	Travel.	6,713,162	784,410	5,928,752	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	3,073,782	220,715	2,853,067	
20	Interest.	29,627,029		29,627,029	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	9,655,467	4,335,080	5,320,387	0
23	Insurance.	7,725,864	7,260,042	465,822	
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	14,989,359		14,989,359	
b	FOREIGN INCOME TAX	3,757,141		3,757,141	
c	DUES/MEMBERSHIPS/SUBSCRIP	2,450,541	381,702	2,068,839	
d	RECRUITMENT/PLACEMENT FEES	2,221,983	261,374	1,960,609	0
e	All other expenses	7,446,846	6,993,174	453,672	
25	Total functional expenses. Add lines 1 through 24e.	648,044,345	428,479,580	219,564,765	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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,703,843	1	98,769,800
	2	Savings and temporary cash investments		10,620,547	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		10,028,157	4	1,973,390
	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		915,381,902	7	767,763,402
	8	Inventories for sale or use		801,466	8	970,215
	9	Prepaid expenses and deferred charges		48,874,861	9	42,323,736
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a137,896,785			
	b	Less: accumulated depreciation	10b60,287,685	92,511,395	10c	77,609,100
	11	Investments—publicly traded securities		988,700,512	11	650,167,226
	12	Investments—other securities. See Part IV, line 11.		395,670,563	12	386,780,503
	13	Investments—program-related. See Part IV, line 11.		97,144,443	13	72,839,853
	14	Intangible assets		31,943,296	14	31,943,296
	15	Other assets. See Part IV, line 11.		101,940,454	15	181,104,931
	16	Total assets. Add lines 1 through 15 (must equal line 34).		2,696,321,439	16	2,312,245,452
Liabilities	17	Accounts payable and accrued expenses		218,537,661	17	183,475,592
	18	Grants payable		0	18	0
	19	Deferred revenue		5,046,868	19	171,086
	20	Tax-exempt bond liabilities		1,120,636,992	20	908,093,993
	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.		1,170,823,577	25	1,134,817,478
	26	Total liabilities. Add lines 17 through 25.		2,515,045,098	26	2,226,558,149
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		179,919,437	27	84,330,344
	28	Temporarily restricted net assets		154,499	28	154,554
	29	Permanently restricted net assets		1,202,405	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		181,276,341	33	85,687,303
	34	Total liabilities and net assets/fund balances		2,696,321,439	34	2,312,245,452

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	673,409,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	648,044,345
3	Revenue less expenses Subtract line 2 from line 1	3	25,365,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	181,276,341
5	Net unrealized gains (losses) on investments	5	56,103,801
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	-177,058,396
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,687,303

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 33¹/₃% 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 33¹/₃% 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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIIPart 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	101,308	257,890	3,016,026	0	0	3,375,224
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	161,364,314	151,666,161	208,487,936	195,922,267	177,893,713	895,334,391
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,294,072	4,434,502	4,736,260	6,936,597	5,045,514	25,446,945
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	165,759,694	156,358,553	216,240,222	202,858,864	182,939,227	924,156,560
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.)						924,156,560

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	165,759,694	156,358,553	216,240,222	202,858,864	182,939,227	924,156,560
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,618,261	17,322,724	17,625,801	19,128,748	22,860,349	93,555,883
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	16,618,261	17,322,724	17,625,801	19,128,748	22,860,349	93,555,883
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.)	3,075,838	140,525	171,489	6,309,554	4,924,589	14,621,995
13 Total support. (Add lines 9, 10c, 11, and 12.)	185,453,793	173,821,802	234,037,512	228,297,166	210,724,165	1,032,334,438
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 2013 (line 8, column (f) divided by line 13, column (f))	15	89.521%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	89.303%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	9.063%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	9.627%
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 CHRISTUS HEALTH	Employer identification number 76-0590551
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
	Yes	No	Amount
1			
a		No	
b	Yes		
c		No	
d	Yes		7,500
e		No	
f		No	
g	Yes		201,181
h		No	
i	Yes		839,429
j			1,048,110
2a		No	
b			
c			
d			

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

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.

Return Reference	Explanation
Lobbying Description	Part 1(b) Paid staff and management - with approximately five paid staff members for the CHRISTUS Health system that serve the Advocacy and Public and Policy department. The department represents the organization before state and federal legislative bodies and regulatory agencies. Part 1(d) Mailings to members and legislators through system-wide action alert for issues related to Federal Emergency Funding for Humanitarian Crisis on Texas Border, 9/5/2013 Medicare Dependent Hospital (MDH) Program And The Low-Volume Hospital (LVH) Payment Adjustment. The American Taxpayer Relief Act of 2012 HR8 (989 letters and faxes sent) 11/12/2013 DSH Cuts (H R 1920/S 1555) (601 letters and faxes sent). A total of 1590 emails and faxes sent on behalf of CHRISTUS Health by employees as well as volunteers. 1 minute per letter/email. Part 1(g) Direct contact with legislators, their staffs, government officials and legislative bodies for issues related to emails, letters and direct contact to members of congressional and state lawmakers in TX, LA, NM to discuss draft report language in the House Armed Services Committee report on the National Defense Authorization Act for FY 2015, Disproportionate Share Hospital Funding, 1115 Waiver Medicaid Proposals, Medicare Dependent Hospital Designation, Medicaid Managed Care, Health Information Technology, Affordable Care Act and Navigator Rules, Federal Emergency Preparedness, Liquidity Coverage Ratio, Liquidity Risk Measurement, Standards, and Monitoring, Pharmaceutical 340B Safety-Net Hospital Program, School Based Health Clinics, Medicaid Expansion under the ACA, Union Negotiations, Military Health, State Hospital Reforms, VA Unreimbursed Claims, Services Related to Ethical and Religious Directives, and Non subscription as an alternative to Texas' Workers Compensation system. Total Hours - 456 executive/director Level, 40 Hours Associate Hours. Total Hours 18 Director. Part 1(i) Other Activity includes Annual fee to CapWiz to administer action alert server hosting fee. Lobbying fees as portion to dues for trade associations including American Hospital Association, Arkansas Hospital Association, Catholic Health Association, Children's Hospital Association of Texas, Louisiana Assisted Living Association, Louisiana Hospital Association, Louisiana Nursing Home Association, New Mexico Association, Texas Association Home Care, Texas Association Health Plans, Texas Alliance Patient Access Association, Texas Hospital Association, US Family Health Plan. In addition, paid lobbyists and consultants to support the issues described above. A PERCENTAGE OF THE DUES THAT CHRISTUS HEALTH PAYS TO TRADE ASSOCIATIONS IS ALLOCATED FOR PURPOSES OF LOBBYING ACTIVITIES. THIS AMOUNT IS THE AGGREGATE OF THE PERCENTAGE AND AMOUNT OF LOBBYING ACTIVITIES CONDUCTED THROUGH OUR TRADE ASSOCIATIONS ON BEHALF OF CHRISTUS HEALTH.

Part IV

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CHRISTUS HEALTH	Employer identification number 76-0590551
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

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

3b
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 25,044,530 | | 25,044,530 |
| b Buildings | | 86,190,815 | 21,072,476 | 65,118,339 |
| c Leasehold improvements | | 21,243,184 | 14,765,499 | 6,477,685 |
| d Equipment | | 5,418,256 | 24,449,710 | -19,031,454 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 77,609,100 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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.

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 IN 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, 2014 AND 2013.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 76-0590551

Name: CHRISTUS HEALTH

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

(a) Description	(b) Book value
(1) DEFERRED ASSETS	35,590,064
(2) SVH RESTRICTED CAPITAL ACCOUNT	32,111,105
(3) SECURITY LENDING COLLATERAL	1,987,433
(4) SECURITIES PLEDGED TO OTHERS	1,846,074
(5) DEPOSITS	1,376,583
(6) NET AMORT BOND ISSUE COSTS	-4,068,013
(7) BOND ISSUE COSTS	16,043,837
(8) CURRENT PTN ALATU PENSION FUND	986
(9) DUE FROM RELATED ORGS	96,216,862

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

1 (a) Description of Liability	(b) Book Value
CMS DUE RELATED ENTITIES	952,192,493
PAYABLE TO CCVI	3,394,338
LT SELF FUNDING LIABILITY	68,778,004
CAPITAL LEASE LIABILITY	8,695
LT PENSION LIABILITY	104,209,982
SECURITY LENDING AGREEMENT	1,988,663
OTHER TAXES PAYABLE	545,597
COLLECTIONS PAYABLE	3,699,450

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					479,582,015
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					479,582,015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	FORM 990, SCHEDULE F, PART I, QUESTION 2 THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMEN T DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATIO N IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZ ATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINIS TRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SY STEM 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 IR S SECTION 501(C)(3) ORGANIZATION, OR THE FOREIGN EQUIVALENT, AND DOCUMENTATION TO THAT EFF ECT OBTAINED TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING C HARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROH IBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS O RGANIZATIONAL 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			Program Services	Program/Bus Develop	16,931
Europe (Including Iceland and Greenland)			Program Services	Program/Bus Develop	48,341
Central America and the Caribbean			Program Services	Program/Bus Develop	9,306

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
South America			Program Services	Program/Bus Develop	419,187
North America			Program Services	INVESTMENTS - CAP CONT	3,500,000
Central America and the Caribbean			Program Services	Investments-Book Value	216,654,036

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			Program Services	Investments	30,000,000
Central America and the Caribbean			Program Services	Self Insurance Funding	28,540,453
Central America and the Caribbean			Program Services	Investment-Book Value	119,393,760

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
South America			Program Services	INVESTMENTS - CAP CONT	81,000,001

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

31

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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
Catholic Charities East Texas 2780 Eastex FRWY Beaumont,TX 77703	74-1900345	501(c)(3)	34,500				To provide service, quality and outreach for the poor, devalued and in need of help in East Texas

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 Inc 1322 Comanche St Corpus Christi, TX 78401	74-2330464	501(c)(3)	35,000				To provide service to people in need and to address social ills that undermine the dignity of the person

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 Dallas Inc 9461 LBJ FRWY Ste 128 Dallas, TX 75243	75-2745221	501(c)(3)	112,500				Support both mission and education in Catholic Social Teaching, advocating for the voiceless & promoting awareness of social concerns

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 Center 827 Margaret Pl Ste 201 Shreveport, LA 71101	72-1079721	501(c)(3)	65,964				Community clinic that provides high-quality comprehensive health services and for uninsured, underserved, and low-income community members in a cost effective manner by establishing collaborative partnership with local universities

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 Foundation 5310 Harvest Hill ste 248 DALLAS, TX 75230	75-1106620	501(c)(3)	100,000				

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 Foundation for HealthCare PO Box 1919 HOUSTON,TX 77251	75-6074210	501(c)(3)	100,000				Health services and health education are offered on school campuses to improve student health and school attendance

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christus Santa Rosa Volunteer Svcs 333 N Santa Rosa St San Antonio, TX 78207		501(c)(3)	8,527				Contribution to Volunteers

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
The Arc of San Antonio 13430 West Avenue San Antonio, TX 78216	74-1200110	501(c)(3)	25,000				Level 2 day activity classroom for individuals with severe autism and/org other intellectual and development disabilities

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
Community Renewal International Inc 1700 Buckner St Ste 240 Shreveport, LA 71134	74-2330464	501(c)(3)	10,000				Uniting individuals, faith groups, businesses, civic groups and others as caring partners building a stronger city

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
Corpus Christi Hope House Inc 658 Robinson Street Corpus Christi, TX 78404	74-2480299	501(c)(3)	17,000				Salary and Operational Support for Medical and self-sustained resources

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
Daughters Of Charity Service 7607 Somerset Rd San Antonio, TX 75209	74-6106876	501(c)(3)	30,000				La Mission Family Health Care

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Faith Family Clinic 8711 Village Dr Ste 305 San Antonio, TX 78217	26-3791828	501(c)(3)	40,000				To provide health and wellness services to the working uninsured and under-insured residents of our community

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
Family Counseling Service 3833 South Staples Ste S203 Corpus Christi, TX 78411	74-1321308	501(c)(3)	16,000				Family Counseling Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Las Cumbres Community Services Inc 805 Early Street Ste B102 Santa Fe, NM 87505	23-7144268	501(c)(3)	95,000				Provides integrated services for children and adults facing social, emotional and developmental challenges

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Antonio Christian Dental Clinic Inc 1 Haven for Hope Way Bldg 1 400 San Antonio, TX 78207	74-2428161	501(c)(3)	30,000				SACDC Dental Services at the Haven for Hope homeless transformational campus

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 TX 7980 Anchor Dr Bldg 500 Port Arthur,TX 77642	76-0068922	501(c)(3)	25,000				Samaritan Counseling Center of Southeast Texas providing professional counseling services and educational programs to uninsured and underinsured people

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
Metabolic Syndrome 5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	501(c)(3)	48,000				Research for human nutrition as a precursor of both cardiovascular disease and diabetes

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
Mission Of Mercy Inc 719 S Shoreline BlvdSte 103 Corpus Christi, TX 78401	81-0566980	501(c)(3)	25,000				Mission of Mercy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Braunfels Christian Ministries 169 South Hickory Ave New Braunfels, TX 78130	26-2221231	501(c)(3)	40,000				Operational support for a new clinic providing free medical care to uninsured in Comal County

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Mexico Suicide Intervention 1720 Llano St santa fe,NM 87505	85-0427990	501(c)(3)	15,000				To reduce the risk of youth suicide in Santa Fe county & Northern New Mexico

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
Next Step Of Central Louisiana 308 East Shamrock St pineville, LA 71360	20-4322440	501(C)(3)	40,000				Teen dating violence prevention & Awareness program

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
Project Mend Inc 5727 IH10 WEST SAN ANTONIO,TX 78201	74-2647324	501(C)(3)	50,000				Project Mend

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
Runnin W J Ranch Therapeutic Center 4802 South Kings Highway Texarkana, TX 75501	75-2897949	501(C)(3)	8,064				Providing therapeutic riding clases

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
SA 2020 112 East Pecan Street Ste 1100 San Antonio, TX 78205	45-5409693	501(C)(3)	60,000				Marketing to educate the public on the Marketplace Exchange

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 Home 1115 Mission Rd San Antonio, TX 78210	74-2247996	501(C)(3)	20,000				Provides a nurturing environment for homeless teens who are pregnant and/or parenting that provides education and support services Requested funds medical services manager that coordinates health related services

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
Umbrella Project 7647 East Edgemont Ave Scottsdale, AR 85257	13-3582462	501(C)(3)	56,868				Offers tools for self-expression and empowers children through global exhibitions of the hand-painted umbrellas

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 County 4400 Cerrillos Rd Suite A Santa Fe, NM 87501	35-0163601	501(C)(3)	25,000				A home or clinic based, educational, home visitation program designed to improve the health and wellness status of first-time families to ensure a child's positive health, social, and emotional development

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
Visitation House Ministries 945 W Huisache San Antonio, TX 78201	74-2447137	501(C)(3)	10,000				Sponsorship for the Sister of Charity of the Incarnate Word

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
Womens Shelter Of South Texas 813 Buford Street Corpus Christi, TX 78404	74-1943398	501(C)(3)	16,000				To provide services to adult and child victims of domestic & sexual violence

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congregation of the Sisters of Charity-SA 4503 Broadway San Antonio, TX 78209	74-1676917	501(C)(3)	1,106,376				SUPPORT MISSION

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 de Matel 6510 Lawndale Houston, TX 77023	23-7152879	501(C)(3)	2,243,112				SUPPORT MISSION

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☒ First-class or charter travel ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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

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.

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. 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, LINE 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 \$69,486 in severance payment during calendar year 2013. Peter maddox received \$222,045 in severance payment during calendar year 2013. John zipprich received \$447,448 in severance payment during calendar year 2013. 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 \$146,419 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. John Gillean received \$74,323 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. Mary T. Lynch received \$47,859 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. Linda K. McClung received \$44,257 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. Jeffrey M. Puckett received \$55,718 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. Stephen Wright received \$64,151 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. Christopher Karam received \$39,837 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. MARSHALL BOLYARD RECEIVED \$81,189 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. PAMELA ROBERTSON RECEIVED \$76,400 DURING CALENDAR YEAR 2013 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. ALEX VALDEZ RECEIVED \$84,777 DURING CALENDAR YEAR 2013 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 2013. 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

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 WSADAU Ex Officio	(i) (ii)	1,266,475 0	649,200 0	265,480 0	608,986 0	30,134 0	2,820,275 0	146,419 0
George S Conklin SR VP Chief Infor Officer	(i) (ii)	468,270 0	189,001 0	120,505 0	260,538 0	20,979 0	1,059,293 0	0 0
John Gillean MD SR VP Chief Medical Officer	(i) (ii)	705,104	281,251	170,713	297,563	49,890	1,504,521	74,323
Gerard F Heeley Sr VP Mission and Ethics	(i) (ii)	383,618 0	153,001 0	53,957 0	228,642 0	9,916 0	829,134 0	0 0
Mary T Lynch Sr VP Chief Governance	(i) (ii)	515,696 0	196,201 0	223,371 0	187,539 0	19,013 0	1,141,820 0	47,859 0
Linda K McClung SR VP/ops/corp stg mrkt svcs	(i) (ii)	602,765 0	225,001 0	71,348 0	266,491 0	36,221 0	1,201,826 0	44,257 0
Paul Generale SR VP Senior Finance Officer	(i) (ii)	482,295 0	263,750 0	65,855 0	72,512 0	29,596 0	914,008 0	0 0
Jeffrey M Puckett corp VP/Mng'd Care Bus Adv/Dev	(i) (ii)	774,320	265,501	195,649	309,787	31,047	1,576,304	55,718
Randy Safady Sr VP/ Chief Financial Officer	(i) (ii)	798,474 0	424,918 0	108,907 0	387,609 0	33,721 0	1,753,629 0	0 0
Eugene Woods Sr VP Chief Operating Officer	(i) (ii)	920,461 0	404,601 0	33,914 0	472,640 0	33,031 0	1,864,647 0	0 0
PATRICIA NOBLES CORP SECRETARY	(i) (ii)	135,951 0	24,469 0	11,444 0	23,368 0	23,755 0	218,987 0	0 0
ALEX J VALDEZ VP, INTERNATIONAL	(i) (ii)	427,831 0	65,497 0	84,777 0	186,580 0	17,402 0	782,087 0	84,777 0
JOHN L ZIPPRICH SR VP INT OP LGL	(i) (ii)	82,094 0	0 0	447,448 0	46,921 0	0 0	576,463 0	0 0
PAMELA ROBERTSON President-CEO CHRISTUS Spohn	(i) (ii)	0 540,332	0 240,177	0 177,340	0 252,385	0 14,147	0 1,224,381	0 76,400
PATRICK CARRIER President-CEO CSRHS	(i) (ii)	0 548,478	0 141,690	0 157,011	0 390,919	0 18,574	0 1,256,672	0 0
STEPHEN WRIGHT President-CEO LA Ministries	(i) (ii)	0 526,954	0 70,951	0 229,732	0 209,745	0 32,634	0 1,070,016	0 64,151
ALEJANDRO CANAVATI Chief Executive Officer UC CHR	(i) (ii)	528,238 0	143,272 0	148,634 0	91,045 0	21,765 0	932,954 0	0 0
CHRISTOPHER KARAM President-CEO ALT-Cont Care	(i) (ii)	0 453,715	0 134,297	0 78,757	0 195,118	0 32,634	0 894,521	0 39,837
JAY S HERRON SVP Chief Financial Officer	(i) (ii)	70,926 0	0 0	69,486 0	0 0	0 0	140,412 0	0 0
PETER MADDOX SVP Business, stgy & corp Dev	(i) (ii)	0 0	0 0	222,045 0	139,053 0	0 0	361,098 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				
MARSHALL BOLYARD	(i)	90,633	0	90,962	0	0	181,595	81,189
EXECUTIVE	(ii)	0	0	0	0	0	0	0
DIRECTOR USFHP								

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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	176,495,000		23,635,000		8,375,000		44,465,000	
2	Amount of bonds legally defeased	10,150,000		29,185,000		600,000		9,860,000	
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					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			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 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	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 %		0 %		0 %		0 %	
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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SEE SCHEDULE O	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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	5,260,000		33,540,000		13,970,000		106,480,000	
2	Amount of bonds legally defeased	2,750,000		27,635,000		23,455,000			
3	Total proceeds of issue	44,539,565		231,972,279		186,243,372		268,560,701	
4	Gross proceeds in reserve funds	4,181,961		15,918,141		17,628,439			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	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			
10	Capital expenditures from proceeds	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			
13	Year of substantial completion								
		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 %		0 090 %		0 %		0 060 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 090 %		0 %		0 060 %	
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 %		0 %		0 %	
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	
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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	8,310,000							
2	Amount of bonds legally defeased	20,960,000							
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								
		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?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	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 %							
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 the 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
	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		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	No
(1) EMERALD ASSURANCE CAYMAN LTD	SEE PART V, TRANSACTION 1	28,540,453	SEE PART V, TRANSACTION 1		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization CHRISTUS HEALTH	Employer identification number 76-0590551
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Return Reference	Explanation
Form 990, Page 1, Item C	Doing Business As Christus Health Operates Under the Follow ing Names CHRISTUS St Joseph Village onlinepaydirect CHRISTUS Health TechSource CHRISTUS Innovations Institute CHRISTUS Healthy Living Spa TLRA US Family Health Plan Uniformed Services Family Health Plan CHRISTUS Health System TechSource USFHP Marketplace Solutions CHRISTUS St Michael Simulation Center DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D COMMUNITY SERVICES - POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY 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 FY2014 WAS \$152,380 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, 2014, THE OUTSTANDING LOAN BALANCES WERE IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS \$1,000,000 IN CHRISTUS HEALTH GULF COAST REGION \$1,107,368 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION \$542,269 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION \$800,000 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION \$ 161,174 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) \$ 1,000,000 TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2014 \$4,610,811 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 2014, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS IN CHRISTUS HEALTH ARK-LA-TEX REGION \$8,064 IN CHRISTUS HEALTH CENTRAL LOUISIANA REGION \$40,000 IN CHRISTUS HEALTH GULF COAST REGION \$100,000 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION \$75,964 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION \$422,410 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION \$99,500 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION \$94,000 IN ST VINCENT HOSPITAL (NEW MEXICO REGION) \$135,000 TOTAL CHRISTUS FUND \$974,938 PROGRAM SERVICE EXPENSE = \$1,023,500 GRANTS = \$974,938 PROGRAM SERVICE REVENUE = \$0 PROGRAM SERVICE REVENUE = \$0

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 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

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

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

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

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

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

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

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

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, 2014

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 Pension Funding - \$25,041,874 Pension Liability/Expense - (\$45,912,027) Transfer of Net Assets between Entities - (\$539,666) Equity Adjustment consol Subs - (\$49,409,184) Sponsorship Fees - (\$3,458,232) Grupo Muguerza Equity Adjustment - \$21,604,593 Pension Amortization - \$1,934,347 Other - \$696,514 Transfer of Restricted Donations - (\$36,417) Extraordinary Loss on Early Extinguishment of debt - \$11,046,583 Prepaid Adjustment - (\$3,434) St Catherine Note - (\$27,703,747) Christus Health Plan-New Mexico-T-note Collateral - (\$319,598) Christus Health Strategic Growth - (\$110,000,000) Rounding - (\$2) TOTAL - (\$177,058,396)

Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	FORM 990, SCHEDULE K, PART I, PAGE 1 A HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE. CONSTRUCT NEW HEALTHCARE FACILITIES AND ADVANCE REFUND A PRIOR ISSUE (JULY 28, 1999) B HARRIS COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE. CURRENTLY REFUND A PRIOR ISSUE (SEPTEMBER 17, 2007) C COASTAL BEND HEALTH FACILITIES DEVELOPMENT CORPORATION (F) DESCRIPTION OF PURPOSE. CURRENTLY REFUND A PRIOR ISSUE (NOVEMBER 17, 1998) AND CONSTRUCT NEW HEALTHCARE FACILITIES D LOUISIANA PUBLIC FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE. CURRENTLY REFUND A PRIOR ISSUE (SEPTEMBER 17, 2007) FORM 990, SCHEDULE K, PART I, PAGE 2 A LOUISIANA PUBLIC FACILITIES AUTHORITY (F) 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 = \$157,195 B LINE 3 INVESTMENT EARNINGS = \$317,641 C LINE 3 INVESTMENT EARNINGS = \$701,144 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 FORM 990, SCHEDULE K PART IV, PAGE 2 A LINE 2C - REBATE COMPUTATION PERFORMED JANUARY 14, 2014 C LINE 2C - REBATE COMPUTATION PERFORMED JANUARY 14, 2014 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 ORGANIZATION'S 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-REMEDIAION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIR & MAINTENANCE SERVICES TOTAL FEES 88957408

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 84754587

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITALIZATION EXPENSES TOTAL FEES 21265634

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCOMPANY OVERHEAD ALLOC TOTAL FEES 3302746

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MARKETING & CONSULTING SVCS TOTAL FEES 31880548

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INFORMATION TECH SERVICES TOTAL FEES 645000

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 227934

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION FUND ADMINISTRATIVE COSTS TOTAL FEES 8460655

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCO PROF & SYSTEM FEES TOTAL FEES 405185

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 2733414

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LINE OF CREDIT FEES TOTAL FEES 1463620

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 2196591

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH

Employer identification number
76-0590551

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

Cat No 50135Y

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		
1g	Yes	
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 76-0590551

Name: CHRISTUS HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(1) CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
(2) CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(3) CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
(4) Christus Spohn Health System Corporation 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(5) CHRISTUS HEALTH SOUTHEAST TEXAS 2830 Calder Street BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(6) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
(7) CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(8) CHRISTUS Continuing Care 1700 W LOOP SOUTH SUITE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(9) CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	11-TYPE 1	CH	Yes	
(10) ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE PARIS, TX 75460 42-1619230	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CH	Yes	
(11) DUBUIS HEALTH SYSTEM INC 1700 WEST LOOP SOUTHSTE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(12) CHRISTUS HEALTH FOUNDATION 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CH	Yes	
(13) ST FRANCES CABRINI HPL FDN OF ALEXANDRIA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0998302	SUPP HTH SVCS	LA	501(C)(3)	7	CNLA	Yes	
(14) CHRISTUS FOUNDATION FOR HEALTHCARE PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(C)(3)	7	GULF COAST	Yes	
(15) CHRISTUS SCHUMPERT HEALTH SYSTEM FD ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1219280	SUPP HTH SVCS	LA	501(C)(3)	7	NOLA	Yes	
(16) CHRISTUS SPOHN HTH SYSTEM DEVELOPMENT FD 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1906005	SUPP HTH SVCS	TX	501(C)(3)	7	SPOHN HS	Yes	
(17) CHRISTUS HEALTH FDN OF SOUTHEAST OF TX 2830 CALDER BEAUMONT, TX 77702 76-0136274	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	SETX	Yes	
(18) FRIENDS OF SANTA ROSA FOUNDATION 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2723391	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CSRHCC	Yes	
(19) SANTA ROSA FAMILY HEALTH CENTER 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2806531	HLTHCARE SVCS	TX	501(C)(3)	9	CSRHCC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) CHRISTUS Health Liab Retention Trust 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0259623	SELF INS TRST	TX	501(C)(3)	11-Type I	CH	Yes	
(1) SANTA ROSA GENERAL HOSPITAL AUXILIARY 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1278312	SUPP HTH SVCS	TX	501(C)(3)	3	CSRHCC	Yes	
(2) THE FRIENDS OF THE STEHLIN FOUNDATION 10301 STELLA LINK SUITE A HOUSTON, TX 77025 74-2200613	SUPP CCR RSRH	TX	501(C)(3)	9	CSFCR	Yes	
(3) CHRISTUS HEALTH PLAN 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(C)(3)	9	CSHSC	Yes	
(4) ST FRANCES CABRINI HOSPITAL AUXILIARY 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 23-7255175	SUPP HTH SVCS	LA	501(C)(3)	9	CNLA	Yes	
(5) Christus Santa Rosa Med Ctr Auxiliary 2827 Babock Road San Antonio, TX 78229 73-1655493	SUPP HTH SVCS	TX	501(C)(3)	9	CSRHCC	Yes	
(6) CHRISTUS Health Strategic Growth 919 hidden ridge drive irving, TX 75038 46-2798043	supp hth svcs	TX	501(c)(3)	11-type I	CH	Yes	
(7) Christus Health Plan Louisiana 919 Hidden Ridge Dr Irving, TX 75038 46-4617988	Medicaid HMO	LA	501(c)(3)	9	CH	Yes	
(8) Christus Health Plan New Mexico 919 Hidden Ridge Dr Irving, TX 75038 46-4487295	Medicaid HMO	NM	501(c)(3)	9	CH	Yes	
(9) Christus Pediatric Physician Group 919 Hidden Ridge Dr Irving, TX 75038 46-5203505	Hlthcare Svcs	TX	501(c)(3)	3	CH	Yes	
(10) Christus Health Latin America 919 hidden ridge drive irving, TX 75038 46-2816604	spt hlth svcs	TX	501(C)(3)	11-type 1	CH Stra Grth	Yes	
(11) Christus International 919 hidden drive irving, TX 75038 46-2811167	spt hlth svcs	TX	501(C)(3)	11-type 1	CH Stra Grth	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
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	10,149,232	121,563,533	75 196 %	Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	37,627,914	220,272,525	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
CHWilkinson Physician Network	m	172,292	ACCRUAL
CHWilkinson Physician Network	q	671,007	ACCRUAL
CHWilkinson Physician Network	l	1,113,374	ACCRUAL
CHRISTUS Continuing Care	j	451,177	ACCRUAL
CHRISTUS Continuing Care	m	1,094,185	ACCRUAL
CHRISTUS Continuing Care	q	8,890,616	ACCRUAL
CHRISTUS Health Ark-La-Tex	p	130,728	ACCRUAL
CHRISTUS Health Ark-La-Tex	m	393,281	ACCRUAL
CHRISTUS Health Ark-La-Tex	l	2,925,238	ACCRUAL
CHRISTUS Health Ark-La-Tex	A(I)	4,397,897	ACCRUAL
CHRISTUS Health Ark-La-Tex	r	5,236,673	ACCRUAL
CHRISTUS Health Ark-La-Tex	s	8,595,351	ACCRUAL
CHRISTUS Health Ark-La-Tex	q	17,087,338	ACCRUAL
CHRISTUS Health Central Louisiana	r	1,647,615	ACCRUAL
CHRISTUS Health Central Louisiana	l	3,595,154	ACCRUAL
CHRISTUS Health Central Louisiana	n	5,459,928	ACCRUAL
CHRISTUS Health Central Louisiana	s	5,816,796	ACCRUAL
CHRISTUS Health Central Louisiana	A(I)	7,063,361	ACCRUAL
CHRISTUS Health Central Louisiana	q	92,051,153	ACCRUAL
CHRISTUS Health Gulf Coast	j	182,809	ACCRUAL
CHRISTUS Health Gulf Coast	A(I)	1,463,501	ACCRUAL
CHRISTUS Health Gulf Coast	l	1,732,001	ACCRUAL
CHRISTUS Health Gulf Coast	r	2,087,183	ACCRUAL
CHRISTUS Health Gulf Coast	m	6,423,174	ACCRUAL
CHRISTUS Health Gulf Coast	q	10,022,844	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 Gulf Coast	s	50,757,024	ACCRUAL
CHRISTUS Health Northern Louisiana	b	75,139	ACCRUAL
CHRISTUS Health Northern Louisiana	l	2,614,326	ACCRUAL
CHRISTUS Health Northern Louisiana	A(I)	4,853,479	ACCRUAL
CHRISTUS Health Northern Louisiana	s	41,228,003	ACCRUAL
CHRISTUS Health Northern Louisiana	r	68,218,889	ACCRUAL
CHRISTUS Health Northern Louisiana	q	125,070,678	ACCRUAL
CHRISTUS Health Plan	o	74,846	ACCRUAL
CHRISTUS Health Southeast Texas	p	71,667	ACCRUAL
CHRISTUS Health Southeast Texas	g	4,313,936	ACCRUAL
CHRISTUS Health Southeast Texas	A(I)	4,506,801	ACCRUAL
CHRISTUS Health Southeast Texas	r	5,064,166	ACCRUAL
CHRISTUS Health Southeast Texas	s	5,426,525	ACCRUAL
CHRISTUS Health Southeast Texas	l	6,023,826	ACCRUAL
CHRISTUS Health Southeast Texas	m	6,668,072	ACCRUAL
CHRISTUS Health Southeast Texas	q	7,642,069	ACCRUAL
CHRISTUS Health Southwestern Louisiana	k	85,967	ACCRUAL
CHRISTUS Health Southwestern Louisiana	r	1,261,489	ACCRUAL
CHRISTUS Health Southwestern Louisiana	l	1,961,966	ACCRUAL
CHRISTUS Health Southwestern Louisiana	A(I)	2,483,898	ACCRUAL
CHRISTUS Health Southwestern Louisiana	s	9,801,092	ACCRUAL
CHRISTUS Health Southwestern Louisiana	q	11,982,922	ACCRUAL
CHRISTUS Santa Rosa Family Health Center	q	587,436	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	b	89,292	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	p	101,881	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	k	325,620	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	l	8,437,364	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	A(I)	15,230,757	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	r	28,568,928	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	s	47,866,820	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	q	48,774,231	ACCRUAL
CHRISTUS Santa Rosa Outpatient Surgery Ctr-NB	q	87,386	ACCRUAL
CHRISTUS Spohn Health System Corporation	p	375,715	ACCRUAL
CHRISTUS Spohn Health System Corporation	l	8,226,060	ACCRUAL
CHRISTUS Spohn Health System Corporation	A(I)	10,416,837	ACCRUAL
CHRISTUS Spohn Health System Corporation	s	11,316,760	ACCRUAL
CHRISTUS Spohn Health System Corporation	r	12,000,000	ACCRUAL
CHRISTUS Spohn Health System Corporation	q	52,231,147	ACCRUAL
Emerald Assurance Co	p	26,549,165	ACCRUAL
Spohn Investment Corporation	q	61,742	ACCRUAL
St Elizabeth Rehab Partners LLP	q	83,772	ACCRUAL
St Vincent Hospital	b	690,540	ACCRUAL
St Vincent Hospital	q	7,540,143	ACCRUAL
St Vincent Hospital	l	9,554,256	ACCRUAL
Christus Health Gulf Coast	q	37,016,288	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	Q	109,938,742	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	Q	92,051,153	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	Q	255,281,003	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	Q	40,425,355	ACCRUAL

**TY 2013 Earnings and Profits Other
Adjustments Statement**

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
dividend - CM Monterrey	14,639,506

TY 2013 Earnings and Profits Other
Adjustments Statement

Name: CHRISTUS HEALTH
EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	19,857

**TY 2013 Earnings and Profits Other
Adjustments Statement**

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	271,299

TY 2013 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
Unrealized Exchange Gains	1,126,922
DEFERRED PROFIT SHARING	385,180

TY 2013 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE LOSS	4,701
DEFFERED PROFIT SHARING	2,325,968

TY 2013 Earnings and Profits Other Adjustments Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE GAINS/LOSSES	10,641,422
reverse equity income from subsidiaries	103,763,352

TY 2013 Earnings and Profits Other

Adjustments Statement

Name:

CHRISTUS HEALTH

EIN:

76-0590551

Description	Amount
PREPAID EXPENSES	28,849

**TY 2013 Earnings and Profits Other
Adjustments Statement**

Name: CHRISTUS HEALTH
EIN: 76-0590551

Description	Amount
UNREALIZED EXCHANGE GAIN	2,067

TY 2013 Investment in Subsidiaries Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Beginning Amount	Ending Amount
INVESTMENTS IN SUBSIDIARIES	45,614,520	44,339,669

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Flat Tax Payable	30,541	0
		EMPLOYEE PROFIT SHARING	31,025	30,294
		OTHER INTERCOMPANY LIABILITIES	165,872	1,128,919
		ACCRUED PENSION LIABILITY	2,985,856	0
		DEFERRED INCOME TAXES	3,823,974	4,624,049
		VAT Payable	2,329,694	2,094,602
		Accrued Other Taxes	792,179	0

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		DEFERRED INCOME TAXES	784,375	808,451
		ACCRUED TAXES	16,779	0
		VAT PAYABLE	167,233	230,468
		INCOME TAX PAYABLE	19,675	0

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		OTHER ACCRUED EXPENSES	185,535	153,185
		OTHER INTERCOMPANY LIABILITIES	31,593	318,671
		FLAT TAX DEFERRED	76,849	0
		VAT PAYABLE	0	153,509
		INCOME TAX PAYABLE	0	91,688

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED TAXES	2,888,016	2,877,667
		OTHER INTERCOMPANY LIABILITIES	29,213,544	21,179,743
		EMPLOYEE PROFIT SHARING	858,830	2,026,955
		EMPLOYEE PROFIT SHARING DEFERRED	39,963	0
		ACCRUED PENSION LIABILITY	2,856,858	6,645,573
		Income Tax Payable	138,260	2,723,410
		VAT TAX Payable	856,131	2,319,429

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		EMPLOYEE PROFIT SHARING	508,906	249,227
		ACCURED PENSION LIABILITY	1,520,581	1,537,105
		OTHER INTERCOMPANY LIABILITIES	307,869	2,249,180
		ACCRUED TAXES	467,076	744,865
		INCOME TAX Payable	596,796	
		EMPLOYEE PROFIT SHARING DEFERRED	39,963	
		VAT PAYABLE	1,141,145	1,486,201
		NOTE PAYABLE-CAPITAL LEASES	423,554	

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		OTHER INTERCOMPANY LIABILITIES	245,002	3,640,408
		DEFERRED INCOME TAXES	127,655	127,223
		CAPITAL LEASE - CURRENT	2,657,810	1,530,831
		VAT TAX PAYABLE	1,948,615	723,950

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED TAXES	0	714
		VAT Payable	44,545	23,605
		Other intercompany liabilities	126,744	141,818
		Annual income tax payable	0	

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED EXPENSES	21,457	
		ACCRUED TAXES	28,259	34,236
		OTHER INTERCOMPANY LIABILITIES	847,695	690,350
		VAT PAYABLE	281	787

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED TAXES	0	99
		VAT PAYABLE	0	8,095

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED TAXES	0	622
		OTHER INTERCOMPANY LIABILITIES	67,433	19,047
		VAT Payable	13,815	0

TY 2013 Itemized Other Current Liabilities Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		INCOME TAX PAYABLE	155	7,635
		OTHER INTERCOMPANY LIABILITIES	0	14,384
		VAT PAYABLE	0	1,455

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	1,604,410	779,455

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	102,003	767,739
		GUARANTEE DEPOSITS	11,982	11,942

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	1,600,231	2,151,076
		GURANTEE DEPOSITS	1,228,230	1,233,586

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	2,827,310	1,419,452
		GUARANTEE DEPOSITS	260,739	288,475

TY 2013 Itemized Other Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		CIP	3,790,523	727,314
		GUARANTEE DEPOSITS	50,895	50,723
		GE CAPITAL GUARANTEE	37,442	37,315

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		GUARANTEE DEPOSITS	27,845	

TY 2013 Itemized Other Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		GUARANTEE PAYMENTS	132,645	135,375

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		FLAT TAX RECEIVABLE	275,839	175,070
		OTHER INTERCOMPANY ASSETS	13,844,030	17,526,391
		VAT RECEIVABLE	44,722	156,197
		INCOME TAX RECEIVABLE	612,629	2,539

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Other Intercompany Assets	569,119	959,353
		INCOME TAX RECEIVABLE	0	39,657
		FLAT TAX RECEIVABLE	15,558	0
		PREPAID EXPENSES	2,497	0
		VAT RECEIVABLE	0	96,980

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER INTERCOMPANY ASSETS	2,006,098	1,017,904
		INCOME TAX RECEIVABLE	5,744	0
		FLAT TAX RECEIVABLE	22,828	25,356
		VAT TAX RECEIVABLE	14,814	224,461
		DEFERRED INCOME TAXES	0	12,579

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER Current Assets	50,475	0
		DEFERRED INCOME TAXES	3,176,664	2,684,393
		OTHER INTERCOMPANY ASSETS	472,960	4,055,024
		VAT TAX RECEIVABLE	3,262,395	1,677,614
		Income Tax Receivable	3,665,987	0
		Deferred Profit Sharing	662,027	689,270
		FLAT TAX RECEIVABLE	262,600	0
		Other Accured Accounts Receivable	0	170,846

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		DEFERRED INCOME TAXES	388,468	499,894
		OTHER INTERCOMPANY ASSETS	5,317	89,545
		VAT RECEIVABLE	586,413	67,369
		INCOME TAX RECEIVABLE		800,455
		DEFERRED PROFIT SHARING		138,206

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER INTERCOMPANY ASSETS	13,379,929	6,053,183
		OTHER NON-PATIENT RECEIVABLE	686,771	217,050
		DEFERRED INCOME TAXES	398,899	106,769
		INCOME TAX RECEIVABLE	1,636,654	0
		VAT TAX RECEIVABLE	600,667	864,768

TY 2013 Itemized Other Current Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Prepaid Expenses	506	504
		OTHER INTERCOMPANY ASSETS	468,234	92,945

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	10,944	13,115
		VAT RECEIVABLE	70,344	67,609
		FLAX TAX RECEIVABLE	104	0
		INCOME TAX RECEIVABLE	0	665

TY 2013 Itemized Other Current Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		VAT RECEIVABLE	0	4,136

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INCOME TAX RECEIVABLE	0	637
		VAT RECEIVABLE	0	136

TY 2013 Itemized Other Current Assets Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER INTERCOMPANY ASSETS	100,157	
		DEFERRED INCOME TAXES	518,320	639,936
		VAT RECEIVABLE	204,344	87,334
		OTHER ACCRUED ACCOUNTS RECEIVABLE	0	117

TY 2013 Itemized Other Current Assets Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER INTERCOMPANY ASSETS	988	0
		INCOME TAX RECEIVABLE	0	12,234
		Flat tax receivable	11,327	1,410

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER EXPENSE	57,221	4,486
Leasing and Sales Costs	1,848,860	144,960
LEGAL AND PROFESSIONAL FEES	73,470	5,760
INSURANCE	1,385,085	108,597
UNREALIZED TRANSLATION LOSS	3,348	262

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
TRAVEL EXPENSES	8,482	665
LEGAL AND PROFESSIONAL FEES	56,781	4,452
CHARITABLE CONTRIBUTIONS	264,000	20,699
OTHER EXPENSES	115,897	9,087

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNREALIZED TRANSLATION LOSS	12,812	1,005
LEGAL AND PROFESSIONAL FEES	505,694	39,649
Other Expense	191,103	14,983
REPAIRS AND MAINTENANCE EXPENSE	1,512,613	118,596
Leasing/Sales Costs	3,606,396	282,759
Publicity	4,950	388
Charitable Contributions	111,000	8,703

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REPAIRS AND MAINTENANCE EXPENSE	41,444,768	3,249,474
BAD DEBT EXPENSE	22,569,556	1,769,564
LEGAL AND PROFESSIONAL FEES	184,460,537	14,462,616
UTILITIES EXPENSE	62,226,530	4,878,867
ADVERTISING AND PUBLIC RELATIONS	20,130,761	1,578,351
Dues & Subscriptions	502,149	39,371
Outsourcing Services	7,146,099	560,289
GASOLINE EXPENSE	3,300,963	258,812
Office Supplies	16,823,179	1,319,020
Event Planning Expense	9,905,580	776,646
Insurance Expense	6,244,115	489,569
Other Deductions	2,986,809	234,181
Commissions on Sales	1,702,329	133,471
Transportation Expense	3,030,152	237,579
Leasing/Sales Costs	958,436,661	75,146,159
Charitable Contributions	2,039,513	159,908
Travel Expenses	8,317,900	652,164
Freight Expense	310,992	24,383
Ambulance Services	149,797	11,745

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REPAIRS AND MAINTENANCE EXPENSE	4,732,064	371,017
BAD DEBT EXPENSE	2,400,000	188,172
LEGAL AND PROFESSIONAL FEES	51,239,427	4,017,424
OTHER EXPENSES	1,819,846	142,685
INSURANCE EXPENSE	101,660	7,971
FREIGHT	62,242	4,880
OFFICE SUPPLIES	1,929,515	151,283
CHARITABLE CONTRIBUTIONS	3,879,600	304,180
LEASING/SALES COSTS	167,375,968	13,123,101
ADVERTISING AND PUBLIC RELATIONS	2,385,625	187,045
UNREALIZED TRANSLATION LOSS	117,932	9,246
UTILITY EXPENSE	7,177,078	562,718
Travel Expense	2,489,849	195,216

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REPAIRS AND MAINTENANCE EXPENSE	3,801,022	298,019
LEGAL AND PROFESSIONAL FEES	7,302,557	572,556
INSURANCE EXPENSE	2,717,887	213,096
CHARITABLE CONTRIBUTIONS	2,538,948	199,066
TRAVEL EXPENSE	20,989	1,646
UNREALIZED TRANSLATION LOSS	13,483,392	1,057,164
LEASING/SALES COSTS	5,275,303	413,610
SUPPLIES EXPENSE	9,265	726
OTHER EXPENSES	2,865	225
ADVERTISING AND PUBLIC RELATIONS	4,950	388
ADMINISTRATIVE EXPENSE	9,581,873	751,266

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Legal and Professional Fees	63,000	4,940
Utilities Expense	1,132,717	88,811
Bank Fees	4,129	324
Other expenses	76,232	5,977

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PROFESSIONAL FEES	189,560	14,862
UNIFORMS	41,458	3,251
REPAIRS AND MAINTENANCE EXPENSE	11,957	937
OFFICE EXPENSE	576,302	45,185
MEALS AND ENTERTAINMENT	369	29
SITE COSTS	593,271	46,515
UTILITY EXPENSE	219,034	17,173
PARKING	180,960	14,188
ADVERTISING AND PUBLIC RELATIONS	46,412	3,639
CHARITABLE CONTRIBUTIONS	4,440	348
SUBSCRIPTIONS	5,000	392
EVENT PLANNING EXPENSE	73,935	5,797
MISCELLANEOUS EXPENSES	595,597	46,698
BANK CHARGES	28,706	2,251
ADMINISTRATIVE SERVICES	72,857	5,712

TY 2013 Other Deductions Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Service & Maintenance EXPENSE	5,398,451	423,265

TY 2013 Other Deductions Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Legal and Professional Fees	6,006	471

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REPAIRS AND MAINTENANCE	2,315,112	181,516
LEASING/SALE COSTS	1,218,388	95,528
LEGAL AND PROFESSIONAL FEES	5,013,955	393,119
TRAVEL EXPENSES	21,907	1,718

TY 2013 Other Deductions Schedule**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADVERTISING AND PUBLIC RELATIONS	10,740	842
PRIOR PERIOD ADJUSTMENT	4,950	388

TY 2013 Itemized Other Investments Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		Other Investments	106,409	161,753

TY 2013 Itemized Other Investments Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		Other Investments	42,074	42,027

TY 2013 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		EQUIPMENT LEASE - LT PAYABLE	2,198,020	4,958,600

TY 2013 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		NOTE PAYABLE - CAPITAL LEASES	847,108	1,186,805

TY 2013 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LONG-TERM INCOME TAXES - DEFERRED	4,634,251	5,526,726
		LONG TERM CAPITAL LEASE	33,515,149	27,622,455

TY 2013 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Other Liabilities	161,779	

TY 2013 Itemized Other Liabilities Schedule

Name: CHRISTUS HEALTH

EIN: 76-0590551

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OTHER LIABILITIES	166,907	208,920

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Unrealized Translation Gain	23,205	1,819
Other Income-Tax Refund	174,251	13,662
Gain on sale	528,090	41,405
Cancellation of debt income	2,176,046	170,613

TY 2013 Other Income Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount	Amount
VAT TAX REFUND	7,201	565

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Unrealized translation Gain	284,111	22,276

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Cafeteria Income	23,096,224	1,810,858
Net Unrealized Translation Gain	1,126,922	88,356
Parking Income	5,181,631	406,265

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
CAFETERIA INCOME	3,461,731	271,417
UNREALIZED TRANSLATION GAIN	122,633	9,615
PARKING INCOME	2,455,996	192,562

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
REVENUE RECOVERY	1,558,190	122,170
NON-OPERATING INVESTMENT INCOME	103,763,352	8,135,558
UNREALIZED TRANSLATION GAIN	24,124,814	1,891,504

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Charitable Contributions	164,913	12,930
Other Income	56,919	4,463

TY 2013 Other Income Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Foreign Amount	Amount
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TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Service & Maintenance Fees	5,474,409	429,221

TY 2013 Other Income Statement**Name:** CHRISTUS HEALTH**EIN:** 76-0590551

Description	Foreign Amount	Amount
Unrealized Translation Gain	2,067	162
VAT tax refund	55,401	4,344

TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID-IN CAPITAL	12,186,508	12,186,508

TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID-IN CAPITAL	8,570,348	8,570,348

TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: CHRISTUS HEALTH

EIN: 76-0590551

Description	Beginning Amount	Ending Amount
APIC	3,571	3,571

**STATEMENT PURSUANT TO § 1.351-3(a) BY
CHRISTUS HEALTH (EIN: 76-0590551),
A SIGNIFICANT TRANSFEROR**

Pursuant to Reg § 1.351-3 (a), the following information is hereby disclosed

- (1) The name and employer identification number (if any) of the transferee corporation

AMATISTA FINANCING CO LTD (EIN FOREIGN)

- (2) The date(s) of the transfer(s) of assets

10/25/2013

- (3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange

FMV (in FC) \$20,050,000

Basis (in FC) \$20,050,000

- (4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange

No private letter rulings were issued with respect to the section 351 exchange

**STATEMENT PURSUANT TO § 1.351-3(b) BY
CH CHILE SPA (EIN: FOREIGN),
A TRANSFEREE CORPORATION**

Pursuant to Reg. § 1.351-3 (b), the following information is hereby disclosed

- (1) The name and employer identification number (if any) of every significant transferor

CHRISTUS HEALTH (EIN 76-0590551)

- (2) The date(s) of the transfer(s) of assets

10/25/2013

- (3) The aggregate fair market value and basis, determined immediately before the exchange, of the property received in the exchange

FMV (in FC) \$20,050,000

Basis (in FC) \$20,050,000

- (4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange

No private letter rulings were issued with respect to the section 351 exchange

**CH CHILE SPA (EIN: FOREIGN)
CALENDER YEAR ENDED 12/31/2013**

The following statement is made pursuant to Reg Sec 1.964-1(c)(3)(ii)

1 Foreign Corporation

Name	AMATISTA FINANCING CO LTD
Country of Organization	CAYMAN ISLANDS
EIN	FOREIGN

2 Controlling U S Shareholder(s) or Common Parent

Name	CHRISTUS HEALTH
Address	919 HIDDENRIDGE DR, IRVING, TX 75038
Stock Interest	COMMON
EIN	76-0590551

3 Other U S Shareholders

NONE

4 Nature of Action

There is hereby adopted for the above foreign corporation for the taxable year beginning 8/21/2013, and ending 12/31/2013, for the purposes of section 902 (as provided by §1.902-3(g)(3) and sections 961 through 964, as applicable), and for subsequent periods as required by the Internal Revenue Code

- a) To use the accrual method of accounting, the accounting method by which the foreign corporation regularly maintains its books and records as provided under section 446(a)
- b) To depreciate assets in accordance with the rules of section 168(g) under the Alternative Depreciation System using the straight-line method over useful lives determined by reference to ADR guideline classes under Rev Proc 87-56 (1987-2 C B 674), as clarified and modified by Rev Proc 88-22 (1988-1 C B 785)
- c) To use the specific write-off method for bad debts as described in section 166(a)
- d) To use the recurring item exception of section 461(h)(3) for all types of items incurred in all trades and businesses of the foreign corporation
- e) To apply the benefits of section 404A which permits the deduction of additions to foreign corporation's reserves for its qualified foreign plan which is a qualified reserve plan under sections 404A(c) and (f)(2)
- f) To expense qualified research and development expenditures under section 174(a) which qualify as research and development expenditures under section 174

- g) To deduct start-up expenditures for the taxable year in which the active trade or business begins in an amount equal to the lesser of the start-up expenditures or \$5,000 (reduced (not below zero) by expenditures exceeding \$50,000), and the remainder of such expenditures ratably over the 180-month period beginning with the month in which the active trade or business begins pursuant to section 195(b)
- h) To accrue real property taxes ratably over the period of time to which taxes relate under section 461(c)
- i) To use the modified gross income method for purposes of allocating interest expense pursuant to Notice 89-91 and §1 861-9T(f)(3)
- j) To deduct organizational expenditures for the taxable year in which the corporation begins business in an amount equal to the lesser of the organizational expenditures or \$5,000 (reduced (not below zero) by expenditures exceeding \$50,000), and the remainder of such expenditures ratably over the 180-month period beginning with the month in which the corporation begins business pursuant to section 248

**STATEMENT PURSUANT TO § 1.351-3(a) BY
CHRISTUS HEALTH (EIN: 76-0590551),
A SIGNIFICANT TRANSFEROR**

Pursuant to Reg. § 1.351-3 (a), the following information is hereby disclosed

- (1) The name and employer identification number (if any) of the transferee corporation

CH CHILE SPA (EIN FOREIGN)

- (2) The date(s) of the transfer(s) of assets

10/25/2013

- (3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange

FMV (in FC) CLP 5,000,000

Basis (in FC) CLP 5,000,000

- (4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange

No private letter rulings were issued with respect to the section 351 exchange

**STATEMENT PURSUANT TO § 1.351-3(b) BY
CH CHILE SPA (EIN: FOREIGN),
A TRANSFEREE CORPORATION**

Pursuant to Reg. § 1.351-3 (b), the following information is hereby disclosed

- (1) The name and employer identification number (if any) of every significant transferor

CHRISTUS HEALTH (EIN 76-0590551)

- (2) The date(s) of the transfer(s) of assets

10/25/2013

- (3) The aggregate fair market value and basis, determined immediately before the exchange, of the property received in the exchange

FMV (in FC) CLP 5,000,000

Basis (in FC) CLP 5,000,000

- (4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange

No private letter rulings were issued with respect to the section 351 exchange

**CH CHILE SPA (EIN: FOREIGN)
CALENDER YEAR ENDED 12/31/2013**

The following statement is made pursuant to Reg Sec 1.964-1(c)(3)(ii)

1 Foreign Corporation

Name	CH CHILE SPA
Country of Organization	CHILE
EIN	FOREIGN

2 Controlling U S Shareholder(s) or Common Parent

Name	CHRISTUS HEALTH
Address	919 HIDDENRIDGE DR, IRVING, TX 75038
Stock Interest	COMMON
EIN	76-0590551

3 Other U S Shareholders

NONE

4 Nature of Action

There is hereby adopted for the above foreign corporation for the taxable year beginning 7/8/13, and ending 12/31/13, for the purposes of section 902 (as provided by §1.902-3(g)(3) and sections 961 through 964, as applicable), and for subsequent periods as required by the Internal Revenue Code

- a) To use the accrual method of accounting, the accounting method by which the foreign corporation regularly maintains its books and records as provided under section 446(a)
- b) To depreciate assets in accordance with the rules of section 168(g) under the Alternative Depreciation System using the straight-line method over useful lives determined by reference to ADR guideline classes under Rev Proc 87-56 (1987-2 C B 674), as clarified and modified by Rev Proc 88-22 (1988-1 C B 785)
- c) To use the specific write-off method for bad debts as described in section 166(a)
- d) To use the recurring item exception of section 461(h)(3) for all types of items incurred in all trades and businesses of the foreign corporation
- e) To apply the benefits of section 404A which permits the deduction of additions to foreign corporation's reserves for its qualified foreign plan which is a qualified reserve plan under sections 404A(c) and (f)(2)
- f) To expense qualified research and development expenditures under section 174(a) which qualify as research and development expenditures under section 174

- g) To deduct start-up expenditures for the taxable year in which the active trade or business begins in an amount equal to the lesser of the start-up expenditures or \$5,000 (reduced (not below zero) by expenditures exceeding \$50,000), and the remainder of such expenditures ratably over the 180-month period beginning with the month in which the active trade or business begins pursuant to section 195(b)
- h) To accrue real property taxes ratably over the period of time to which taxes relate under section 461(c)
- i) To use the modified gross income method for purposes of allocating interest expense pursuant to Notice 89-91 and §1.861-9T(f)(3)
- j) To deduct organizational expenditures for the taxable year in which the corporation begins business in an amount equal to the lesser of the organizational expenditures or \$5,000 (reduced (not below zero) by expenditures exceeding \$50,000), and the remainder of such expenditures ratably over the 180-month period beginning with the month in which the corporation begins business pursuant to section 248