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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Christus Health

% KIM REYNOLDS

Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
919 Hidden Ridge Drive

City or town, state or province, country, and ZIP or foreign postal code
Irving, TX 75038

D Employer identification number
76-0590551

E Telephone number
(469) 282-2000

G Gross receipts $ 1,140,602,001

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2,637
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,305,765
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,782,880

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	608,139,426	612,516,587
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,556,080	33,104,904
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,714,396	13,190,044
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	673,409,902	658,811,535

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,159,229	1,592,485
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	256,599,132	284,786,449
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	385,285,984	416,754,022
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	648,044,345	703,132,956
19	Revenue less expenses Subtract line 18 from line 12	25,365,557	-44,321,421

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,312,245,452	2,083,545,771
21	Total liabilities (Part X, line 26)	2,226,558,149	2,200,896,294
22	Net assets or fund balances Subtract line 21 from line 20	85,687,303	-117,350,523

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: 2016-05-10

▶ RANDY SAFADY EXEC VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
kathleen moseley	kathleen moseley			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 (817) 335-1900

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 $ 268,463,916 including grants of $ 0) (Revenue $ 480,297,145)

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 TO STRENGTHEN THE 150 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 2015 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 737,645 VISITS TO OUR EMERGENCY DEPARTMENTS, 34,779 INPATIENT SURGERY PROCEDURES, 75,787 OUTPATIENT SURGERY PROCEDURES, 142,179 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 3,075,176 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 $ 146,306,900 including grants of $ 0) (Revenue $ 132,219,442)

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 $ 2,733,323 including grants of $ 0) (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 2015, 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 $ 1,592,485 including grants of $ 1,592,485) (Revenue $ 0)

4e **Total program service expenses** ▶ 419,096,624

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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	2,588		
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	2,637		
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 ▶ CI , CJ , MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring 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	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶KIM REYNOLDS
919 HIDDEN RIDGE DRIVE
IRVING,TX 75038 (469) 282-2000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								19,388,355	6,376,995	4,772,997

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 ▶339

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT LICENSING GP, 1950 N STEMMONS FWY STE 5010 DALLAS, TX 75207	TECHNOLOGY SERVICES	5,055,905
2707 AND 2727 NLW LTD, 1800 AUGUSTA SUITE 400 HOUSTON, TX 77057	CONSTRUCTION SERVICE	3,872,905
GRIFFIN CAPITAL CORPORATION, 1520 GRAND AVENUE EL SUGUNDO, CA 90245	BUSINESS SERVICES	3,982,076
ERNST YOUNG US LLP, 200 PLAZA DRIVE SECAUCUS, NJ 07094	TAX SERVICES	2,865,385
FULBRIGHT AND JAWORSKI LLP, 1301 MCKINNEY STREET SUITE 5100 HOUSTON, TX 770103905	LEGAL SERVICES	3,221,467

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 ▶70

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				
	b	Membership dues 1b				
	c	Fundraising events 1c 0				
	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 $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	SERVICE FEE INCOME	541900	160,781,404	160,392,884	388,520	0
	b	PREMIUM REVENUE	900099	158,295,764	158,295,764	0	0
	c	CAPITATION REVENUE	621400	133,430,113	133,430,113	0	0
	d	SYSTEM OFFICE FEES AND MGMT SERVICES	561000	78,200,670	70,708,957	7,491,713	0
	e	MEANINGFUL USE INCENTIVE PAYMENTS	900099	15,071,600	15,071,600		
	f	All other program service revenue		66,737,036	66,737,036		0
	g	**Total.** Add lines 2a–2f . . . . . ▶		612,516,587			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,928,270			12,928,270
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		4,149,295			4,149,295
		(i) Real / (ii) Personal					
	6a	Gross rents 83,705					
	b	Less rental expenses					
	c	Rental income or (loss) 83,705 / 0					
	d	Net rental income or (loss) . . . . . ▶		83,705			83,705
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory 497,574,145 / 2,166,092					
	b	Less cost or other basis and sales expenses 477,817,108 / 1,746,495					
	c	Gain or (loss) 19,757,037 / 419,597					
	d	Net gain or (loss) . . . . . ▶		20,176,634			20,176,634
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a 6,219,408					
	b	Less cost of goods sold . . b 2,226,863					
	c	Net income or (loss) from sales of inventory . . ▶		3,992,545			3,992,545
		Miscellaneous Revenue	Business Code				
	11a	OTHER OPERATING REVENUE	900099	3,566,057	0	0	3,566,057
	b	COBRA INSURANCE-EMPLOYEES	900099	900,548	0	0	900,548
	c	SPA REVENUE	900099	367,665	0	367,665	0
	d	All other revenue		130,229	0	57,867	72,362
	e	**Total.** Add lines 11a–11d . . . . . ▶		4,964,499			
	12	**Total revenue.** See Instructions . . . . . ▶		658,811,535	604,636,354	8,305,765	45,869,416

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 domestic organizations and domestic governments See Part IV, line 21	1,592,485	1,592,485		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	22,503,766	4,651,250	17,852,516	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	262,665	54,290	208,375	0
7 Other salaries and wages	148,360,653	30,664,311	117,696,342	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-8,984,169	-42,061	-8,942,108	0
9 Other employee benefits	113,743,875	111,054,802	2,689,073	0
10 Payroll taxes	8,899,659	2,384,950	6,514,709	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,446,576	30,601	2,415,975	0
c Accounting	-4,461,096	0	-4,461,096	0
d Lobbying	1,296,172	0	1,296,172	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	3,599,536	0	3,599,536	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	290,450,756	221,834,658	68,616,098	
12 Advertising and promotion	2,650,324	225	2,650,099	0
13 Office expenses	26,978,024	20,958,391	6,019,633	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	18,417,931	9,640,070	8,777,861	0
17 Travel	6,214,047	906,130	5,307,917	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	5,420,149	367,245	5,052,904	0
20 Interest	22,636,215	1,520	22,634,695	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	10,974,797	7,077,893	3,896,904	0
23 Insurance	7,908,220	6,958,074	950,146	0
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	14,672,916		14,672,916	0
b DUES/MEMBERSHIPS/SUBSCRIP	4,626,760	1,800,066	2,826,694	0
c RECRUITMENT/PLACEMENT FEE	1,552,970	187,833	1,365,137	0
d FOREIGN INCOME TAX	1,546,409	0	1,546,409	0
e All other expenses	-176,684	-1,026,109	849,425	
25 **Total functional expenses.** Add lines 1 through 24e	703,132,956	419,096,624	284,036,332	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)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		98,769,800	1	15,509,727
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,973,390	4	7,660,373
	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		767,763,402	7	745,148,071
	8	Inventories for sale or use		970,215	8	1,276,397
	9	Prepaid expenses and deferred charges		42,323,736	9	40,637,626
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 238,144,529			
	b	Less accumulated depreciation	10b 111,147,374	77,609,100	10c	126,997,155
	11	Investments—publicly traded securities		650,167,226	11	600,460,617
	12	Investments—other securities See Part IV, line 11		386,780,503	12	375,636,092
	13	Investments—program-related See Part IV, line 11		72,839,853	13	18,687,170
	14	Intangible assets		31,943,296	14	31,943,296
	15	Other assets See Part IV, line 11		181,104,931	15	119,589,247
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,312,245,452	16	2,083,545,771
Liabilities	17	Accounts payable and accrued expenses		183,475,592	17	124,789,672
	18	Grants payable		0	18	0
	19	Deferred revenue		171,086	19	1,154,617
	20	Tax-exempt bond liabilities		908,093,993	20	870,923,823
	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		1,134,817,478	25	1,204,028,182
	26	**Total liabilities.** Add lines 17 through 25		2,226,558,149	26	2,200,896,294
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		84,330,344	27	-118,707,872
	28	Temporarily restricted net assets		154,554	28	154,944
	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		85,687,303	33	-117,350,523
	34	Total liabilities and net assets/fund balances		2,312,245,452	34	2,083,545,771

Part XI Reconcilliation 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	658,811,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	703,132,956
3	Revenue less expenses Subtract line 2 from line 1	3	-44,321,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,687,303
5	Net unrealized gains (losses) on investments	5	-18,922,269
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	-139,794,136
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-117,350,523

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 76-0590551
Name: Christus Health

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHYLLIS COWLING Director (THRU 12/14)	1 0 0 0	X						1,108	0	0
(1) FATHER CHARLES E BOUCHARD Director	1 0 0 0	X						0	0	0
(2) KENNETH D WELLS MD Director	1 0 0 0	X						28,465	0	0
(3) PATRICIO DONOSO IBANEZ Director	1 0 0 0	X						11,418	0	0
(4) SISTER WALTER MAHER CCVI Director	1 0 0 0	X						0	0	0
(5) SISTER HANNAH O'DONOGHUE CCVI Director	1 0 0 0	X						0	0	0
(6) CHERYL ALSTON Director	1 0 0 0	X						22,422	0	0
(7) GEORGE BO-LINN MD Director	1 0 0 0	X						12,616	0	0
(8) J LYNN BRITTON Director	1 0 0 0	X						9,558	0	0
(9) CLARENCE R WILLIAMS Director	1 0 0 0	X						13,858	0	0
(10) MARICELA S MOORE Director	1 0 0 0	X						20,853	0	0
(11) ARTHUR M SOUTHAM MD Director	1 0 0 0	X						1,108	0	0
(12) ERNIE W SADAU Ex Officio	39 0 1 0	X		X				2,981,187	0	574,888
(13) SISTER KATHLEEN COUGHLIN CCVI Director	1 0 0 0	X						0	0	0
(14) SISTER ALICE MARY BUCKLEY DIRECTOR (EFF 1/15)	1 0 0 0	X						0	0	0
(15) SISTER CHRISTINA MURPHY DIRECTOR (EFF 1/15)	1 0 0 0	X						0	0	0
(16) SISTER KEVINA KEATING DIRECTOR (EFF 1/15)	1 0 0 0	X						0	0	0
(17) SISTER MARY MARGARET BRIGHT DIRECTOR (EFF 1/15)	1 0 0 0	X						0	0	0
(18) SISTER TERESA MAYA DIRECTOR (EFF 1/15)	1 0 0 0	X						0	0	0
(19) RICHARD L CLARKE CHAIRPERSON	1 0 0 0	X		X				25,758	0	0
(20) DENNIS N STINE VICE CHAIRPERSON	1 0 0 0	X		X				18,858	0	0
(21) SISTER CELESTE TRAHAN CCVI Director (THRU 7/14)	1 0 0 0	X						0	0	0
(22) Randy Safady Sr VP/ Chief Financial Officer	39 0 1 0			X				1,745,728	0	375,261
(23) PATRICIA NOBLES CORP SECRETARY (THRU 4/15)	32 0 8 0			X				183,336	0	42,717
(24) George S Conklin SR VP Chief Infor Officer	39 0 1 0				X			1,594,234	0	217,326

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) John Gillean MD SR VP Chief Medical Officer	39 0 1 0				X			1,946,200	0	310,701
(1) Gerard F Heeley Sr VP Mission and Ethics	39 0 1 0				X			898,379	0	179,109
(2) Mary T Lynch Sr VP Chief Gov (THRU 2/15)	40 0 0 0				X			1,516,451	0	126,799
(3) Linda K McClung SR VP/ops/corp stg mrkt svcs	39 0 1 0				X			1,195,335	0	294,048
(4) Paul Generale SR VP Senior Finance Officer	39 0 1 0				X			1,118,721	0	310,314
(5) Jeffrey M Puckett corp VP/Mng'd Care Bus Adv/Dev	39 0 1 0				X			1,505,837	0	357,732
(6) Eugene Woods Sr VP Chief Operating Officer	39 0 1 0				X			1,991,188	0	406,177
(7) ALEX J VALDEZ VP, INTERNATIONAL	39 0 1 0				X			1,204,390	0	142,127
(8) MARTY MARGETTS SVP CORP SVCS (EFF 1/15)	40 0 0 0				X			816,018	0	159,728
(9) PAMELA ROBERTSON President-CEO CHRISTUS Spohn	1 0 39 0					X		0	1,161,955	227,601
(10) PATRICK CARRIER President-CEO CSRHS	1 0 39 0					X		0	1,794,174	269,703
(11) STEPHEN WRIGHT President-CEO LA Ministries	1 0 39 0					X		0	1,183,184	253,895
(12) ELLEN M JONES PRES & CEO/GULF COAST & SETX	1 0 39 0					X		0	1,259,389	275,858
(13) CHRISTOPHER KARAM President-CEO ALT-Cont Care	1 0 39 0					X		0	978,293	249,013
(14) PETER MADDOX SVP Business, stgy & corp Dev	0 0 0 0						X	347,388	0	0
(15) JOHN L ZIPPRICH SR VP INT OP LGL (THRU 8/12)	39 0 1 0						X	177,941	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	257,890	3,016,026	0	0	0	3,273,916
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	151,666,161	208,487,936	195,922,267	177,893,713	149,803,902	883,773,979
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,434,502	4,736,260	6,936,597	5,045,514	6,219,408	27,372,281
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	156,358,553	216,240,222	202,858,864	182,939,227	156,023,310	914,420,176
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)						914,420,176

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	156,358,553	216,240,222	202,858,864	182,939,227	156,023,310	914,420,176
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,322,724	17,625,801	19,128,748	22,860,349	17,161,269	94,098,891
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				3,055,553	4,783,879	7,839,432
c Add lines 10a and 10b	17,322,724	17,625,801	19,128,748	25,915,902	21,945,148	101,938,323
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 VI)	140,525	171,489	6,309,554	4,924,589	4,538,968	16,085,125
13 **Total support.** (Add lines 9, 10c, 11, and 12)	173,821,802	234,037,512	228,297,166	213,779,718	182,507,426	1,032,443,624

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	88 568 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	89 521 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	9 874 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	9 063 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Christus Health	76-0590551

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		10,050
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		393,296
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		892,826
j	Total Add lines 1c through 1i			1,296,172
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), 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 3/10/2015 Act now to oppose cuts to hospitals reimbursement (681 letters sent) HR2, 7/28/2014 Act now to support funding for humanitarian crisis on Texas border (151 letters sent) S Res486 Total 832 letters and faxes sent A total of 1664 emails and faxes sent on behalf of CHRISTUS Health by employees as well as volunteers 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 2016, Disproportionate Share Hospital Funding, 1115 Waiver Medicaid Proposals, Medicaid Managed Care, Health Information Technology and Interoperability, Affordable Care Act, Federal Emergency Preparedness, Pharmaceutical 340B Safety-Net Hospital Program, School Based Health Clinics, Medicaid Expansion under the ACA, Military Health, Gun legislation affecting hospitals, Hospital local provider fees, Trauma Center funding, pediatric hospital issues, Confidentiality of Patient Records legislation, State Hospital Reforms, VA Unreimbursed Claims, Services Related to Ethical and Religious Directives, and Non subscription as an alternative to Texas Workers Compensation system 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 Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		21,319,831		21,319,831
b Buildings		87,741,614	34,358,171	53,383,443
c Leasehold improvements		13,820,428	3,783,597	10,036,831
d Equipment		16,585,712	6,280,707	10,305,005
e Other		98,676,944	66,724,899	31,952,045
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				126,997,155

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Hedge Funds	375,636,092	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	375,636,092	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Deferred Assets	34,508,024
(2) SVH Restricted Capital Account	32,111,105
(3) DEPOSITS	1,125,946
(4) NET AMORT BOND ISSUE COSTS	-5,707,257
(5) BOND ISSUE COSTS	15,959,303
(6) CURRENT PTN ALATU PENSION FUND	986
(7) DUE FROM RELATED ORGS	41,591,140
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	119,589,247

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
CMS DUE RELATED ENTITIES	956,319,167
Capital Lease Liability	4,058
LT SELF FUNDING LIABILITY	111,902,888
LT PENSION LIABILITY	118,212,641
Payable to CCVI	1,760,637
UPL RECEIVABLE	10,750,000
COLLECTIONS PAYABLE	2,743,207
OTHER TAXES PAYABLE	2,335,584
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,204,028,182

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** 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 (losses) 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 OF BAPTIST ST ANTHONY HEALTH SYSTEM AND ITS AFFILIATES, AND THEREFORE IT IS NOT A RELATED ORGANIZATION PER THE IRS FORM 990 INSTRUCTIONS
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2015 AND 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 76-0590551
Name: Christus Health

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

1	**(a)** Description of Liability	**(b)** Book Value
	CMS DUE RELATED ENTITIES	956,319,167
	Capital Lease Liability	4,058
	LT SELF FUNDING LIABILITY	111,902,888
	LT PENSION LIABILITY	118,212,641
	Payable to CCVI	1,760,637
	UPL RECEIVABLE	10,750,000
	COLLECTIONS PAYABLE	2,743,207
	OTHER TAXES PAYABLE	2,335,584

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

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					366,857,947
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					366,857,947

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ 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 MANAGEME NT 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 SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED ORGANIZATIONS CONSIDERED FOR DONATIONS MUST BE AN 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	237,860
Europe (Including Iceland and Greenland)			Program Services	Program/Bus Develop	93,561
South Asia			Program Services	PROGRAM/BUS DEVELOP	224

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	640,804
North America			Program Services	investments - cap cont	3,500,000
Central America and the Caribbean			Program Services	INVESTMENTS-BOOK VALUE	191,217,977

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	17,500,000
Central America and the Caribbean			Program Services	SELF INSURANCE FUNDING	28,769,261
Central America and the Caribbean			Program Services	INVESTMENT-BOOK VALUE	123,895,314

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	1,000,000
Sub-Saharan Africa			Program Services	PROGRAM/BUS DEVELOP	677
Middle East and North Africa			Program Services	PROGRAM/BUS DEVELOP	2,269

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 41

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.

(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
AMISTAD COMMUNITY HEALTH CENTER1533 S Brownlee Blvd Corpus Christi,TX 78404	20-3008507	501(c)(3)	6,500				Outreach and enrollment support for Marketplace Ex poor, devalued and in need of help in East Texas
ANY BABY CAN OF SAN ANTONIO INC217 Howard Street San Antonio,TX 78212	74-2684333	501(c)(3)	16,000				Presciption assistance program address social ills that undermine the diginity of the person
CATHOLIC CHARITIES EAST TEXAS202 West Front Street Tyler,TX 75702	74-1900345	501(c)(3)	34,500				New parish nurse program to provide health educati Social Teaching, advocating for the voiceless & promoting awareness of social concerns

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ST ELIZABETH HOSPITAL2830 Calder Avenue Beaumont,TX 77702	74-1461326	501(c)(3)	21,700				Outreach and enrollment support for Marketplace Ex Exchange
COASTAL BEND CENTER FOR INDEPENDENT LIVING 1537 Seventh Street Corpus Christi,TX 78404	74-2878070	501(c)(3)	10,000				Outreach and enrollment support for Marketplace Ex
COMMUNITY RENEWAL INTERNATIONAL INC838 Margaret Place Shreveport,LA 71101	72-1213057	501(c)(3)	10,000				Connecting people and creating safe and caring com on school campuses to improve student health and school attendance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DAVID RAINES COMMUNITY3041 Martin Luther King Jr Drive Shreveport, LA 71107	58-2000630	501(c)(3)	27,360				Outreach and enrollment support for Marketplace Ex
EAST TEXAS HEALTH ACCESS NETWORK117 W Houston Street Jasper, TX 75951	20-0091803	501(c)(3)	25,000				Assist individuals and families with connection to
FAITH FAMILY CLINIC8711 Village Drive San Antonio, TX 78217	26-3791828	501(c)(3)	40,000				Serving the working uninsured and underinsured

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARTIN LUTHER KING HEALTH CENTER827 Margaret Place Shreveport, LA 71101	72-1079721	501(c)(3)	75,640				Outreach and enrollment support for Marketplace Ex communities with measurable and
MISSION OF MERCY INC 719 S Shoreline Blvd Corpus Christi, TX 78401	81-0566980	501(c)(3)	20,000				Mobile unit to provide healthcare and medication t self-sustained resources
NATIONAL DANCE INSTITUTE of NM1140 Alto Street Santa Fe, NM 87501	85-0431846	501(c)(3)	8,000				Dancing to health in Santa Fe

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INTERVENTION1720 Llano Street Santa Fe,NM 87505	85-0427990	501(c)(3)	15,000				School-based effort providing free counseling serv
OATH PROGRAM405 North Adams Beeville,TX 78102	74-2531617	501(c)(3)	20,000				Citizens promoting medical excellence
SA2020112 East Pecan Street San Antonio,TX 78205	45-5409693	501(c)(3)	34,000				Marketing to educate the public on the Marketplace adults facing social, emotional and developmental challenges

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEXAS3747 Doctors Drive Port Arthur,TX 77642	76-0068922	501(c)(3)	40,000				To provide quality mental, emotional and behaviora homeless transformational campus
THE ARC OF SAN ANTONIO 13430 West Avenue San Antonio,TX 78216	74-1200110	501(c)(3)	25,000				Life enrichment programs for adults - level 2 providing professional counseling services and educational programs to uninsured and underinsured people
THE COMING HOME CONNECTION INC418 Cerrillos Road Santa Fe,NM 87501	74-2853467	501(c)(3)	13,200				Volunteer home care model both cardiovascular disease and diabetes

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VILLA THERESE CATHOLIC CLINIC219 Cathedral Place Santa Fe,NM 87501	85-0229019	501(c)(3)	25,000				Dental services for underserved and underinsured p to underserved and uninsured community members
WOMENS GLOBAL CONNECTIONPO Box 34833 San Antonio,TX 78265	42-1619919	501(c)(3)	15,000				Women building healthy and sustainable communites free medical care to uninsured in Comal County
PASTORAL COUNSELING CENTER1751 Old Pecos Trail Santa Fe,NM 87505	85-0411553	501(c)(3)	35,600				To extend access to services to the senior populat services for youth and their families who are in need

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bishop Farrell Invitational Fund9461 LBJ FRWY SUITE 128 Dallas,TX 75243	75-2745221	501(c)(3)	100,000				Inspiring children through faith and education to program
CARDINAL PHILLIPE XAVIER I9461 LBJ FRWY SUITE 128 DALLAS,TX 75243	75-2745221	501(c)(3)	10,000				Post 2015 Heritage Pilgrimage
CATHOLIC CHARITIES OF DALLAS INC9461 LBJ FRWY STE 128 DALLAS,TX 75243	75-2745221	501(c)(3)	100,000				Donation to 2015 Bishop Gala

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 12222 MERIT DR SUITE 850 STE 248 DALLAS,TX 75251	75-1106620	501(c)(3)	100,000				Golf Tournament Sponsorship Donation teens who are pregnant and/or parenting that provides education and support services Requested funds medical services manager that coordinates health related services
CHEF SHOWCASE FOUNDATION2100 McKinney Ave STE 700 DALLAS,TX 75243	20-0371453	501(c)(3)	10,000				Benefiting Camp John Marc- Chefs Showcase 2015 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
CHRISTUS FOUNDATION FOR HEALTHCAREPO Box 1919 Houston,TX 77251	74-6074210	501(c)(3)	20,000				Charity motorcycle ride benefiting children from I Incarnate Word

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTUS HEALTH FOUNDATION2830 Calder Street Beaumont,TX 77702	61-1500100	501(c)(3)	15,000				Donation to the 35th Annual Gala domestic & sexual violence
CHRISTUS SPOHN FOUNDATION600 Elizabeth Street Corpus Christi,TX 78404	74-1906005	501(c)(3)	33,000				Donation to the Dr Hector P Garcial Memorial Fami Exchange
CHRISTUS ST FRANCES CABRINI3330 Masonic Drive Alexandria,LA 71301	23-7255175	501(c)(3)	29,117				Donation for CMN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOUNDS & DONORS INTERESTED IN CATHOLIC ACTIVITY4201 CONNECTICUT AVE NW STE 505 WASHINGTON,DC 20008	52-1062824	501(c)(3)	10,000				Hispanic Leadership and Philanthropy for a 21st Ce Exchange
FRIENDS OF CHRISTUS SANTA ROSA100 NE Loop 410 SAN ANTONIO,TX 78219	74-2723391	501(c)(3)	20,000				2014 National Speakers Luncheon Benefactor Sponsor to and coordination of healthcare services
HOPKINS COUNTY HEALTH CARE115 Airport Road SULFUR SPRINGS,TX 75482	75-2845157	501(c)(3)	20,000				2015-2016 Lights of Life campaign

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INCARNATE WORD ACADEMY609 CRAWFORD HOUSTON,TX 77023	74-1280554	501(c)(3)	25,000				Incarnate Word Academy Legacy Gala
ST JOSEPH COMMUNITY FOUNDATION2800 Lamar Ave PARIS,TX 75460	42-1619230	501(c)(3)	40,000				Underwriter's Ball Donation population
STOP HUNGER NOW INC 615 Hillsborough St STE 200 RALEIGH,NC 27603	16-1541024	501(c)(3)	6,000				Working together to end world hunger

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CONGREGATION OF THE SISTERS OF CHARITY PO Box 230969 Houston,TX 77223	74-2460683	501(c)(3)	5,700				Board Compensation
UNIVERSITY OF THE INCARNATE WORD4301 Broadway San Antonio,TX 78209	74-1109661	501(c)(3)	105,000				Gift Card Donation
CHRISTUS SHUMPERT HEALTHONE ST MARY PLACE SHREVEPORT,LA 71101	72-1219280	501(C)(3)	42,215				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTUS SPOHN HOSPITAL600 ELIZABETH STREET CORPUS CHRISTI,TX 78404	74-1109836	501(C)(3)	190,300				
CHRISTUS ST FRANCES CABRINI HOSPITAL FDN 3330 MASONIC DRIVE ALEXANDRIA,LA 71301	72-0998302	501(C)(3)	29,117				

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) 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 PAYMENTS	FORM 990, SCHEDULE J, PART I, QUESTION 4A THE FOLLOWING INDIVIDUAL(S) RECEIVED A SEVERANCE PAYMENT ELLEN M JONES - $309,456 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 $198,516 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN John Gillean, MD received $99,117 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN Mary T Lynch received $627,244 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN Linda K McClung received $77,693 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN Jeffrey M Puckett received $143,998 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN Stephen Wright received $80,111 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN Christopher Karam received $105,081 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN PAMELA ROBERTSON RECEIVED $193,769 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN ALEX VALDEZ RECEIVED $207,463 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN GEORGE S CONKLIN RECEIVED $631,887 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN GERARD F HEELEY RECEIVED $272,833 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN PAUL GENERALE RECEIVED $71,321 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN EUGENE WOODS RECEIVED $373,586 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN PATRICK CARRIER RECEIVED $707,789 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN RANDY SAFADY RECEIVED $124,222 DURING CALENDAR YEAR 2014 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN ELLEN M JONES RECEIVED $305,447 DURING CALENDAR YEAR 2014 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 2014 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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERNIE W SADAU, Ex Officio	(I)	1,698,398	917,280	365,509	553,946	20,942	3,556,075	198,516
	(II)	0	0	0	0	0	0	0
George S Conklin, SR VP Chief Infor Officer	(I)	650,857	270,816	672,561	205,257	12,069	1,811,560	631,887
	(II)	0	0	0	0	0	0	0
John Gillean MD, SR VP Chief Medical Officer	(I)	1,051,735	402,641	491,824	280,654	30,047	2,256,901	99,117
	(II)	0	0	0	0	0	0	0
Gerard F Heeley, Sr VP Mission and Ethics	(I)	414,121	210,673	273,585	173,615	5,494	1,077,488	272,833
	(II)	0	0	0	0	0	0	0
Mary T Lynch, Sr VP Chief Gov (THRU 2/15)	(I)	549,398	258,945	708,108	110,134	16,665	1,643,250	627,244
	(II)	0	0	0	0	0	0	0
Linda K McClung, SR VP/ops/corp stg mrkt svcs	(I)	731,176	318,641	145,518	269,123	24,925	1,489,383	77,693
	(II)	0	0	0	0	0	0	0
Paul Generale, SR VP Senior Finance Officer	(I)	642,999	360,041	115,681	289,232	21,082	1,429,035	71,321
	(II)	0	0	0	0	0	0	0
Jeffrey M Puckett, corp VP/Mng'd Care Bus Adv/Dev	(I)	899,810	377,441	228,586	334,589	23,143	1,863,569	143,998
	(II)	0	0	0	0	0	0	0
Randy Safady, Sr VP/ Chief Financial Officer	(I)	913,874	572,507	259,347	354,559	20,702	2,120,989	124,222
	(II)	0	0	0	0	0	0	0
Eugene Woods, Sr VP Chief Operating Officer	(I)	1,006,297	609,041	375,850	384,740	21,437	2,397,365	373,586
	(II)	0	0	0	0	0	0	0
PATRICIA NOBLES, CORP SECRETARY (THRU 4/15)	(I)	141,923	41,413	0	24,687	18,030	226,053	0
	(II)	0	0	0	0	0	0	0
ALEX J VALDEZ, VP, INTERNATIONAL	(I)	652,304	182,617	369,469	128,947	13,180	1,346,517	207,463
	(II)	0	0	0	0	0	0	0
JOHN L ZIPPRICH, SR VP INT OP LGL (THRU 8/12)	(I)	-171,310	0	349,251	0	0	177,941	0
	(II)	0	0	0	0	0	0	0
PAMELA ROBERTSON, President-CEO CHRISTUS Spohn	(I)	0	0	0	0	0	0	0
	(II)	661,432	306,425	194,098	218,241	9,360	1,389,556	193,769
PATRICK CARRIER, President-CEO CSRHS	(I)	0	0	0	0	0	0	0
	(II)	755,188	330,868	708,118	255,129	14,574	2,063,877	707,789
STEPHEN WRIGHT, President-CEO LA Ministries	(I)	0	0	0	0	0	0	0
	(II)	820,394	207,575	155,215	230,022	23,873	1,437,079	80,111
ELLEN M JONES, PRES & CEO/GULF COAST & SETX	(I)	0	0	0	0	0	0	0
	(II)	275,601	0	983,788	50,403	225,455	1,535,247	305,447
CHRISTOPHER KARAM, President-CEO ALT-Cont Care	(I)	0	0	0	0	0	0	0
	(II)	606,934	264,101	107,258	220,522	28,491	1,227,306	105,081
PETER MADDOX, SVP Business, stgy & corp Dev	(I)	346,805	0	583	0	0	347,388	0
	(II)	0	0	0	0	0	0	0
MARTY MARGETTS, SVP CORP SVCS (EFF 1/15)	(I)	474,109	217,325	124,584	133,821	25,907	975,746	123,557
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	190,470,000	31,185,000	10,675,000	54,325,000
2	Amount of bonds legally defeased	6,675,000	21,635,000	0	0
3	Total proceeds of issue	320,967,402	96,654,505	62,856,640	56,725,518
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,687,415	0	337,093	0
8	Credit enhancement from proceeds	4,733,000	0	914,000	0
9	Working capital expenditures from proceeds	0	4,505	393,273	518
10	Capital expenditures from proceeds	3,624,407	0	18,182,274	0
11	Other spent proceeds	310,922,580	96,650,000	43,030,000	56,725,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398ZM3	11-25-2008	44,382,370	SEE SCHEDULE O	X			X		X
B	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398C71	08-12-2009	231,654,638	SEE SCHEDULE O	X			X		X
C	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDB6	11-25-2008	185,542,228	SEE SCHEDULE O	X			X		X
D	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDF7	12-19-2008	268,560,000	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,795,000	58,640,000	17,750,000	106,480,000
2	Amount of bonds legally defeased	1,215,000	2,535,000	19,675,000	0
3	Total proceeds of issue	44,566,874	232,083,528	186,370,690	268,560,701
4	Gross proceeds in reserve funds	4,176,270	16,029,390	17,755,757	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	775,238	0	3,029,908	1,638,896
8	Credit enhancement from proceeds	575,366	0	2,510,025	235,297
9	Working capital expenditures from proceeds	0	4,138	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	39,040,000	216,050,000	163,075,000	266,686,508
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		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 %		0 100 %		0 %		0 100 %	
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 %		0 100 %		0 %		0 100 %	
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Christus Health

Employer identification number
76-0590551

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TEA7	12-03-2009	73,865,293	SEE SCHEDULE O	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,435,000			
2	Amount of bonds legally defeased	835,000			
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				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Christus Health	76-0590551

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	Doing Business As Christus Health Operates Under the Following Names CHRISTUS St Joseph Village onlinepaydirect CHRISTUS Health TechSource CHRISTUS Innovations Institute CHRISTUS Healthy Living Spa TLRA US Family Health Plan Uniformed Services Family Health Plan CHRISTUS Health System TechSource USFHP Marketplace Solutions CHRISTUS St Michael Simulation Center

Return Reference	Explanation
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 FY2015 WAS $115,955. 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, 2015, THE OUTSTANDING LOAN BALANCES WERE IN THE FOLLOWING REGIONS OUTSIDE THE CHRISTUS HEALTH SERVICE AREAS: $39,166 IN CHRISTUS HEALTH GULF COAST REGION; $12,209 IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION; $15,705 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION; $20,840 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION; $2,228 IN ST. VINCENT HOSPITAL (NEW MEXICO REGION); $25,803 TOTAL CDI LOANS OUTSTANDING AS OF JUNE 30, 2015 $115,955. 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 2015, GRANT FUNDS WERE DISTRIBUTED TO NON-PROFIT AGENCIES IN THE FOLLOWING REGIONS: IN CHRISTUS HEALTH NORTHERN LOUISIANA REGION $113,000 IN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION $130,000 IN CHRISTUS HEALTH SOUTHEAST TEXAS REGION $121,200 IN CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REGION $56,500 IN ST. VINCENT HOSPITAL (NEW MEXICO REGION) $96,800 TOTAL CHRISTUS FUND $577,500

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 employee John Zipprich and FORMER KEY EMPLOYEE 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 2015 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, 2015. OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 9 PENSION FUNDING - $14,689,553 PENSION LIABILITY/EXPENSE - ($15,668,501) EQUITY ADJUSTMENT CONSOL SUBS - ($30,054,186) SPONSORSHIP FEES - ($91,133,014) GRUPO MUGUERZA EQUITY ADJUSTMENT - ($2,734,624) PENSION AMORTIZATION - ($31,960,374) TRANSFER OF RESTRICTED DONATIONS - $37,088 DONATION & INTEREST - $390 AP CORRECTION - ($2,928) AP ITEM-TANNER CHARITABLE FUND - ($70,000) OTHER - ($2,831,094) RESERVE ADJUSTMENT - $19,933,553 ROUNDING - $1 TOTAL - ($139,794,136)

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 = $184,504 B LINE 3 INVESTMENT EARNINGS = $428,890 C LINE 3 INVESTMENT EARNINGS = $828,462 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 JULY 24, 2014 C LINE 2C - REBATE COMPUTATION PERFORMED JULY 24, 2014 D LINE 2C - REBATE COMPUTATION PERFORMED DECEMBER 7, 2014 FORM 990, SCHEDULE K PART IV, PAGE 2 A LINE 2C - REBATE COMPUTATION PERFORMED JANUARY 14, 2014 B LINE 2C - REBATE COMPUTATION PERFORMED AUGUST 22, 2014 C LINE 2C - REBATE COMPUTATION PERFORMED JANUARY 14, 2014 D LINE 2C - REBATE COMPUTATION PERFORMED AUGUST 22, 2014 FORM 990, SCHEDULE K PART IV, PAGE 3 A LINE 2C - REBATE COMPUTATION PERFORMED DECEMBER 7, 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-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CBRE FEES TOTAL FEES 237185

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONNANCE AGREEMENT TOTAL FEES -1622071

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCOMPANY OVERHEAD ALLOC TOTAL FEES 27123269

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 107145629

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITATION EXPENSES TOTAL FEES 19019185

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 247683

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 1213858

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIR & MAINTENANCE SERVICES TOTAL FEES 84968707

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 6160250

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MARKETING & CONSULTING SVCS TOTAL FEES 32380174

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCO PROF & SYSTEM FEES TOTAL FEES 764820

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION FUND ADMINISTRATION COSTS TOTAL FEES 11591691

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LINE OF CREDIT FEES TOTAL FEES 1220376

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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	(g) 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) DUBUIS HEALTH SYSTEM INC 1700 WEST LOOP SOUTHSTE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
(11) CHRISTUS HEALTH FOUNDATION 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(C)(3)	11-TYPE 1	CH	Yes	
(12) 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	
(13) CHRISTUS FOUNDATION FOR HEALTHCARE PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(C)(3)	7	CH	Yes	
(14) CHRISTUS SCHUMPERT HEALTH SYSTEM FD ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1219280	SUPP HTH SVCS	LA	501(C)(3)	7	NOLA	Yes	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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	

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) 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	
(1) CHRISTUS HEALTH PLAN 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(C)(3)	9	CSHSC	Yes	
(2) ST FRANCES CABRINI HOSPITAL AUXILIARY 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 23-7255175	SUPP HTH SVCS	LA	501(C)(3)	9	CNLA	Yes	
(3) 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	
(4) 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	
(5) Christus Health Plan Louisiana 919 Hidden Ridge Dr Irving, TX 75038 46-4617988	Medicaid HMO	LA	501(c)(3)	9	CH	Yes	
(6) Christus Health Plan New Mexico 919 Hidden Ridge Dr Irving, TX 75038 46-4487295	Medicaid HMO	NM	501(c)(3)	9	CH	Yes	
(7) Christus Pediatric Physician Group 919 Hidden Ridge Dr Irving, TX 75038 46-5203505	Hlthcare Svcs	TX	501(c)(3)	3	CH	Yes	
(8) 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	
(9) Christus HEALTH International 919 hidden RIDGE drive irving, TX 75038 46-2811167	spt hlth svcs	TX	501(C)(3)	11-type 1	CH Stra Grth	Yes	
(10) CHRISTUS ST MICHAEL FOUNDATION 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 47-1655865	SPT HLTH SVCS	TX	501(1)(3)	7	ALT	Yes	
(11) CHRISTUS ST PATRICK FOUNDATION 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 47-1496376	SPT HLTH SVCS	LA	501(C)(3)	7	SWLA	Yes	
(12) CHRISTUS CONNECTED CARE NETWORK 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-3403356	SPT HLTH SVCS	TX	501(C)(3)	11-TYPE 1	CH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
LOUISIANA ATHLETIC CLUB LLC 1140 COLLEGE DRIVE PINEVILLE, LA 71359 72-1461793	HEALTH CLUB	LA	CNLA									
WEST HOUSTON REAL ESTATE DEVELOPMNT LLC 1700 WEST LOOP SOUTH HOUSTON, TX 77027 26-2330994	HLTHCARE SVCS	TX	Gulf Coast									
SOUTHEAST TEXAS PAIN MANAGEMENT LLC PO BOX 5405 BEAUMONT, TX 77726 26-1678856	PAIN MGT HTH	TX	SETX									
ST ELIZABETH REHAB PARTNERS 2830 CALDER STREET BEAUMONT, TX 777021809 20-5657181	HLTHCARE SVCS	TX	H VENTURES-SETX									
SOUTH RYAN MRI LLC 650 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 74-3103662	IMAGING SVCS	LA	OCCUPATIONAL HS									
MCKENNA LEASING GP LLC 600 NORTH UNION AVE NEW BRAUNFELS, TX 78130 74-1191729	INVESTMENT	TX	CSRHCC									
MCKENNA EQUIPMENT LEASING LP 600 NORTH UNION AVE NEW BRAUNFELS, TX 78130 20-4177842	MED EQUIP LEA	TX	CSRHCC									
NEW BRAUNFELS SURGICAL CENTER LLC 333 N SANTA ROSA ST SAN ANTONIO, TX 78207 81-0571408	HLTHCARE SVCS	TX	CSRHCC									
CSR Outpatient Surgery New Braunfels 333 N SANTA ROSA ST SAN ANTONIO, TX 78207 81-0571409	HLTHCARE SVCS	TX	CSRHCC									
CSR Surgery Center LLP 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 20-0424958	HLTHCARE SVCS	TX	CSRHCC									
CHRISTUS Santa Rosa Physicians 333 Santa Rosa San Antonio, TX 78207 41-2092141	HLTHCARE SVCS	TX	CSRHCC									
Colonnade Endoscopy Center 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1274256	HLTHCARE SVCS	LA	SWLA									
ALAMO HEIGHTS SURGICAL GP 333 SANTA ROSA SAN ANTONIO, TX 78207 46-2683189	HLTHCARE SVCS	TX	CSRHCC									
ALAMO HEIGHTS SURGICAL HOSPITAL GROUP LP 333 SANTA ROSA SAN ANTONIO, TX 78207 90-0974203	HLTHCARE SVCS	TX	CSRHCC									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX 755042911 75-2562459	HEALTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp			Yes	
AK INTEGRATED COMM HLTH NTWK 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 76-0480684	HEALTHCARE SVCS	TX	CH Ark-La-Tex	C-Corp			Yes	
HOUSTON METROPOLITAN HLTH NTWK 1700 WEST LOOP SOUTH SUITE 400A HOUSTON, TX 77027 76-0427193	HEALTHCARE 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	HEALTH PLAN ADMIN	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	HEALTHCARE 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 Hıdalgo PTE 2525 Col Obıspado, Monterrey, N L 64060 MX	HEALTHCARE SVCS	MX	CH	C-Corp	-2,498,747	70,529,482	77 153 % Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	28,387,675	215,060,347	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**							
CHRISTUS LOUISIANA HEALTH PLAN 3330 Masonic Drive Alexandria, LA 71301 45-2515179	HLTH PLAN ADM	LA	CH CNLA	C-CORP			Yes	
AMBULATORY STRATEGIES PHYSICIAN GROUP 919 HIDDEN RIDGE IRVING, TX 75038 47-2897722	HEALTHCARE SVCS	TX	CCC	C-CORP			Yes	
CHRISTUS TEXARKANA UNIT OWNERS ASSOC 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 47-2486362	BUILDING ASSO	TX	ALT	C-CORP			Yes	
EVANGELINE CLINICAL SERVICES INC 3330 MASONIC DRIVE ALEXANDIRA, LA 71301 46-3977886	HEALTHCARE SVCS	LA	CNLA	C-CORP			Yes	
LTACH CONDOMINIUM UNIT OWNERS ASSOC 600 ELIZABETH STREET CORPUS CHRISTI, TX 77726 47-2404808	BUILDING ASSOC	TX	SPOHN	C-CORP			Yes	
AMATISTA FINANCING COMPANY LTD 3RD FL1ST CARIBBEAN HOUSE GEORGE TOWN KY1-1104 CJ	FINANCING	CJ	CH STRAT GRWTH	C CORP			Yes	
CHRISTUS CHILE SPA MIRAFLORES 222 28TH FLOOR 8320198 SANTIAGO CI	INVESTING	CI	CH LATIN AMER	C CORP			Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHWilkinson Physician Network	L	2,806,341	ACCRUAL
CHWilkinson Physician Network	M	199,101	ACCRUAL
CHWilkinson Physician Network	Q	1,859,799	ACCRUAL
CHWilkinson Physician Network	S	26,861,741	ACCRUAL
CHRISTUS CHILE SPA	A(I)	339,653	ACCRUAL
CHRISTUS CONTINUING CARE	L	1,934,084	ACCRUAL
CHRISTUS CONTINUING CARE	M	1,295,079	ACCRUAL
CHRISTUS CONTINUING CARE	A(IV)	420,285	ACCRUAL
CHRISTUS CONTINUING CARE	Q	9,653,377	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	O	68,896	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	L	7,235,636	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	A(I)	4,397,897	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	Q	25,610,566	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	S	3,439,776	ACCRUAL
CHRISTUS Health Central Louisiana	L	6,214,137	ACCRUAL
CHRISTUS Health Central Louisiana	A(I)	7,231,178	ACCRUAL
CHRISTUS Health Central Louisiana	Q	129,791,670	ACCRUAL
CHRISTUS Health Central Louisiana	P	158,063	ACCRUAL
CHRISTUS Health Central Louisiana	S	11,356,788	ACCRUAL
CHRISTUS Health Central Louisiana	R	987,850	ACCRUAL
CHRISTUS Health Gulf Coast	L	191,691	ACCRUAL
CHRISTUS Health Gulf Coast	M	4,717,568	ACCRUAL
CHRISTUS Health Gulf Coast	Q	827,902	ACCRUAL
CHRISTUS Health Gulf Coast	R	76,032	ACCRUAL
CHRISTUS Health Northern Louisiana	L	4,595,442	ACCRUAL

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHRISTUS Health Northern Louisiana	A(I)	1,285,894	ACCRUAL
CHRISTUS Health Northern Louisiana	Q	17,292,583	ACCRUAL
CHRISTUS Health Northern Louisiana	S	1,670,495	ACCRUAL
CHRISTUS Health Plan	O	148,064	ACCRUAL
CHRISTUS Health Southeast Texas	L	10,765,445	ACCRUAL
CHRISTUS Health Southeast Texas	M	5,061,402	ACCRUAL
CHRISTUS Health Southeast Texas	A(I)	4,506,801	ACCRUAL
CHRISTUS Health Southeast Texas	Q	45,556,404	ACCRUAL
CHRISTUS Health Southeast Texas	R	5,335,187	ACCRUAL
CHRISTUS Health Southeast Texas	S	3,742,778	ACCRUAL
CHRISTUS Health Southeast Texas	G	633,532	ACCRUAL
CHRISTUS Health Southwestern Louisiana	L	3,705,942	ACCRUAL
CHRISTUS Health Southwestern Louisiana	A(I)	2,483,898	ACCRUAL
CHRISTUS Health Southwestern Louisiana	Q	14,638,929	ACCRUAL
CHRISTUS Health Southwestern Louisiana	K	85,968	ACCRUAL
CHRISTUS Health Southwestern Louisiana	R	446,768	ACCRUAL
CHRISTUS Health Southwestern Louisiana	S	2,942,408	ACCRUAL
CHRISTUS Santa Rosa Family Health Center	L	217,239	ACCRUAL
CHRISTUS Santa Rosa Family Health Center	Q	6,308,716	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	L	15,827,883	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	A(I)	14,970,278	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	Q	262,392,906	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	K	268,908	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	R	3,866,060	ACCRUAL
CHRISTUS Santa Rosa Health Care Corporation	S	4,751,668	ACCRUAL

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHRISTUS Santa Rosa Outpatient Surgery Ctr-NB	Q	61,647	ACCRUAL
CHRISTUS Spohn Health System Corporation	L	16,498,478	ACCRUAL
CHRISTUS Spohn Health System Corporation	A(I)	10,537,491	ACCRUAL
CHRISTUS Spohn Health System Corporation	Q	318,416,485	ACCRUAL
CHRISTUS Spohn Health System Corporation	R	56,338,827	ACCRUAL
CHRISTUS Spohn Health System Corporation	S	4,158,736	ACCRUAL
Emerald Assurance Co	C	657,222	ACCRUAL
Emerald Assurance Co	P	29,701,770	ACCRUAL
CHRISTUS MUGUERZA SAPI DE CV	L	3,500,000	ACCRUAL
ST ELIZABETH REHAB PARTNERS LLP	Q	84,065	ACCRUAL
St Vincent Hospital	L	11,709,330	ACCRUAL
St Vincent Hospital	Q	7,832,221	ACCRUAL