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Form 990

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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)

919 Hidden Ridge Drive

Room/suite

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

Irving, TX 75038

F Name and address of principal officer

ERNIE SADAU

919 HIDDEN RIDGE DRIVE

IRVING, TX 75038

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

D Employer identification number

76-0590551

E Telephone number

(469) 282-2000

G Gross receipts \$ 2,168,774,070

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.christushealth.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALING MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ROMAN CATHOLIC CHURCH

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2019-05-13

Date

RANDY SAFADY EXEC VP/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KATHLEEN MOSELEY

Preparer's signature

KATHLEEN MOSELEY

Date

Check ☐ if self-employed

PTIN

P00116760

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 425 HOUSTON STREET STE 600

Phone no (817) 335-1900

FORT WORTH, TX 76102

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	544,226,180	including grants of \$	0)	(Revenue \$	705,873,685)
See Additional Data							

4b	(Code)	(Expenses \$	135,853,685	including grants of \$	0)	(Revenue \$	135,325,563)
See Additional Data							

4c	(Code)	(Expenses \$	3,688,198	including grants of \$	0)	(Revenue \$	0)
See Additional Data							

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	171,568	including grants of \$	5,364,075)	(Revenue \$	0)	

4e	Total program service expenses ▶	683,939,631					
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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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	2,406	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	3,120	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?	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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 18		
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 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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	Yes
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	Yes

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 DR IRVING, TX 75038 (469) 282-2000	

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

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

Form **990** (2017)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								37,878,830	0	5,312,410

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 **▶ 505**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
CB RICHARD ELLIS INC, 2700 POST OAK BOULEVARD Suite 250 HOUSTON, TX 77056	LEASE SERVICES	21,895,730
ARAMARK HEALTHCARE SUPPORT, 27310 NETWORK PLACE CHICAGO, IL 60673	FOOD SERVICES	14,894,648
HOSPITAL HOUSEKEEPING SYSTEMS LLC, 216 EAST 4TH STREET AUSTIN, TX 78701	HOSPITAL MAINTENANCE	8,365,057
PROTIVITI INC, 5720 STONERIDGE DRIVE SUITE 3 PLEASANTON, CA 94588	CONSULTING SERVICES	6,522,306
ERNST YOUNG, 200 PLAZA DRIVE SECAUCUS, NJ 07094	CONSULTING/AUDIT SVC	5,523,049

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 **▶ 405**

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a-1f \$				
h Total. Add lines 1a-1f	0			

Program Service Revenue

	Business Code				
2a CAPITATION REVENUE	621400	267,921,079	267,921,079		
b SERVICE FEE INCOME	541900	239,149,679	238,426,147	723,532	0
c PREMIUM REVENUE	900099	220,353,555	220,353,555	0	0
d SYSTEM OFFICE FEES AND MGMT SERVICES	561000	90,862,915	90,862,915	0	0
e MEANINGFUL USE INCENTIVE PAYMENTS	900099	356,399	356,399	0	0
f All other program service revenue		22,555,621	22,555,621		0
g Total. Add lines 2a-2f		841,199,248			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		90,441,498			90,441,498
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		5,943,709			5,943,709
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)			0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	1,208,719,748				
c Gain or (loss)	1,179,052,121	433,114			
d Net gain or (loss)	29,667,627	-433,114	29,234,513		29,234,513
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	4,954,555			
b Less cost of goods sold	b	1,771,299			
c Net income or (loss) from sales of inventory			3,183,256		3,183,256
Miscellaneous Revenue	Business Code				
11a MANAGED CARE REVENUE	900099	3,082,422		0	3,082,422
b METHODIST REVENUE	900099	1,392,515		0	1,392,515
c COBRA INSURANCE - EMPLOYEES	900099	1,190,250		0	1,190,250
d All other revenue		11,850,125		0	11,850,125
e Total. Add lines 11a-11d		17,515,312			
12 Total revenue. See Instructions		987,517,536	840,475,716	723,532	146,318,288

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.	5,364,075	5,364,075		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	33,431,615	6,820,540	26,611,075	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	208,516,007	42,540,323	165,975,684	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-5,678,571	-3,185,956	-2,492,615	
9 Other employee benefits.	195,126,015	180,853,330	14,272,685	
10 Payroll taxes.	12,701,997	3,296,185	9,405,812	
11 Fees for services (non-employees):				
a Management.	93,333		93,333	
b Legal.	2,545,037	30,914	2,514,123	
c Accounting.	-2,389,793		-2,389,793	
d Lobbying.	1,032,698		1,032,698	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	2,493,168		2,493,168	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	220,011,939	198,616,672	21,395,267	0
12 Advertising and promotion.	5,367,958	76,069	5,291,889	
13 Office expenses.	30,779,158	17,620,471	13,158,687	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	12,983,572	8,946,896	4,036,676	
17 Travel.	7,543,605	1,246,745	6,296,860	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	4,593,870	351,769	4,242,101	
20 Interest.	23,115,834	392,071	22,723,763	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	4,753,060	-294,611	5,047,671	
23 Insurance.	59,359,332	59,380,305	-20,973	
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 BAD DEBT EXPENSE	138,993,361	138,993,361		
b NEW SOFTWARE	15,238,302	14,697,030	541,272	
c SWAP FINANCING COST	10,198,186		10,198,186	
d MEDICAL EXPENSES	59,398	25,452	33,946	0
e All other expenses	20,131,930	8,167,990	11,963,940	
25 Total functional expenses. Add lines 1 through 24e.	1,006,365,086	683,939,631	322,425,455	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	81,555,076	1	87,473,254
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10,172,836	4	35,089,861
	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	5,488,887	7	7,208,230
	8	Inventories for sale or use	1,433,749	8	1,293,128
	9	Prepaid expenses and deferred charges	38,198,312	9	46,207,569
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	281,062,682		
	b	Less: accumulated depreciation	154,659,291		
			118,761,147	10c	126,403,391
	11	Investments—publicly traded securities	458,258,697	11	629,455,485
	12	Investments—other securities. See Part IV, line 11	260,950,740	12	244,264,768
	13	Investments—program-related. See Part IV, line 11	1,421,539,320	13	1,336,966,076
	14	Intangible assets	19,296,630	14	19,296,630
	15	Other assets. See Part IV, line 11	663,496,670	15	110,380,022
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,079,152,064	16	2,644,038,414
Liabilities	17	Accounts payable and accrued expenses	234,351,373	17	225,121,777
	18	Grants payable	0	18	0
	19	Deferred revenue	1,244,879	19	291,330
	20	Tax-exempt bond liabilities	1,055,485,257	20	986,421,547
	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	204,828,460	25	326,912,737
	26	Total liabilities. Add lines 17 through 25	1,495,909,969	26	1,538,747,391
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	1,568,963,696	27	1,089,844,571
	28	Temporarily restricted net assets	10,671,994	28	11,840,047
	29	Permanently restricted net assets	3,606,405	29	3,606,405
	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	1,583,242,095	33	1,105,291,023
	34	Total liabilities and net assets/fund balances	3,079,152,064	34	2,644,038,414

Part XI Reconciliation of Net AssetsCheck 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	987,517,536
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,006,365,086
3	Revenue less expenses Subtract line 2 from line 1	3	-18,847,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,583,242,095
5	Net unrealized gains (losses) on investments	5	-13,653,923
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-445,449,599
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,105,291,023

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

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

Form 990 (2017)

Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS HEALTH WAS FORMED IN 1999 WHEN THE SISTERS OF CHARITY HEALTH SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON, AND THE INCARNATE WORD HEALTH CARE SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF SAN ANTONIO, BROUGHT THEIR HEALTH MINISTRIES TOGETHER THE 2016 AFFILIATION WITH TRINITY MOTHER FRANCES HEALTH SYSTEM RESULTED IN A THIRD SPONSORING CONGREGATION OF CHRISTUS HEALTH, THE SISTERS OF THE HOLY FAMILY OF NAZARETH 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 350 FACILITIES, INCLUDING 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 , CHIHUAHUA, COAHUILA, NUEVO LEN, PUEBLA, SAN LUIS, POTOSI AND TAMAULIPAS IN MEXICO AND IN CHILE 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 8,735,000 IN FISCAL YEAR 2018 ALONE, WE WERE PRIVILEGED TO SERVE MANY MEMBERS OF OUR COMMUNITIES IN VARIOUS WAYS, INCLUDING 979,891 VISITS TO OUR EMERGENCY DEPARTMENTS, 46,966 INPATIENT SURGERY PROCEDURES, 132,196 OUTPATIENT SURGERY PROCEDURES, 188,067 PATIENTS ADMITTED TO OUR HOSPITALS FOR CARE, AND 3,512,374 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

Form 990, Part III, Line 4b:

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 APPROXIMATELY 15,000 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.

Form 990, Part III, Line 4c:

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, Federally Qualified Health Centers, Rural Health Service Organizations, which distributed the donations to rural health providers across east and Northeast Texas AND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING FY 2018, 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

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			
SISTER HANNAH O'DONOGHUE CCVI DIRECTOR	1 0 0 0	X						0	0	0
SISTER CHRISTINA MURPHY DIRECTOR	1 0 0 0	X						0	0	0
CHERYL ALSTON Director	1 0 0 0	X						7,395	0	0
GEORGE BO-LINN MD Director	1 0 0 0	X						9,708	0	0
FATHER CHARLES E BOUCHARD Director (Term 12/2017)	1 0 0 0	X						6,750	0	0
J LYNN BRITTON Director	1 0 0 0	X						8,545	0	0
PATRICIO DONOSO IBANEZ Director	1 0 0 0	X						8,045	0	0
MARICELA SIEWCZYNSKI MOORE Director	1 0 0 0	X						9,870	0	0
ARTHUR SOUTHAM MD Director/CHAIR	1 0 0 0	X		X				1,695	0	0
DENNIS N STINE DIRECTOR (term 12/2017)	1 0 0 0	X						13,320	0	0

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			
KENNETH D WELLS MD Director (term 12/2017)	1 0 0 0	X						12,695	0	0
CLARENCE R WILLIAMS Director	1 0 0 0	X						12,752	0	0
BILL CHEN DIRECTOR	1 0 0 0	X						9,645	0	0
J LINDSEY BRADLEY JR DIRECTOR	1 0 39 0	X						1,452,867	0	1,962
STEVEN KEUER MD TMF CHIEF FINANCIAL OFFICER	1 0 39 0	X						1,070,746	0	20,026
SISTER LORETTA FELICI DIRECTOR	24 0 0 0	X						0	0	0
ALIDE CHASE DIRECTOR (eff 01/2018)	24 0 0 0	X						2,341	0	0
DAVID STRONG DIRECTOR (EFF 01/2018)	24 0 0 0	X						4,750	0	0
FATHER STEPHEN WORSLEY DIRECTOR (eff 01/2018)	24 0 0 0	X						0	0	0
SISTER YOLANDA TARANGO DIRECTOR (EFF 01/2018)	1 0 0 0	X						0	0	0

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			
Ernie W Sadau PRESIDENT/CEO	40 0 0 0	X		X				5,214,131	0	1,015,418
RICHARD L CLARKE DIRECTOR (term 12/2017)	1 0 0 0	X						22,133	0	0
SISTER KATHLEEN COUGHLIN CCVI DIRECTOR (term 12/2017)	1 0 0 0	X						0	0	0
SISTER WALTER MAHER CCVI DIRECTOR (term 12/2017)	1 0 0 0	X						0	0	0
ANITA DEWAN Asst Corp Sec (term 04/2018)	32 0 8 0			X				113,562	0	6,006
KELLY KLIBERT Dir of Governance	32 0 8 0			X				114,797	0	20,976
Randolph W Safady EVP/CFO	40 0 0 0			X				2,804,102	0	434,772
ALEX J VALDEZ CEO-Clinica San Carlos de Apoq	39 0 1 0				X			451,412	0	8,035
Joseph S Barcie SVP INTL Ops (tERM 10/2017)	1 0 39 0				X			1,306,294	0	10,742
George S Conklin SVP-CIO	39 0 1 0				X			1,649,642	0	218,305

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			
Dominic J Dominguez SVP-GROUP OPERATIONS	1 0 39 0				X			770,451	0	140,462
Paul D Generale EVP/CHIEF STRATEGY OFFICER	39 0 1 0				X			2,253,853	0	422,351
John A Gillean EVP/CHIEF MEDICAL OFFICER	39 0 1 0				X			2,511,098	0	365,822
Gerard F Heeley SVP-MISSION AND ETHICS	39 0 1 0				X			1,354,130	0	185,592
Nancy C Legros SVP-CHIEF Lgl Cnsl (til 10/17)	40 0 0 0				X			1,609,560	0	11,554
Marty F Margetts EVP/CORP SERVICES	39 0 1 0				X			2,063,629	0	408,019
Linda K McClung EVP/CAO	39 0 1 0				X			2,090,224	0	331,286
Peter J Plantes CEO CPG (term 11/2017)	1 0 39 0				X			1,574,221	0	8,795
Jeffrey M Puckett EVP/COO	39 0 1 0				X			3,032,651	0	607,317
Michael S Stansburry SVP-POPULATION HEALTH	40 0 0 0				X			717,193	0	136,150

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			
Stephen F Wright PRES/CEO-LA MINISTRIES	1 0 39 0				X			1,147,408	0	224,561
ALEJANDRO CANAVATI CEO - CHILE OPDERATIONS	40 0 0 0					X		836,053	0	88,798
Patrick B Carrier PRESIDENT - SANTA FE MINISTRY	1 0 39 0					X		1,146,446	0	210,729
Christopher karam SVP-Group Operations	1 0 39 0					X		934,860	0	193,723
Nancy Hellyer CEO CNLA	40 0 0 0					X		795,865	0	95,211
John C Glenney CEO TMF	40 0 0 0					X		733,991	0	145,798

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Christus Health

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

2017

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☒

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
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	177,893,713	149,803,902	73,618,886	105,965,033	277,953,335	785,234,869
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,045,514	6,219,408	3,469,032	3,247,953	3,199,276	21,181,183
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	182,939,227	156,023,310	77,087,918	109,212,986	281,152,611	806,416,052
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.)						806,416,052

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	182,939,227	156,023,310	77,087,918	109,212,986	281,152,611	806,416,052
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,860,349	17,161,269	4,301,669	61,875,646	96,385,207	202,584,140
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,055,553	4,783,879	2,974,103	569,668	595,523	11,978,726
c Add lines 10a and 10b	25,915,902	21,945,148	7,275,772	62,445,314	96,980,730	214,562,866
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.)	4,924,589	4,538,968	22,666,640	6,572,390	17,499,291	56,201,878
13 Total support. (Add lines 9, 10c, 11, and 12.)	213,779,718	182,507,426	107,030,330	178,230,690	395,632,632	1,077,180,796
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 2017 (line 8, column (f) divided by line 13, column (f))	15	74.864 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	80.030 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	19.919 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	15.030 %
19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990.</u>	Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 Christus Health	Employer identification number 76-0590551
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	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		1,185
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		116,448
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		915,065
j	Total. Add lines 1c through 1i			1,032,698
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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 Please Act Now to Support Rural Hospitals 9/11/2017, Support DACA 5/17/2018, Support Preservation of 340B Drug Discount Program 6/11/2018, Ask Your Lawmakers to Support the Passage of ACE Kids Act 6/25/2018. 2661 letters sent, 587 advocates took action, 1 minute per letter. 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, and AR to discuss draft report language in the House Armed Services Committee report on the National Defense Authorization Act for FY 2017, sole community provider program, tax reform, disproportionate share hospital funding, critical access hospital funding, rural hospital issues, 1115 waiver Medicaid proposals, uniform hospital rate increase program, Medicaid managed care, health information technology and interoperability, Affordable Care Act, federal emergency preparedness, 340B Drug Pricing Program, school based health clinics, Medicaid program, military health, palliative care, hospital provider fees, hospital-related tax issues, trauma funding, pediatric hospital issues, advance directives legislation, behavioral health issues, maintenance of certification for physicians, public information act and transparency legislation, foster care reform, balance billing and insurance reform, state hospital reforms, VA unreimbursed claims, 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, Association of Community Cancer Centers, Catholic Health Association, Childrens Hospital Association, Children's Hospital Association of Texas, Health Plan Alliance, Louisiana Assisted Living Association, Louisiana Hospital Association, Louisiana Nursing Home Association, Personal Connect, New Mexico Hospital Association, Texas Association of Business, Texas Association of Health Plans, Texas Association of Home Care, Texas Hospital Association, Texas Association Voluntary Hospitals, Texas e Health Alliance, US Family Health Plan, Teaching Hospitals of Texas, 340B Health. In addition, paid lobbyists and consultants to support the issues described above.

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As Filed Data -

DLN: 93493134064129

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2017

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" on Form 990, Part IV, line 6.

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" on 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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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" on 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

1b

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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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" on 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		21,107,018		21,107,018
b Buildings		95,850,150	43,926,735	51,923,415
c Leasehold improvements		16,572,775	8,317,396	8,255,379
d Equipment		66,021,905	8,894,979	57,126,926
e Other		81,510,834	93,520,181	-12,009,347
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				126,403,391

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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	244,264,768	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	244,264,768	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)INVESTMENT IN CONSOL SUBS	1,336,966,076	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	1,336,966,076	

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LT PENSION LIABILITY	258,467,626
LT OBLIGATION SELF FUNDED	59,500,094
CCVI PAYABLE	6,413,654
TAXES PAYABLE	1,771,842
CAPITAL LEASE LIABILITY	1,684,805
COLLECTIONS PAYABLE	-925,284
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	326,912,737

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' on 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
CASH - NON-INTEREST BEARING & SAVINGS & TEMPORARY CASH INVESTMENTS	FORM 990, PART X, LINE 1 AND 2 OTHER ASSETS, FORM 990, PART X, LINE 15 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

Supplemental Information	
Return Reference	Explanation
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, 2018 AND 2017

**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

2017

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.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities 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					309,597,248
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					309,597,248

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 separately 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 separately 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).

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	FORM 990, SCHEDULE F, PART I, LINE 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 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	1,504,289
North America			Program Services	Program/Bus Develop	505,468

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
Europe (Including Iceland and Greenland)			Program Services	Progam/Bus Develop	133,609
Central America and the Caribbean			Program Services	Program/Bus Develop	22,307

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
East Asia and the Pacific			Program Services	Program/Bus Develop	15,026
Sub-Saharan Africa			Program Services	Program/Bus Develop	250

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
Middle East and North Africa			Program Services	Program/Bus Develop	16
Central America and the Caribbean			Program Services	Investments-Book Value	159,618,731

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-Book Value	111,397,393
Central America and the Caribbean			Program Services	Self Insurance Funding	35,879,963

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	Investments-Cap Contr	520,196

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Health

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

Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

Employer identification number
76-0590551

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55

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" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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, LINE 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 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
Alpha Home Inc P O Box 15440 San Antonio, TX 78212	74-1668144	501(c)(3)	77,000				General Support
Alzheimer's Alliance of Texarkana Area 100 Memory Lane Texarkana, TX 75503	75-2486061	501(c)(3)	30,000				Food for Friends Project

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 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
Ark-Tex Council of Governments 4808 Elizabeth Street Texarkana, TX 75503	75-1293383	501(c)(3)	75,000				Rural Transportation for Seniors
Cancer Foundation for New Mexico 3005 South St Francis Dr Ste 3B Santa Fe, NM 87505	41-2079799	501(c)(3)	40,000				Travel to Treatment Program

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 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
CASA of Northeast Texas Inc P O Box 1546 Texarkana, TX 75504	75-2352271	501(c)(3)	50,558				Texarkana Children's Advocacy
Catholic Charities of Dallas 1421 W Mockingbird Ln Dallas, TX 75247	75-2745221	501(c)(3)	100,000				Mental Health Counseling

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Diocese of Tyler 202 W Front Street Tyler, TX 75702	20-2766724	501(c)(3)	71,450				Parish Nursing Network
Central Louisiana Coalition 1515 Jackson Street Alexandria, LA 71301	72-1247718	501(c)(3)	80,000				Access to Healthcare

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 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
Charlie's Place Recovery Center 5501 I H 37 Corpus Christi, TX 78408	74-1595867	501(c)(3)	147,653				Charlie's Place Wellness Clinic
Children's Bereavement Center of South Texas 205 W Olmos Drive Ste 101 San Antonio, TX 78212	74-2828178	501(c)(3)	25,000				Individual Counseling Services

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 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 HIGHLAND MEDICAL CENTER 1453 E INDUSTRIAL LOOP SHREVEPORT, LA 75505	72-0408982	501(c)(3)	122,009				Payout To The Region
CHRISTUS HOSPITAL ST ELIZABETH 2830 CALDER AVENUE BEAUMONT, TX 77702	74-1461326	501(c)(3)	33,000				Payout To The Region

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 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 HOSPITAL ST MARY HOSPITAL 2830 CALDER AVENUE BEAUMONT, TX 77702	74-1109627	501(c)(3)	150,000				Payout To The Region
CHRISTUS SANTA ROSA HEALTHCARE CORPORATION 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207	74-1109665	501(c)(3)	100,820				Payout To The Region

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 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 FRANCIS CABRINI HOSPITAL 3330 MASONIC DR Alexandria, LA 71301	72-0408984	501(c)(3)	120,000				Payout To The Region
CHRISTUS ST MICHAEL HOSPITAL 2600 ST MICHAEL DR TEXARKANA, TX 75503	75-2796815	501(c)(3)	150,517				Payout To The Region

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 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 PATRICK HOSPITAL 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601	47-1496376	501(c)(3)	105,318				Payout To The Region
Coastal Bend Center for Independent Living 1537 Seventh Street Corpus Christi, TX 78404	74-2878070	501(c)(3)	13,000				Salary Support

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 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
Cossatot Comm College of the Univ AR Fnd 183 College Drive De Queen, AR 71832	30-0144282	501(c)(3)	20,000				Christus St Michael Center
Dallas Area Interfaith Sponsoring Committee 1140 Lupo Drive Dallas, TX 75207	75-2409130	501(c)(3)	35,000				Immigrant Wellness 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Texas Border Health Clinic P O Box 1326 Marshall, TX 75671	03-0538912	501(c)(3)	24,975				Indigent Mental Health
Eden Home Inc 631 Lakeview Blvd New Braunfels, TX 78130	74-1143030	501(c)(3)	50,000				Memory Care Program

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 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
El Puente Hispanic Ministry 1102 E McCarty Street Jefferson City, MO 65101	50-0005943	501(c)(3)	25,000				Medical Interpreter
Family Counseling Service 3833 S Staples Ste S203 Corpus Christi, TX 78411	16-0975006	501(c)(3)	50,000				Therapy Services to Children

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 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
Friendship Club P O Box 6723 Santa Fe, NM 87502	27-2362329	501(c)(3)	55,000				Peer Support Services Project
GenCure 6211 Interstate Highway 10 W San Antonio, TX 78201	46-2216869	501(c)(3)	250,000				Texas Cord Blood Bank

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 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
Harvest Texarkana Regional Food Bank Inc P O Box 707 Texarkana, TX 75504	75-2671647	501(c)(3)	40,000				Harvest Texarkana
Heart House P O Box 823162 Dallas, TX 75382	55-0522469	501(c)(3)	35,000				Head, Heart, Hands Project

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 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
Impact Personal Safety PO BOX 8350 Santa Fe, NM 87504	85-0475597	501(c)(3)	59,000				General Support
Interfaith Community Shelter Group Inc P O Box 22653 Santa Fe, NM 87502	27-0736366	501(c)(3)	131,250				Interfaith Community Shelter

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Las Cumbres Community Services 102 N Coronado Avenue Española, NM 87532	23-7144268	501(c)(3)	53,800				Protection Shield Prgm
Martin Luther King Health Center 865 Olive Street Shreveport, LA 71104	72-1079721	501(c)(3)	50,000				for Heart Healthy You

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 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
Martinez Street Women's Center 801 North Olive Street San Antonio, TX 78202	74-2934053	501(c)(3)	30,550				Woman Zone
Mary's House of Louisiana Inc 906 Margaret Place Shreveport, LA 71101	47-2593937	501(c)(3)	50,000				Pregnancy Care Center Project

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mission of Mercy Inc 719 Shoreline Blvd Ste 103 Corpus Christi, TX 78401	86-0704883	501(c)(3)	100,000				Texas Mobile Medical Program
Neighbor for Neighbor Inc 505 East 36th Street North Tulsa, OK 74135	73-0707328	501(c)(3)	200,000				Life Skills, Health, and Welfare

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 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
NextSTEP of Central Louisiana 220 Hospital Blvd Pineville, LA 71360	72-1154072	501(c)(3)	40,000				teen awareness & Prevention
Northwest Louisiana Food Bank 2307 Texas Avenue Shreveport, LA 71103	72-1328890	501(c)(3)	25,000				Back Pack Program

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 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
Rise Recovery P O Box 15322 San Antonio, TX 78212	74-2216041	501(c)(3)	65,000				Rise Recovery Training Institute
Runnin W J Therapeutic Center Inc 4802 S Kings Highway Texarkana, TX 75501	75-2897949	501(c)(3)	33,600				Therapeutic Riding for Children

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Antonio Christian Dental Clinic Inc 1 Haven for Hope Way Ste 400 San Antonio, TX 78207	74-2428161	501(c)(3)	100,000				Charitable Dental Care Homeless
San Antonio Lifetime Recovery 10290 Southton Road San Antonio, TX 78223	74-1540097	501(c)(3)	150,000				Nursing and Client Services

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 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
Santa Fe Community Services Inc 440 Cerrillos Road 4 Santa Fe, NM 87505	56-2491916	501(c)(3)	45,000				Overdose Prevention Training
Santa Fe Dreamers Project P O Box 8009 Santa Fe, NM 87504	82-0839645	501(c)(3)	58,167				U-VISA Services

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 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
Shreveport Green 3625 Southern Avenue Shreveport, LA 71104	72-0970610	501(c)(3)	24,000				Fresh Food Mobile Markets
Sisters of Charity of the Incarnate Word 4503 Broadway San Antonio, TX 78209	23-7152879	501(c)(3)	144,200				General Support

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Peter-St Joseph Children's Home 919 Mission Road San Antonio, TX 78210	74-1143129	501(c)(3)	50,000				Trauma Recovery Program
ST VINCENT HOSPITAL P O BOX 2107 SANTA FE, NM 87504	85-0106941	501(c)(3)	120,000				Payout to the region

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Arc of San Antonio 13430 West Avenue San Antonio, TX 78216	74-1200110	501(c)(3)	34,000				Adult Life Enrichment Program
The Coming Home Connection Inc 418 Cerrillos Road Suite 27 Santa Fe, NM 87501	74-2853467	501(c)(3)	30,320				Volunteer Homecare

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 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 Theresa Catholic Clinic 219 Cathedral Place Santa Fe, NM 87501	85-0229019	501(c)(3)	120,000				Dental Services for Underserved
Visitation House Ministries 945 W Huisache Avenue San Antonio, TX 78201	74-2447137	501(c)(3)	10,000				Community Education Program

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 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
Volunteers of America of North Louisiana 360 Jordan Street Shreveport, LA 71101	90-0798419	501(c)(3)	131,693				Community Health Partnership
Women's Global Connection of San Antonio 4503 Broadway Street San Antonio, TX 78209	42-1619919	501(c)(3)	19,500				Women's capacity building

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 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
YWCA San Antonio 6756 Montgomery Drive San Antonio, TX 78239	74-1143135	501(c)(3)	66,275				General Support

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on 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 2017 Open to Public Inspection	
	Department of the Treasury Internal Revenue Service		
	Name of the organization Christus Health	Employer identification number 76-0590551	

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☒ First-class or charter travel ☒ Travel for companions ☒ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For each individual whose compensation must be reported on 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.

See Additional Data Table

[illegible]

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: JOSEPH BARCIE - \$77,598; NANCY LEGROS - \$94,152; PETER PLANTES - \$78,953; Alex Valdez - \$443,508.
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: JOSEPH S BARCIE RECEIVED \$37,766 DURING CALENDAR YEAR 2017 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. NANCY C LEGROS RECEIVED \$33,871 DURING CALENDAR YEAR 2017 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. PETER J PLANTES RECEIVED \$30,630 DURING CALENDAR YEAR 2017 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. J Lindsey Bradley, Jr RECEIVED \$421,643 DURING CALENDAR YEAR 2017 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 2017. 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LINDSEY BRADLEY JR DIRECTOR	(i)	495,566	499,835	457,466	0	1,962	1,454,829	421,643
	(ii)	0	0	0	0	0	0	0
1STEVEN KEUER MD TMF CHIEF FINANCIAL OFFICER	(i)	687,434	377,462	5,850	0	20,026	1,090,772	0
	(ii)	0	0	0	0	0	0	0
2ALEX J VALDEZ CEO-Clinica San Carlos de Apoq	(i)	0	0	451,412	8,035	0	459,447	0
	(ii)	0	0	0	0	0	0	0
3ALEJANDRO CANAVATI CEO - CHILE OPERATIONS	(i)	709,503	74,822	51,728	63,562	25,236	924,851	0
	(ii)	0	0	0	0	0	0	0
4Joseph S Barcie SVP INTL Ops (tERM 10/2017)	(i)	882,910	249,849	173,535	8,937	1,805	1,317,036	37,766
	(ii)	0	0	0	0	0	0	0
5Patrick B Carner PRESIDENT - SANTA FE MINISTRY	(i)	831,618	313,634	1,194	191,496	19,233	1,357,175	0
	(ii)	0	0	0	0	0	0	0
6George S Conklin SVP-CIO	(i)	984,028	585,591	80,023	204,823	13,482	1,867,947	0
	(ii)	0	0	0	0	0	0	0
7Dominic J Dominguez SVP-GROUP OPERATIONS	(i)	608,959	160,792	700	124,221	16,241	910,913	0
	(ii)	0	0	0	0	0	0	0
8Paul D Generale EVP/CHIEF STRATEGY OFFICER	(i)	1,258,166	980,120	15,567	398,967	23,384	2,676,204	0
	(ii)	0	0	0	0	0	0	0
9John A Gilleen EVP/CHIEF MEDICAL OFFICER	(i)	1,225,292	967,713	318,093	334,401	31,421	2,876,920	0
	(ii)	0	0	0	0	0	0	0
10Gerard F Heeley SVP-MISSION AND ETHICS	(i)	855,383	496,263	2,484	173,323	12,269	1,539,722	0
	(ii)	0	0	0	0	0	0	0
11Christopher karam SVP-Group Operations	(i)	641,377	267,888	25,595	171,396	22,327	1,128,583	0
	(ii)	0	0	0	0	0	0	0
12Nancy C Legros SVP-CHIEF Lgl Cnsl (tl 10/17)	(i)	1,060,332	344,934	204,294	9,200	2,354	1,621,114	33,871
	(ii)	0	0	0	0	0	0	0
13Marty F Margetts EVP/CORP SERVICES	(i)	1,146,766	899,477	17,386	362,838	45,181	2,471,648	0
	(ii)	0	0	0	0	0	0	0
14Linda K McClung EVP/CAO	(i)	1,187,131	899,477	3,616	314,520	16,766	2,421,510	0
	(ii)	0	0	0	0	0	0	0
15Peter J Plantas CEO CPG (term 11/2017)	(i)	1,047,210	342,214	184,797	8,795	0	1,583,016	30,630
	(ii)	0	0	0	0	0	0	0
16Jeffrey M Puckett EVP/COO	(i)	1,692,655	1,302,691	37,305	583,419	23,898	3,639,968	0
	(ii)	0	0	0	0	0	0	0
17Ernie W Sadau PRESIDENT/CEO	(i)	2,676,075	2,482,555	55,501	991,386	24,032	6,229,549	0
	(ii)	0	0	0	0	0	0	0
18Randolph W Safady EVP/CFO	(i)	1,569,679	1,209,642	24,781	411,388	23,384	3,238,874	0
	(ii)	0	0	0	0	0	0	0
19Michael S Stansbury SVP-POPULATION HEALTH	(i)	481,209	234,964	1,020	115,296	20,854	853,343	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Stephen F Wright PRES/CEO-LA MINISTRIES	(i)	797,194	325,366	24,848	200,529	24,032	1,371,969	0
	(ii)	0	0	0	0	0	0	0
1Nancy Hellyer CEO CNLA	(i)	636,398	134,413	25,054	81,469	13,742	891,076	0
	(ii)	0	0	0	0	0	0	0
2John C Glenney CEO TMF	(i)	474,087	259,904	0	126,015	19,783	879,789	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Health

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
76-0590551

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RFV1	11-08-2005	320,620,000	SEE SCH K, PART VI		X		X		X
B HARRIS COUNTY HEALTH FACILITIES DEV CORP	52-1284201	41315RHY3	12-09-2010	96,654,505	SEE SCH K, PART VI	X			X		X
C COASTAL BEND HEALTH FACILITIES DEV CORP	74-2352502	19042FAB2	11-08-2005	61,300,000	SEE SCH K, PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	211,120,000		54,070,000		16,100,000			
2	Amount of bonds legally defeased	0		16,105,000		0			
3	Total proceeds of issue	320,967,988		96,654,505		62,856,942			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	1,687,416		0		337,093			
8	Credit enhancement from proceeds	4,733,000		0		914,000			
9	Working capital expenditures from proceeds	0		4,505		393,273			
10	Capital expenditures from proceeds	3,624,407		0		18,182,274			
11	Other spent proceeds	310,922,902		96,650,000		43,030,277			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2009				2009			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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 ▶	0 100 %		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 ▶								
6 Total of lines 4 and 5	0 100 %				0 100 %			
7 Does the bond issue meet the private security or payment test? . . .		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		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
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		
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			

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	X		X		X			
If "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			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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		
b Name of provider	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			
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

Return Reference	Explanation
SCHEDULE K, PART I	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 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 5, 2005, NOVEMBER 20, 2007) FORM 990, SCHEDULE K, PART I, LINE 3 A TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE CURRENTLY REFUND A PRIOR ISSUE (DECEMBER 19, 2008) B TARRANT COUNTY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) TO FINANCE THE ACQUISITION OF HEALTHCARE FACILITIES WHICH INCLUDE ONE OR MORE ACUTE CARE HOSPITALS FORM 990, SCHEDULE K PART II, PAGE 1 A LINE 3 INVESTMENT EARNINGS = \$347,988 C LINE 3 INVESTMENT EARNINGS = \$1,556,942 FORM 990, SCHEDULE K, PART II, PAGE 2 A LINE 3 INVESTMENT EARNINGS = \$292,165 B LINE 3 INVESTMENT EARNINGS = \$831,773 C LINE 3 INVESTMENT EARNINGS = \$1,282,788 D LINE 3 INVESTMENT EARNINGS = \$732 FOR M 990, SCHEDULE K, PART II, PAGE 3 A LINE 3 INVESTMENT EARNINGS = \$1,345 LINE 16 REPORTED FINAL ALLOCATION HAS NOT BEEN MADE TO THE EXTENT WE HAVE UNSPENT TRANSFER PROCEEDS FOR M 990, SCHEDULE K PART IV, PAGE 1 A LINE 2C - REBATE COMPUTATION PERFORMED JULY 24, 2014 B LINE 2C - REBATE COMPUTATION PERFORMED DECEMBER 24, 2015 C LINE 2C - REBATE COMPUTATION PERFORMED JULY 24, 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 CL

Return Reference	Explanation
SCHEDULE K, PART I	OSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Health

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
76-0590551

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Louisiana Public Facilities Authority	72-0895871	546398ZM3	11-25-2008	44,382,370	SEE SCH K, PART VI		X		X		X
B LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546398C71	08-12-2009	231,654,638	SEE SCH K, PART VI		X		X		X
C TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDB6	11-15-2008	185,542,228	SEE SCH K, PART VI	X			X		X
D TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TDF7	12-19-2008	268,560,000	SEE SCH K, PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,645,000		80,155,000		39,535,000		106,480,000	
2	Amount of bonds legally defeased	0		0		12,540,000		0	
3	Total proceeds of issue	44,674,535		232,486,411		186,825,016		268,560,701	
4	Gross proceeds in reserve funds	4,279,650		16,426,137		18,191,150		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		1,638,927	
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		266,686,539	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		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 ▶	0 100 %		0 200 %		0 100 %		0 020 %	
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 %	
6 Total of lines 4 and 5	0 100 %		0 200 %		0 100 %		0 020 %	
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 %					
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		CITIBANK NA	
c Term of hedge							3970 %	
d Was the hedge superintegrated?								X
e Was the hedge terminated?								X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X	X		X		X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Christus Health

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
76-0590551

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	87638TEA7	12-03-2009	73,865,293	SEE PART VI		X		X		X
B TARRANT COUNTY CULTURAL EDUCATION FAC FIN CORP	04-3833551	000000000	10-03-2016	174,304,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	52,915,000		7,357,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	73,866,638		174,304,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	0		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		174,165,274					
11	Other spent proceeds	73,866,638		138,726					
12	Other unspent proceeds	0		0					
13	Year of substantial completion			2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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 %		3 300 %					
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 %		3 300 %					
7 Does the bond issue meet the private security or payment test? . . .		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				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	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					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	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				
b Name of provider	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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~
Name of the organization
Christus Health

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

2017

Open to Public Inspection

Employer identification number

76-0590551

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 FY2018 WAS \$69,529. THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES. THESE LOANS ARE PROVIDED TO OTHER NON-PROFIT ORGANIZATIONS. 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 2018, GRANT FUNDS WERE DISTRIBUTED FROM CHRISTUS HEALTH FOUNDATION OF \$0.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, LINE 2 Officers Ernie Sadau and Randy Safady, and Key Employees John Gillean, MD have a business relationship as each served as a director on the board of Emerald Assurance Cayman, Ltd

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINE 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, CONGREGATION OF THE SISTERS OF CHARITY OF INCARNATE WORD HOUSTON, and ONE SISTER OF THE Sisters of the Holy Family of Nazareth 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, LINE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EX TERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EX TERNAL 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 T O VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2019 VIA A WEB PORTAL POLLING TOOL BY THE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 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 questionnaires 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINES 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T	FORM 990, PART VI, LINE 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

990 Schedule O, Supplemental Information

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 H EALTH 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 PENS ION PLAN CONTRIBUTIONS IS THE PENSION EXPENSE INCURRED BY THE FILING ORGANIZATION NETTED W ITH THE PENSION EXPENSE ALLOCATED TO THE FILING ORGANIZATION'S SUBSIDIARIES PENSION EXPEN SE ALLOCATED EXCEEDED THE PENSION EXPENSE INCURRED FOR FISCAL YEAR ENDING JUNE 30, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 Good Shepherd Balance Sheet Adjustment \$ 12,177,716 SWAP FAIR VA LUE \$ (25,511,064) EQUITY IN CONSOLIDATED SUBSIDIARIES \$ (298,520,139) CHANGE IN UNREALIZE D GAINS \$ 556,191 CHANGE PENSION LIABILITY \$ 7,614,960 SPONSORSHIP FEES \$ (4,139,748) EXTR AORDINARY ITEM \$ 15,000,000 OTHER \$ (152,627,515) ----- LINE 9 TOTAL \$ (445,449 ,599)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SVC FEES - PHARMACY, PHYSICIAN TOTAL FEES 49202489

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIR & MAINTENANCE SERVICES TOTAL FEES 134989501

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MARKETING & CONSULTING SVCS TOTAL FEES 33989429

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 20383132

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CAPITATION EXPENSES TOTAL FEES 15107239

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 1988319

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LINE OF CREDIT FEES TOTAL FEES 1214148

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 8881

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LOBBYING EXPENSES TOTAL FEES -1032698

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCO PROF & SYSTEM FEES TOTAL FEES -18871049

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCOMPANY OVERHEAD ALLOC TOTAL FEES -16967452

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

2017

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
(1) CH SANTA ROSA QUALITY CARE ALLIANCE LLC 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4580155	ACO	TX	0	0	CH
(2) CHRISTUS LOUISIANA ACO LLC 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4592015	ACO	LA	0	0	CH
(3) CH ARK-LA-TEX QUALITY CARE ALLIANCE LLC 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4599144	ACO	TX	0	0	CH
(4) CHRISTUS QUALITY CARE ALLIANCE LLC 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4607533	ACO	TX	0	0	CH

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.

See Additional Data Table

(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

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE II	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
2830 Calder Street BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 W LOOP SOUTH SUITE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE 1	CH	Yes	
1700 WEST LOOP SOUTHSTE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE 1	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0998302	SUPP HTH SVCS	LA	501(C)(3)	7	CNLA	Yes	
PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(C)(3)	7	CH	Yes	
ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1219280	SUPP HTH SVCS	LA	501(C)(3)	7	NOLA	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1906005	SUPP HTH SVCS	TX	501(C)(3)	7	SPOHN HS	Yes	
2830 CALDER BEAUMONT, TX 77702 76-0136274	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE 1	SETX	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2723391	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE 1	CSRHCC	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2806531	HLTHCARE SVCS	TX	501(C)(3)	10	CSRHCC	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(C)(4)		CSHSC	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
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 23-7255175	SUPP HTH SVCS	LA	501(C)(3)	10	CNLA	Yes	
2827 Babock Road San Antonio, TX 78229 73-1655493	SUPP HTH SVCS	TX	501(C)(3)	10	CSRHCC	Yes	
919 hidden ridge drive irving, TX 75038 46-2798043	supp hth svcs	TX	501(c)(3)	12-type I	CH	Yes	
919 Hidden Ridge Dr Irving, TX 75038 46-4617988	Medicaid HMO	LA	501(c)(4)		CH	Yes	
919 Hidden Ridge Dr Irving, TX 75038 46-5203505	Hlthcare Svcs	TX	501(c)(3)	3	CH	Yes	
919 hidden ridge drive irving, TX 75038 46-2816604	spt hlth svcs	TX	501(C)(3)	12-type 1	CH Stra Grth	Yes	
919 hidden RIDGE drive irving, TX 75038 46-2811167	spt hlth svcs	TX	501(C)(3)	12-type 1	CH Stra Grth	Yes	
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 47-1655865	SPT HLTH SVCS	TX	501(c)(3)	7	ALT	Yes	
524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 47-1496376	SPT HLTH SVCS	LA	501(C)(3)	7	SWLA	Yes	
115 AIRPORT RD SULPHUR SPRINGS, TX 75482 81-1708177	HLTHCARE SVCS	TX	501(c)(3)	3	ch	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-1976930	HOSPITAL	TX	501(C)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2028241	SUPPORT	TX	501(C)(3)	12-TYPE 1	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2511459	HEALTHCARE	TX	501(C)(3)	3	MFH REG	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2771569	HOSPITAL	TX	501(C)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-0818167	HOSPITAL	TX	501(C)(3)	3	CTMFHS	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 46-5720165	HEALTHCARE	TX	501(C)(3)	3	MFH REG	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE II	CH	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	hlthcare svcs	TX	501(c)(3)	12-type II	CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 82-2109465	hlthcare svcs	TX	501(c)(3)	12-type II	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
2201 S Mobberly Ave Longview, TX 75602 75-2747708	Hlthcare Svcs	TX	501(c)(3)	10	GSHS INC	Yes	
115 Airport Road Sulphur Springs, TX 75482 47-5417965	HLTHCARE SVCS	TX	501(C)(3)	3	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 86-1132471	ADMIN SUPPORT	TX	501(C)(3)	12-TYPE I	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-1041154	HEALTHCARE	TX	501(C)(3)	3	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2056700	SUPPORT	TX	501(C)(3)	12-TYPE I	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 23-7203364	SUPPORT	TX	501(C)(3)	10	GSH INC	Yes	
2950 50TH ST LUBBOCK, TX 79413 38-3914883	SUPPORT	TX	501(C)(3)	12-TYPE I	GSH INC	Yes	
811 SOUTH WASHINGTON AVE MARSHALL, TX 75670 75-2605699	HEALTHCARE	TX	501(C)(3)	7	GSMC	Yes	
811 SOUTH WASHINGTON AVE MARSHALL, TX 75670 75-0974351	HEALTHCARE	TX	501(C)(3)	3	GSHS INC	Yes	
115 AIRPORT ROAD SULPHUR SPRINGS, TX 75482 75-2845157	SUPPORT	TX	501(C)(3)	7	CH	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2580686	HEALTH CARE	TX	501(C)(3)	3	CTMFHS	Yes	
404 N KAUMAN LINDEN, TX 75563 20-0845127	SUPPORT	TX	501(C)(3)	12-TYPE I	GSHS INC	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 01-0829282	HEALTH SVCS	TX	501(C)(3)	3	GSHS INC	Yes	
1600 WALLACE BLVD AMARILLO, TX 79106 75-1858993	SUPPORT	TX	501(C)(3)	12-TYPE I	NA		No

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

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

[illegible]

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	
SCH MGMNT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA 71101 72-1270625	MGT JOINT VENTR	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 ASSOC	TX	CSRHCC	C-Corp				Yes	
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX 78201 74-2782184	HEALTHCARE SVCS	TX	CSRHCC	C-Corp				Yes	
CHRISTUS Muguerza SAPI de CV Hidalgo PTE 2525 64060 Col Obispado Monterrey, N L MX	HEALTHCARE SVCS	MX	CH	C-Corp	31,779,685	111,397,393	85 645 %	Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-Corp	41,238,516	159,618,731	100 000 %	Yes	
AMBULATORY STRATEGIES PHYSICIAN GROUP 919 HIDDEN RIDGE IRVING, TX 75038 47-2897722	HEALTHCARE SVCS	TX	CCC	C-CORP				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 TEXARKANA UNIT OWNERS ASSOC 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 47-2486362	BUILDING ASSOC	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 KY1-1104 GEORGE TOWN 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	
DEDICATED SYSTEM SUPPORT INC 919 HIDDEN RIDGE DR IRVING, TX 75038 81-0861043	MANAGEMENT SVCS	TX	CCC	C-CORP				Yes	
CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4618648	ACO	LA	CH	C-CORP	117,343	67,760	100 000 %	Yes	
TRINCARE INC 1315 DOCTORS DRIVE TYLER, TX 75701 75-2161369	RETAIL HEALTH SVC	TX	CTMFHS	C-CORP				Yes	
HEALTHPLAN OF TEXAS INC 1315 DOCTORS DRIVE TYLER, TX 75701 75-2636862	THIRD PARTY ADMIN	TX	CTMFHS	C-CORP				Yes	
THE REGIONAL HEALTHCARE ALLIANCE 1315 DOCTORS DRIVE TYLER, TX 75701 75-2484109	PREFER PROVIDER	TX	CTMFHS	C-CORP				Yes	
TEXAS HEALTH FACILITY INSUR CORP LTD PO BOX 1109 BWI CJ 98-0136025	INSURANCE	CJ	MFH REG	C-CORP				Yes	
CHRISTUS CONNECTED CARE NETWORK 919 HIDDEN RIDGE DR IRVING, TX 75038 47-3403356	SPT HLTH SVCS	TX	CH	C-CORP	1,903,423	1,604,526	100 000 %	Yes	
GSHS ENTERPRISES INC 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027162	HEALTHCARE	TX	GSHS INC	C CORP				Yes	
GOOD SHEPHERD HEALTH NETWORK 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2554695	INACTIVE	TX	GSH INC	C CORP				Yes	
MARSHALL PHYSICIAN HOSPITAL ORGANIZATION 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2580689	INACTIVE	TX	GSMC	C CORP				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
NORTHEAST TEXAS PHYSICIAN SERVICES 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2712245	MGMT SERVICES	TX	GSHS ENTERPRISE	C CORP				Yes	
GSHS ENTERPRISES HOLDING INC 700 E MARSHALL AVE LONGVIEW, TX 75601 51-0412465	HOLDING COMPANY	DE	GSHS ENTERPRISE	C CORP				Yes	
GSHS ENTERPRISES OPERATING 1 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2954772	HEALTHCARE	DE	GSHS ENTERPRISE	C CORP				Yes	
GSHS ENTERPRISES OPERATING 2 700 E MARSHALL AVE LONGVIEW, TX 75601 75-2954777	HEALTHCARE	DE	GSHS ENTERPRISE	C CORP				Yes	
TYLER COUNTY CLINICAL SERVICES 2801 VIA FORTUNA AUSTIN, TX 78746 47-2135795	HEALTHCARE	TX	SETX	C CORP				Yes	
CH COLUMBIA SAS CL 70 A 4 41 BOGOTA CO	MANAGEMENT SVCS	CO	CHI	C CORP				Yes	
Clinica Palma Real SAS CARRERA 28 44 35 Cali CO	Healthcare SVCS	CO	CHI	C Corp				Yes	
SINERGIA GLOBAL EN SALUD SAS CARRERA 44 A 9 C 67 Cali CO	Healthcare SVCS	CO	CHI	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
ALAMO HEIGHTS SURGICAL CENTER	M	664,757	Accrual method
ALAMO HEIGHTS SURGICAL CENTER	Q	95,430	Accrual method
AMBULATORY STRATEGIES PHYSICIAN GROUP	Q	125,798	Accrual method
C H WILKINSON	L	1,368,083	Accrual method
C H WILKINSON	M	1,691,615	Accrual method
C H WILKINSON	O	323,532	Accrual method
C H WILKINSON	Q	30,763,591	Accrual method
C H WILKINSON	S	52,725	Accrual method
CHAMPION EMS	L	1,363,958	Accrual method
CHAMPION EMS	Q	1,915,751	Accrual method
CHRISTUS CONTINUING CARE	M	138,056	Accrual method
CHRISTUS CONTINUING CARE	Q	882,674	Accrual method
CHRISTUS GOOD SHEPHERD MEDICAL CENTER	Q	422,507	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	A(I)	4,397,897	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	B	150,517	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	L	7,709,881	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	M	22,204,346	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	Q	21,806,964	Accrual method
CHRISTUS HEALTH ARK-LA-TEX	S	2,827,213	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	A(I)	8,348,933	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	C	120,000	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	L	6,740,956	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	M	17,675,922	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	Q	21,759,260	Accrual method
CHRISTUS HEALTH CENTRAL LOUISIANA	S	6,213,349	Accrual method

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 GULF COAST	Q	71,621	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	A(I)	3,052,024	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	B	122,009	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	L	5,515,439	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	M	13,549,073	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	P	136,757	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	Q	17,788,475	Accrual method
CHRISTUS HEALTH NORTHERN LOUISIANA	S	2,825,012	Accrual method
CHRISTUS HEALTH PLAN	L	225,304	Accrual method
CHRISTUS HEALTH PLAN	M	19,756,736	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	A(I)	4,506,801	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	C	183,000	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	L	10,352,539	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	M	28,157,640	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	P	117,313	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	Q	29,491,277	Accrual method
CHRISTUS HEALTH SOUTHEAST TEXAS	S	2,386,014	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	C	105,318	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	K	85,967	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	L	4,732,313	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	M	11,680,963	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	Q	14,367,362	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	S	2,033,492	Accrual method
CHRISTUS HEALTH STRATEGIC GROWTH	A(I)	5,000,000	Accrual method
CHRISTUS HEALTH STRATEGIC GROWTH	S	5,000,000	Accrual method

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 HOPKINS HEALTH ALLIANCE	L	1,840,201	Accrual method
CHRISTUS HOPKINS HEALTH ALLIANCE	Q	580,550	Accrual method
CHRISTUS MUGUERZA SAPI DE CV	L	5,554,287	Accrual method
CHRISTUS MUGUERZA SAPI DE CV	M	102,184,580	Accrual method
CHRISTUS PEDIATRIC PHYSICIAN GROUP	L	159,224	Accrual method
CHRISTUS PEDIATRIC PHYSICIAN GROUP	Q	140,665	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	A(I)	15,811,489	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	B	100,820	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	K	268,908	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	L	16,206,562	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	M	45,435,552	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	P	376,108	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	Q	46,897,841	Accrual method
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	S	416,627	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	A(I)	4,952,621	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	L	16,461,074	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	M	28,513,774	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	P	24,000,000	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	Q	49,693,377	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	R	2,389,786	Accrual method
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	S	5,307,934	Accrual method
CHRISTUS ST PATRICK FOUNDATION	B	105,318	Accrual method
CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	M	7,812,718	Accrual method
CHRISTUS TRINITY MOTHER FRANCES HEALTH SYSTEM	S	7,717,000	Accrual method
DEDICATED SYSTEM SUPPORT INC	L	50,907	Accrual method

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
DEDICATED SYSTEM SUPPORT INC	M	86,307	Accrual method
DEDICATED SYSTEM SUPPORT INC	Q	1,691,460	Accrual method
CHRISTUS CONTINUING CARE	L	775,862	Accrual method
CHRISTUS CONTINUING CARE	M	165,541	Accrual method
CHRISTUS CONTINUING CARE	Q	862,905	Accrual method
EMERALD ASSURANCE CAYMAN LTD	P	33,884,769	Accrual method
EVANGELINE CLINICAL SERVICES INC	M	51,000	Accrual method
GOOD SHEPHERD HEALTH SYSTEM INC	L	3,866,619	Accrual method
GOOD SHEPHERD HEALTH SYSTEM INC	M	3,928,132	Accrual method
GOOD SHEPHERD HEALTH SYSTEM INC	Q	3,044,220	Accrual method
GSHS ADMINISTRATIVE SERVICES ORG INC	M	3,928,132	Accrual method
GSHS ADMINISTRATIVE SERVICES ORG INC	Q	396,299	Accrual method
MOTHER FRANCES HOSPITAL - JACKSONVILLE	Q	411,191	Accrual method
MOTHER FRANCES HOSPITAL - WINNSBORO	Q	224,863	Accrual method
MOTHER FRANCES REGIONAL HEALTH CARE CENTER	Q	6,971,803	Accrual method
MOTHER FRANCES REGIONAL HEALTH CARE CENTER	S	1,940,808	Accrual method
SANTA ROSA FAMILY HEALTH CENTER	L	103,451	Accrual method
SANTA ROSA FAMILY HEALTH CENTER	M	186,584	Accrual method
SANTA ROSA FAMILY HEALTH CENTER	Q	483,019	Accrual method
SANTA ROSA NEW BRAUNFELS OUTPATIENT SURGERY C	Q	210,412	Accrual method
SANTA ROSA PHYSICAN AMBULATORY SURGERY CENTER	Q	132,675	Accrual method
THE GOOD SHEPHERD HOSPITAL INC	Q	2,225,414	Accrual method
TRINCARE INC	Q	8,701,926	Accrual method
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	p	191,285	Accrual method