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Form	. 9	90	1		Organization	-			ne Tax		OMB No 1545-0047 2018
•		1.	· ·		7, or 4947(a)(1) of the · social security numi		•			tions)	Open to Public
		of the Treasury snue Service			v irs.gov/Form990 for		-			1()()	Inspection
A I	or th		dar year, or tax year b	oginning	0	7/01,2018	, and ending				30, 20 19
В	Check V a	antashla	ne of organization IRISTUS HEALTH	CHLE	ሮ ስል ፍጥ			l P	Employer ide 76-059		n number
Г	Addre	esi Don	ng business as	GOLL	COAST			\dashv	70 000	1372	
	7 '	•	mber and street (or P O be	ox if mall Is	not delivered to street add	ress)	Room/suite	E	Telephone nu	mber	
L	→		9 HIDDEN RIDGE				<u> </u>	(469) 28	2-200	0
\vdash	tormi	noted	or town, state or provin∝ RVING, TX 75038		and ZIP of foreign postal or	ode		٦	Gross receipts	, e	6,923,013.
-	Appli	tation F Nar	ne and address of principa		PAUL GENERAL	ĹE	0		a) is this a gro	rp return for	
_			9 HIDDEN RIDGE	E, IRV	ING, TX 75038			Н(subordinates Are as aubord		d? Yes No
		empt status	X 501(c)(3)	501(c) () (insert no)	4947(a)(1)	or 527			-	see Instructions)
		te ► N/A of organization	X Corporation 1	Trust	Association Other	- 1	1 Year of t		c) Group exem		
_	art I	Summai		iiust	Association Other		L rear or i	ormation	T 2 2 2 184	State of It	egal domicile 1X
	1		rlbe the organization's	mission o	r most significant activit	ues SUPPO	RTING THE	HEAL	TH CARE	MINI	STRIES OF
Ę.	(NSORING CONGRE						OF		
Activities & Governance			HRIST IN CONFO						la		
300			oting members of the (•	•				3	3.
٠ د	i e		ndependent voting men							4	1.
/it	5	Total number	er of individuals employ	ed in cale	endar year 2018 (Part V	, line 2a)				5	0.
ct			er of volunteers (estimate							6	1.
`	Į.		ted business revenue fro d business taxable inco							7a 7b	223,268. -146,711.
_		INGL UINGIALE	d business taxable inco	31116 110111	Full 930-1, mie 30 .	<u> </u>	·····		nor Year	'''	Current Year
	8	Contribution	s and grants (Pert VIII, I	line 1h) .			[4	,675,47	9.	4,785,954.
Revenue			vice revenue (Part VIII, I					1	,548,05		1,388,571.
Ş.			ncome (Part VIII, colum						85,62 ,423,09		10,636. 521,392.
			ue (Part VIII, column (A le - add lines 8 through						,732,25		6,706,553.
_			similar amounts paid (Pa						6,46		5,271.
			d to or for members (Pa							0.	0.
es			er compensation, empl					1	,360,53		1,299,355.
Expenses			fundralsing fees (Part II ising expenses (Part IX,				••••-			0.	0.
ă			ses (Part IX, column (A)	•				5	,515,81	4.	4,879,986.
			es Add lines 13-17 (m					6	,882,81	5.	6,184,612.
	19	Revenue les	s expenses Subtract lin	ne 18 from	line 12	<u> </u>			,849,43		521,941.
sets or alances	20	T-4-14-	/D== V II== 40\				<u></u> -		of Current Y	_	End of Year 14, 333, 313.
t Assend Bale		Total liabilitie	(Part X, line 16) es (Part X, line 26)	• • • •			••••		,306,26		531,967.
Zet Engle	22		r fund balances Subtra						,621,51		13,801,346.
Pa	rt II 📗	Signatur		-							
true	ler pen , corre	alties of perjur ct, and complet	y, I declare that I have ex te Declaration of preparer	amined thi (other than	s return, including accom officer) is based on all inf	panying schedu ormation of whi	iles and statemei ch preparer has a	nts, and i iny knowl	to the best of ledge	my know	fledge and belief, it is
-			[//						10	120	1/20
Sig		Signatu	rc of officer						Date	100	1
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_			print name and title eparer's name		Preparer's signature		Date		1	, PTIN	
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	Only	Firm's address	s >					\neg	one no		
_			this return with the			instructions)		<u></u>	<u></u>	<u>L</u>	Yes No
JSA	10 1 00		tion Act Natice, see the	e separate	e instructions.						Form 990 (2018)
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CHRISTUS HEALTH GULF COAST

Simply describe the organization's mission ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 99 0 or 990-E27. If Yes, describe these new services on Schedule 0 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule 0 4 Describe the organizations program service accomplishments for each of its three largest program services, as measured it expenses. Section 501(c(3)) and 501(c(4) organizations are required to report the amount of grants and allocations to other the total expenses. And revenue, if any, for each program service reported. 4a (Code () (Expenses \$	*For	m 990 (20	18)				Page 2
Birelty describe the organization undertake any significant program services during the year which were not listed on the prior Form 99 or 990 or 990-E2? 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 99 or 990 or 990-E2? If Yes, describe these changes on Schedule 0 Did the organization osses conducting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule 0 Describe the organizations program service and organizations are required to report the amount of grants and allocations to other the total expenses. Section 501(c(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. 42 (Code) (Expenses \$	Pa	art III					
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	JSA 8E10	20 1 000 2690	OJN P18F		V 18-8 6F	CHRISTUS - COP	Form 990 (2018) PAGE 2

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		x
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			Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	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		x
	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		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	-	X
	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		Х
	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		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
0	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		X
;	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		х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			Х
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	х	
	Schedule D. Parts XI and XII	12a		Х
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	X	
i	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	Х
U	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		X
•	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		X
	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		х
	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		Х
		1	J	Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
;	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			х
3	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19 20a		x
3 9 0 a b	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19 20a		
b	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19 20a 20b		X X

Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	İ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	•	28b		x
_	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		.,,	
	or IV, and Part V, line 1	34	<u>x</u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	Ĺ
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable]		_
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990	(2018)

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Otation of together the state of the state o		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
a				
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		- <u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c L		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		х
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ا ا		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations Enter			
-	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)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	!		
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45	Ì	v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	4.		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O			

76-0591592 CHRISTUS HEALTH GULF COAST Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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 Х Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with x Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?. . . . 5 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint х Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a The governing body?...... Х 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 Did the organization have a written whistleblower policy?.... Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Х 15b 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 16a 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

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(content of the content of the conte
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website X 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 IRVING, TX 75038

Form 990 (2018)

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Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. and Independent Contractors

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	orga	nıza	tion	co	npen	sate	ed any current offic	er, director, or trus	stee																						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest employe Key emp Officer Institution Individual or dired			Position eck more than one person is both an a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position o not check more than one ox, unless person is both an ficer 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
(1)PAUL D. GENERALE	1 00																															
CHAIRPERSON	39 00	х		х				0	3,007,416	502,346																						
(2)SISTER JEANNE MARY CONNELL, CC	1 00																															
DIRECTOR	0.	Х						0.	0	0																						
(3)ALFRED LES CAVE III	1 00																															
DIRECTOR/PRESIDENT	39.00	Х		Х				0.	329,379.	27,840																						
(4)RANDY SAFADY	1.00	Į																														
TREASURER	39.00		<u> </u>	Х			L	0.	4,641,180.	176,925																						
(5)KAREN OLIVER	1 00							_																								
SECRETARY	39 00	ļ	_	Х			_	0.	71,663	9,690																						
(6) PATRICK CARRIER	0			[. 500 606	56 050																						
FRM PRESIDENT/CEO	40.00	ļ	_				Х	0.	1,502,606.	56,259.																						
(7)	ļ																															
(8)																																
(9)																																
(10)			-																													
(11)																																
(12)																																
(13)																																
(14)									!																							

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos heck ss pe	c) ation more rson	o চ তা a চ তা highest compensated চ ত লি employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizat (W-2/1099-	ble on from d ions	Es am com fro orga and	(F) timated tount of other pensation the anization I related	f ion on d
						ä							
			_							•			
		<u> </u>											
								,					
											_		
									-				
								<u> </u>					
1b Sub-total							•	0.	9,552,	244	7	73,0	0 0
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	=						<u> </u>	0.	9,552,		7	73,0	
2 Total number of individuals (including but not reportable compensation from the organization		hose 0	liste	d al	bove	e) who	re	eceived more than	\$100,000 c	of			
								•	***********			Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	_x	
4 For any individual listed on line 1a, is the													
organization and related organizations gre											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		×
Section B Independent Contractors										000 -	,		
 Complete this table for your five highest com- compensation from the organization. Report c year 	ompensatio	naepe on for	the	ca	lend	ar ye	rs t ar e	nat received more ending with or with	in the orga	nizatio	n's tax		
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compens	ation	
							-						
							-						
							-						
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nited	d to		e lı	sted above) who	received				
JSA 8E1055 1 000	o organizat					·					Form		
2690JN P18F		V	18	-8.	6 F			CHRISTUS	- COPY			PAG	SE 8

Part VIII	Statement of Revenue
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		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	<u> 10 </u>	<u> </u>	<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts rts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
	С	Fundraising events 1c					
يَّةً جَ	d	Related organizations 1d	4,785,954				<u> </u>
Sim.	e	Government grants (contributions) 1e					
utic Per	f	All other contributions, gifts, grants,	j				
trib Ott		and similar amounts not included above 1f		ľ			1
Son	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,785,954		····	
Program Service Revenue			Business Code				
eve	2a	RENT RELATED TO EXEMPT FUNCTION	531120	1,372,632	1,372,632		 -
e e	ь	NET PATIENT SERVICE REVENUE	621110	15,939	15,939		ļ
ž	С						
Se.	d			.,			
ran	е						
rog	f	All other program service revenue			<u> </u>		<u> </u>
	9	Total Add lines 2a-2f	<u> </u>	1,388,571			-1
	3	Investment income (including dividen	_ 1				
		and other similar amounts)	_	0			
	4	Income from investment of tax-exempt bond	·	0		· 	
	5	Royalties	(ii) Personal	0			
ļ		<u> </u>	(.,, : 6.56.16.				
	6a	Gross rents					
و	b	Less rental expenses		ł			}
	٦	Rental income or (loss) L	<u> </u>	0			
•	d 7a	Net rental income or (loss)	(II) Other				
,	' ' '	assets other than inventory	227,096	1			
			227,036				
	b	Less cost or other basis	216,460				
		and sales expenses	10,636				
	d	Sain or (loss)		10,636			10,636
e n	8a	Gross income from fundraising					
evenue		events (not including \$					
~		of contributions reported on line 1c)		Ī			
Other		See Part IV, line 18 a	0				
ŏ	b	Less direct expenses b				 .	
	С	· · ·	<u> ▶</u>	0			
	9a	Gross income from gaming activities See Part IV, line 19 a	0				
	b	Less direct expenses b	0				
ĺ	Ç	Net income or (loss) from gaming activities.	<u></u>	0			
	10a	Gross sales of inventory, less returns and allowances a	0				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory, .	0	0		· ···	
Ì		Miscellaneous Revenue	Business Code				
Ì	11a	MD ANDERSON RENTAL	900002	223, 268		223,268	
	b	SERVICE AGREEMENT WITH HOUSTON METHODIS	541900	141,369			141,369
	C	ALL OTHER REVENUE	900099	156,755			156,755
	d	All other revenue					
	e	Total Add lines 11a-11d		521,392			<u> </u>
	12	Total revenue See instructions		6,706,553	1,388,571	223,268	308,760
			·				Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501	(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				
	de amounts reported on lines 6b, 7b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants ar	d other assistance to domestic organizations				
and dome	estic governments See Part IV, line 21	5,271.	5,271		
2 Grants	and other assistance to domestic				
ındıvıdu	als See Part IV, line 22	0.			
3 Grants	and other assistance to foreign	}			
organiza	tions, foreign governments, and foreign				
	als See Part IV, lines 15 and 16	0			
4 Benefits	paid to or for members	0			
5 Compen	sation of current officers, directors,				
trustees,	and key employees	0			
6 Compens	ation not included above, to disqualified				
persons	(as defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)	0.			
7 Other sa	alaries and wages	1,091,352	1,091,352.		
8 Pension	plan accruals and contributions (include				
section 4	01(k) and 403(b) employer contributions)	0			<u>-</u>
9 Other er	nployee benefits	136,843.	136,122.	721.	
10 Payroll t	axes	71,160	71,115	45.	
11 Fees for	services (non-employees)				
a Manage	ment	39,600	39,600.		
b Legal .		0			
c Account	ing	0	.,		
d Lobbyin	9 <u>.</u>	0			
e Professio	nal fundraising services. See Part IV, line 17,	0.			
f Investm	ent management fees	0.			
g Other (i	line 11g amount exceeds 10% of line 25 column				
(A) amount	list line 11g expenses on Schedule O). ATCH 3.	3,258,689	3,179,943.	78,413.	333
12 Advertis	ing and promotion	0.			
13 Office ex	penses	393,617.	40,297	353,320.	
14 Informat	ion technology	180,000.	180,000.		
15 Royalties	5	0.			
16 Occupar	ncy	267,679.	239,679.	28,000	
17 Travel .		21,647.	21,647		
18 Paymen	s of travel or entertainment expenses				
•	federal, state, or local public officials	0.			
19 Confere	nces, conventions, and meetings	979.	979.		
20 Interest		0.			
	ts to affiliates	0.		32.054	
22 Deprecia	ation, depletion, and amortization	599,186.	566,312.	32,874.	
23 Insuranc	e <i>.</i>	67,043.	25,392	41,651.	
	penses Itemize expenses not covered				
	st miscellaneous expenses in line 24e If				
	amount exceeds 10% of line 25, column				
	nt, list line 24e expenses on Schedule O)	F1 F46		200	
aOTHER	EXPENSES	51,546.	51,346.	200	
b					
c					
d					
	expenses	6 164 515		525 224	22-
	ctional expenses Add lines 1 through 24e	6,184,612	5,649,055	535,224	333
organiza from a	ssts Complete this line only if the liton reported in column (B) joint costs combined educational campaign and ng solicitation Check here				
	SOP 98-2 (ASC 958-720)	0.			

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,735.	1	4,735
	2	Savings and temporary cash investments	0.	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	684,840.	4	38,753
	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	_		_
S		organizations (see instructions) Complete Part II of Schedule L	0	6	0.
ssets	7	Notes and loans receivable, net	0.	7	0
As	8	Inventories for sale or use	0	8	0
	9		7,752.	9	8,757.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 19,942,770.	12 200 265		12 202 255
	ı	Less accumulated depreciation	13,999,365.		13,283,255
	11	Investments - publicly traded securities	0.	 '''- -	0
٠	12	Investments - other securities See Part IV, line 11	997,813.		997,813
	13	Investments - program-related See Part IV, line 11	997,813.		997,813
	14	Intangible assets	1,233,279.		0
٦.	15	Other assets See Part IV, line 11	16,927,784.	16	14,333,313
-	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	1,056,183	17	531,967
•	l	Accounts payable and accrued expenses	0.	_	0.
	18 19	Grants payable	0.	19	0
*	20	Deferred revenue	0	20	0
	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,		-	
Liabilities 3		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons Complete Part II of Schedule L	0.	22	0
Ξ.	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	250,085	25	0
	26	Total liabilities Add lines 17 through 25	1,306,268	26	531,967
ç		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34			
2	27		15,243,462	27	13,423,292
ala	28	Unrestricted net assets Temporarily restricted net assets	378,054	28	378,054.
8	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	15,621,516	33	13,801,346
_	34	Total liabilities and net assets/fund balances	16,927,784.	34	14,333,313.

Form **990** (2018)

CHRISTUS HEALTH GULF COAST

Form 99	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI	$\overline{}$				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		<u>-</u> -	06,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			84,6	
3	Revenue less expenses Subtract line 2 from line 1 ,	3			21,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,6	21,5	
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6		-1,3	72,6	
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		- 9	69,4	79
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	İ				
	33, column (B))	10		13,8	01,3	46
Part	XII Financial Statements and Reporting					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>		للل
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	חור			
	Schedule O					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or .			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?			2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
•	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		•		, l	
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explai	n in		! [
	Schedule O					
. 3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in			v
	the Single Audit Act and OMB Circular A-133?			3a		X
* b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	000	(2018)
				r- orm	320	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990 for instructions and the latest information

Inspection Employer identification number

Nam	e of th	ne organization					Employer identif	ication number
CHI	RIST	rus health gulf coa					76-05915	
Pa	t I	Reason for Public Cha	rity Status (All c	organizations must d	omplet	e this pa	art) See instructions	3
The	orga	anization is not a private fou		•	_			nm
1	Ш	A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	187
2		A school described in secti						U
3	X	A hospital or a cooperative	-	-				
4	\square	A medical research organiz	· · · · · · · · · · · · · · · · · · ·	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)(iii). Enter the
	$\overline{}$	hospital's name, city, and si				 		
5	Ш	An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
_	$\overline{}$	section 170(b)(1)(A)(IV). (C						
6	Н	A federal, state, or local go						
7	ш	An organization that norm	-		ipport tr	om a go	vernmental unit or ir	om the general public
	$\overline{}$	described in section 170(b)			Dort II \			
8 9	Н	A community trust describe	•				Lin conjunction with a	land-grant college
9	LJ	An agricultural research orgon university or a non-land-						
		university	grant conege or ag	inculture (see instruct	10115) E	inter the	name, city, and state of	i the college of
10		An organization that norma	lly receives (1) m	ore than 331/2 % of its	support	from co	intributions members	hin fees, and gross
10		receipts from activities rela support from gross investm acquired by the organization	ited to its exempt f nent income and u in after June 30, 1	functions - subject to nrelated business tax 975 See <mark>section 509</mark>	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more tha s section 511 tax) from e Part III)	in 331/3 % of its
11	Щ	An organization organized	•	- · · · · · · · · · · · · · · · · · · ·				
12		An organization organized						
		of one or more publicly su					, ,, ,	
	_	Check the box in lines 12a t	•	• • •		-	•	-
a	L	Type I. A supporting orgation the supported organization						
		_ supporting organization		· ·				
b		Type II. A supporting org	anization supervisi	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
		_ organization(s) You must	complete Part IV	, Sections A and C.				
¢		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functiona	lly integrated with,
		_ its supported organization	n(s) (see instruction	s) You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated The organ	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
	,	requirement (see instruct	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
é	L	Check this box if the orga	inization received	a written determinatio	n from t	he IRS ti	hat it is a Type I, Type	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion	
f	Ent	er the number of supported	organizations					
<u> </u>	Pro	ivide the following information	on about the suppo	orted organization(s)	,			
	(ı) Na	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
—		<u> </u>						
(B) 								
(C)								
(D)								
—- (E)			<u> </u>					
 Tota	1						*** .	
	-				I	i		I .

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2018

Pa	Support Schedule for Orga (Complete only if you checke Part III If the organization fai	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua)(vi) alıfy under
Sec	tion A. Public Support				·		
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	*·- *·					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3			-	 		 -
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4					<u></u>	<u></u>
	tion B. Total Support	(-) 0044	T #1 2045	(c)/2016	(4) 2047	I 4-> 2018	(B. Total
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6)/2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
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			<u> </u>	L	 	
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	/	<u> </u>				
	Public support percentage for 2018 (li			11 column (f)\		14	%
14 15	Public support percentage for 2017						<u> </u>
	33 1/3 % support test - 2018. If the org	•	•				
	box and stop here. The organization q	•					
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organic	2017. If the organization meets	s the "facts-an	not check a box d-circumstances	con line 13, 16 " test, check t	a, 16b, or 17a his box and st	top here
	Explain in Part VI how the organization supported organization						a publicly
18	Private foundation If the organization instructions	did not check	a box on line 13	s, 16a, 16b, 17a	a, or 17b, check	this box and se-	
							990 or 990-EZ) 2018
JSK	/						

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Schedule A (Form 990 or 990-EZ) 2018	<u> </u>	<u></u>				Page 3
Part III Support Schedule for Orga	nizations Des	scribed in Sec	tion 509(a)(2)			/
(Complete only if you check	ted the box or	n line 10 of Pa	rt I or if the org	anization faile	d to qualify ui	nder Part II
If the organization fails to qu	alify under the	e tests listed b	elow, please c	omplete Part I	1)	/_
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts grants, contributions, and membership fees						
received (Do not include any "unusual grants")						<i>f</i>
2 Gross receipts from admissions, merchandise					/	
sold or services performed or facilities						
furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an						
unrelated trade or business under section 513.						
4 Tax revenues levied for the						
organization's benefit and either paid to				/		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
6 Total Add lines 1 through 5				/		
•				/		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				y		
b Amounts included on lines 2 and 3			 			
received from other than disqualified						
persons that exceed the greater of \$5,000	:					
or 1% of the amount on line 13 for the year			 		-	
c Add lines 7a and 7b			 			
8 Public support (Subtract line 7c from						
line 6)		<u> </u>	1/	<u></u>		
Section B. Total Support			<i></i>			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6					ļ	
10 a Gross income from interest, dividends,					'	
payments received on securities loans, rents, royalties, and income from similar						
* sources						
b Unrelated business taxable income (less						
section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly						
carried on			<u> </u>			
12 Other income Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI)			 		 	
13 Total support (Add lines 9, 10c, 11,						
and 12)		<u></u>	J		I	504()(0)
14 First five years If the Form 990 is f	-			-		
organization, check this box and stop here					· · · · · · · ·	🟲
Section C Computation of Public Sup	·				1	
15 Public support percentage for 2018 (line 8	• •				. 15	<u>%</u>
16 Public support percentage from 2017 Sche			<u></u>		16	<u>%</u>
Section D. Computation of Investmen					·	
17 Investment income percentage for 2018 (II					17	%
18 Investment income percentage from 2017	Schedule A, Pari	t III, line 17			18 ′	%
19 a 331/3% support tests - 2018 If the or					e than 331/3%	, and line
17 is not more than 331/3%, check th	-					. —
b 331/3% support tests - 2017 If the orga		=	•		-	
line 18 is not more than 331/3%, check						. \square
20 Private foundation If the organization		•	•			
JSA 21 1000						990 or 990-EZ) 2018

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 $(2)^2$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	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 5c		
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	30		-
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? If "Yes," provide detail in Part VI	6		l l
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	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? If "Yes," provide detail in Part VI .	9c		
10 a	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)? If "Yes," answer 10b below	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Schedule A (Form 990 or 990-EZ) 2018

s regard 3b Schedule A (Form 990 or 990-EZ) 2018

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI) See
instructions All other Type III non-functionally integrated supporting organization	zations	nust complete Section	(B) Current Year
Section A - Adjusted Net Income	ì	(A) Prior 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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
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)		<u>.</u>	
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-functionall	y integra	ated Type III supporting	g organization (see
instructions)	•		

Schedule A (Form 990 or 990-EZ) 2018

CHRISTUS HEALTH GULF COAST

Page 7 •Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) (11) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carry over to 2019. Add lines 3 and 4c Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2018

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Excess from 2014.... Excess from 2015. . . Excess from 2016. . . . d Excess from 2017.... Excess from 2018....

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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)

SCHEDULE A, PART I, LINE 3

CHRISTUS HEALTH GULF COAST IDENTIFIED ITSELF AS A HOSPITAL OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION UNDER SECTION 170(B)(1)(A)(III) IN SCHEDULE HOWEVER, CHRISTUS HEALTH GULF COAST IS NOT REQUIRED TO COMPLETE SCHEDULE H BECAUSE IT DISPOSED OF ITS LICENSED HOSPITAL FACILITIES DURING YE 6/30/2014

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 ► Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

76-0591592 CHRISTUS HEALTH GULF COAST

_	CISIOS READIA GODE COASI		on Accounts
Pá	Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered		(b) Funds and other accounts
		(a) Donor advised funds	(b) Furids and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	Yes No
Pá	Conservation Easements.	"Vee" on Form 000 Bort IV line 7	
_	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		an of a historically important land area
ř;	Preservation of land for public use (e.g., rec	. [7]	on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
_	Preservation of open space		out the form of a concentration
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contribution	Held at the End of the Tax Year
-	easement on the last day of the tax year		
`a	Total number of conservation easements		
ь	Total acreage restricted by conservation easements		
,C	Number of conservation easements on a certified	• •	
¹ d	Number of conservation easements included in (c	•	f [
~	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	isterred, released, extinguished, or ten	minated by the organization during the
f*	tax year ►	mustice assessed in Israeland in	
4	Number of states where property subject to conse		notion handling of
5	Does the organization have a written policy reg		
c	violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting bandling of walations and anforms	a conservation experients during the year
7	S	ing, handling of violations, and emorcing	g conservation easements during the year
	Does each conservation easement reported on line 2		notice 170(h)(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		moder statements that describes the
Pa	rt III Organizations Maintaining Collections		her Similar Assets.
	Complete if the organization answered		
1a			ts revenue statement and halance sheet
ıa	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ir assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that o	describes these items
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relati		education, or research in furtherance of
	•	•	> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		• • •
_	following amounts required to be reported under S	, , , , , ,	
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	Paperwork Reduction Act Notice, see the Instructions for	Form 990	Schedule D (Form 990) 2018
			30

Sche	dule D (Form 990) 2018								Page 2
Pa	rt III Organizations Maintaining Col	lections of Art	t, Histori	cal Treasur	es, or C	Other Similar A	Assets (C	ontinue	d)
3	Using the organization's acquisition, according	ession, and other	er records	s, check any	of the f	following that a	ire a sign	ificant u	se of its
	collection items (check all that apply)								
а	Public exhibition		d	Loan or exc	-				
b	Scholarly research		е 🔛	Other					
С	Preservation for future generations								
4	Provide a description of the organization	's collections ar	nd explair	n how they f	urther th	ne organization	s exempt	purpos	e in Part
	XIII								
5	During the year, did the organization solici								
	assets to be sold to raise funds rather than		ed as part	of the organ	ization's	collection?		Yes	No
Pa	rt IV Escrow and Custodial Arrange			000 0-41	/ l 0			t on Fo	
	Complete if the organization ar	iswered Yes	on Form	990, Part I	v, line 9	, or reported a	n amour	il OII FO	[] []
_	990, Part X, line 21								
та	Is the organization an agent, trustee, cust							Yes	□No
	included on Form 990, Part X?				• • • •		L	163	140
b	ii res, explain the arrangement in Fart /	tili aliu complet	e lile iolio	wing table			Amount		
С	Beginning balance				10		711100111		
	Additions during the year					1		-	
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount or					odial account lia	ability?	Yes	No
	If "Yes," explain the arrangement in Part								
	rt V Endowment Funds.	<u> </u>							
	Complete if the organization ar	swered "Yes"	on Form	990, Part I	V, line 1	0			
		Current year	(b) Prior y		Two years t		ears back	(e) Four	years back
1 a	Beginning of year balance							_	
b	Contributions								
	Net investment earnings, gains,								
·									
ď	Grants or scholarships								
e									
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the o	current year end	balance	(line 1g, colun	nn (a)) he	eld as			
а	Board designated or quasi-endowment >	%							
	Permanent endowment ▶%								
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c s								
3 a	Are there endowment funds not in the pos	session of the c	organizati	on that are h	eld and a	administered for	the	ſ,	/an Na
	organization by								res No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related orga				κγ			3b	J
4	Describe in Part XIII the intended uses of tVI Land, Buildings, and Equipmer		n's endowi	ment funds					
Fa	Complete if the organization at	nswered "Yes"	on Form	990, Part I	V, line 1	1a See Form	990, Pa	rt X, line	10
	Description of property	(a) Cost or other	er basis (b) Cost or other		(c) Accumulated		Book vati	
1 a	Land	(investmen	11)	(other) 5 , 843 , 8	303.	depreciation		5.84	3,803
b	Buildings			7,825,8		2,334,433			1,439
c	Leasehold improvements			491,		483,467		,	7,954
d	Equipment			3,911,0		2,540,421		1,37	0,613
e	Other			1,870,6		1,301,194			9,446.
	I Add lines 1a through 1e (Column (d) mu		90. Part X						3,255

Part VII Investments - Other Securities.		rage
Complete if the organization answered (a) Description of security or category	"Yes" on Form 990, (b) Book value	Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation
(including name of security)	(5) 2001. 10.00	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (5)		
(F) (G)		
(O) (H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		
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 SUBSIDIARIES	997,813.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	997,813	
Part IX Other Assets.	33.,013	
	"Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		10.19
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)	
Part X Other Liabilities.		
	"Yes" on Form 990,	Part IV, line 11e or 11f See Form 990, Part X,
1 (a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) book value	
(2) INTERCOMPANY PAYABLES		
(3)	<u> </u>	
(4)		
(5)		
(6)		
(7)		
(8)		
(0)		•

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 Schedule D (Form 990) 2018

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Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Part XI	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part N	ith Revenue per Returi /, line 12a	n.
1 Tota	al revenue, gains, and other support per audited financial statements		1
	ounts included on line 1 but not on Form 990, Part VIII, line 12		
	unrealized gains (losses) on investments	2a	
	nated services and use of facilities	2b	
c Rec	coveries of prior year grants	2c	
d Oth	er (Describe in Part XIII)	2d	
	lines 2a through 2d		2e
	stract line 2e from line 1		3
	punts included on Form 990, Part VIII, line 12, but not on line 1		
	estment expenses not included on Form 990, Part VIII, line 7b	4a	
b Oth	er (Describe in Part XIII)	4b	
	I lines 4a and 4b		4c
5 Tota	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>	5
Part XII	Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part N		ırn.
1 Tota	al expenses and losses per audited financial statements		1
	ounts included on line 1 but not on Form 990, Part IX, line 25		
	nated services and use of facilities	2a	
	or year adjustments	2b	
c Oth	er losses	2c	
d Oth	er (Describe in Part XIII)	2d	
e Add	lines 2a through 2d		2e
	tract line 2e from line 1		3
	punts included on Form 990, Part IX, line 25, but not on line 1		
	estment expenses not included on Form 990, Part VIII, line 7b	4a	
b Oth	er (Describe in Part XIII)	4b	
	lines 4a and 4b		4c
	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Provide the	Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, I lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p GE 5		
		· · · · · · · · · · · · · · · · ·	
	The state of the s		
			,

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Part XIII Supplemental Information (continued)

CASH - NON-BEARING INTEREST

FORM 990, SCHEDULE D, PART X, LINE 1

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

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, 2019 AND 2018

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

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

▶ Go to www irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTUS HEALTH GULF COAST

Employer identification number 76-0591592

Par	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 Housing allowance or residence for personal use			10 A
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			No.	**
b	If any of the boxes on 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	<u> </u>	in a
2	explain		#35.	Section 2
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		iiida aa	
	1a ⁹	2	#4 54	120 TO
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	1994 V	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Compensation committee Written employment contract		。 第18	
	Independent compensation consultant Compensation survey or study	135		黎洪
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	\$1,70 m	1	
			E 1886	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			A
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	322		
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III	*	なる場合	7.3
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		X 4.7	
	compensation contingent on the net earnings of	A		
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	a di di		1
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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			
	ın Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	35.25 A. 14	د برخورا گفتران	و را کو ا
	Regulations section 53 4958-6(c)?	9		

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

76-0591592

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed PartII 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 aren't 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

(F) Compensation in column (B) reported as deferred on prior Form 990 3,509,762. 4,818,105. 1,558,865. 357,219 (E) Total of columns (B)(i)-(D) 17,829 29, 335 7,597 13,110 (D) Nontaxable benefits 484,517 147,590 20,243 43,149 (C) Retirement and other deferred compensation 299 52,288. 634,089. 569 compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable 326, 227. 1,090,468 361,063 1,282,199 (II) Bonus & incentive compensation 91, 507,454. 3,032,412. 237,853. 1,864,660 (i) Base compensation ΞΞ (3) (3) (3) S 3 S 3 Ξ ΞΞ ΞΞ ΞΞ ΞΞ ΞΞ ΞΞ ALFRED LES CAVE III DIRECTOR/PRESIDENT (A) Name and Title 4FRM PRESIDENT/CEO GENERALE PATRICK CARRIER RANDY SAFADY 4CHAIRPERSON TREASURER PAUL D 3 6 9 5 Ξ 15 13 4 15

CHRISTUS - COPY

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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 Supplemental Information

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1 FORM 990, 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. 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

EXPLANATION OF RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMP

PART 1, LINE SCHEDULE J, FORM 990, THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF

CHRISTUS HEALTH, A RELATED ORGANIZATION. AS A RESULT, COMPENSATION IS

ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES

ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH NOT HAVE

V 18-8.6F

Schedule J (Form 990) 2018

Part 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

COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION.

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 BI-ANNUAL COMPENSATION SURVEY.

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,

V 18-8.6F

Schedule J (Form 990) 2018

Page 3

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.

THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH

BALANCE PLAN ACCRUAL

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II

W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN

DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR PRIOR YEARS.

COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL

EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

SUPPLEMENTAL COMPENSATION INFORMATION

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 2018.

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, PART VII, SECTION A & SCHEDULE J, PART II

THE BONUS AND INCENTIVE COMPENSATION REPORTED AS RELATED COMPENSATION WAS

PAID BY CHRISTUS HEALTH, A RELATED ORGANIZATION OF THE FILING ENTITY

V 18-8.6F

Schedule J (Form 990) 2018

Part | 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

SEVERANCE PAYMENTS

FORM 990, SCHEDULE J, PART I, QUESTION 4A

THE FOLLOWING INDIVIDUAL(S) RECEIVED A SEVERANCE PAYMENT

PATRICK CARRIER \$89,854

V 18-8.6F

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SCHEDULE O (Form 990 or 990-EZ)

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.

► 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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTUS HEALTH GULF COAST

Employer identification number

76-0591592

DOING BUSINESS AS

FORM 990, PAGE 1, ITEM C

CHRISTUS HEALTH GULF COAST OPERATES UNDER THE FOLLOWING NAMES:

CHRISTUS ST JOHN CONCUSSION CENTER AND NEUROCOGNITIVE INSTITUTE
CHRISTUS ST JOHN LABORATORY AND IMAGING SERVICES

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6

CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION.

FORM 990, PART VI, QUESTION 7A

CHRISTUS HEALTH, THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION,

HAS THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S

GOVERNING BODY

DESCRIPTIONS OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, LINE 7B

CHRISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS: APPROVE,

CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND

VISION, APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S

ARTICLES OF INCORPORATION AND BYLAWS, APPOINT AND REMOVE MEMBERS OF THE

FILING ORGANIZATION'S BOARD OF DIRECTORS, APPOINT AND REMOVE THE FILING

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) (2018)

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Employer identification number 76 - 0591592

ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF
BOARD OF DIRECTORS, APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION
PER INCURRENCE OR \$25 MILLION ANNUALLY, APPROVE ANY MERGER,
CONSILIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING
ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE
FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND
PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION; APPROVE THE
INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION, APPROVE CAPITAL
PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION, APPROVE
ANY TRANSATION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO
CREATE A NEW LEGAL ENTITY OR JOINT VENTURE, ANY TRANSACTION INVOLVING A
SYSTEM PARTICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR
JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL
ENTITY, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION
DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS

THE CHRISTUS HEALTH CEO HAS THE FILLOWING POWERS. POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION, APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION, APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION; APPROVE THE FILING ORGANIZATION'S BUDGET, SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES

FOR THE FILING ORGANIZATION

THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS, THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO), AND THE CONGREGATION OF THE CHRISTUS HEALTH MEMBERS HAVE THE THE HOLY FAMILY OF NAZARETH FOLLOWING POWERS. APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION: APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION, APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY

PROCESS TO REVIEW THE FORM 990 FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED AND REVIEWED BY THE CHRISTUS HEALTH TAX

Employer identification number 76-0591592

DEPARTMENT THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH THE TAX

DEPARTMENT IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING

ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990

THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2020 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGETED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 12C

AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY
DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE
ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE
1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY
REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE
FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS
DISCLOSED OR EXISTS

THE URGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

Employer identification number 76-0591592

COMPENSATION DETERMINATION PROCESS

FORM 990, PART VI, SECTION B, 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 INCLUDING CHRISTUS HEALTH GULF COAST. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND 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

ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT:

OF COMPENSATION DECISIONS.

- 1 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY
- 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES)
 BASED ON THE MARKET CHANGES
- 3 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 THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION BASED ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE

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 ORGANIZATIONS

LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S

Name of the organization
CHRISTUS HEALTH GULF COAST

Employer identification number 76 - 0591592

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.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS FORM 990, PART VI, LINE 19

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE

ORGANIZATION'S GOVERING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE NOT

MADE AVAILABLE TO THE PUBLIC

OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 9

OTHER	(199,096)
ICP UNRESTRICTED NA-SJF	99,537
TRANSFER OF NET ASSETS BETWEEN ENTITES	(862,853)
PENSION FUNDING	(\$7,068)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TOTAL

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

(969, 480)

Employer identification number 76-0591592

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 ASSISTANCE TO, AND TO INVEST, TRANSFER AND/OR DISPOSE OF FUNDS OF THE CORPORATION AND THE SYSTEM PARTICIPANTS FOR THE USE AND BENEFIT OF, AND IN FURTHERANCE OF THE PURPOSES OF, THE SYSTEM, THE CORPORATION, THE SYSTEM PARTICIPANTS, AND THE LOCAL ENTITIES. THE CORPORATION'S PURPOSES SHALL ALSO INCLUDE THE MAKING OF GIFTS, GRANTS AND CONTRIBUTIONS TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED THE CORPORATION SHALL ALSO BE AUTHORIZED TO ENGAGE IN SUCH PURSUITS AS MAY BE NECESSARY OR INCIDENTAL, OR WHICH MAY AID AND ASSIST, IN CARRYING OUT THE CORPORATION'S MISSION AND PURPOSES. THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF THESE PURPOSES, AS WELL AS THOSE SYSTEM ENTITIES THAT ARE DESCRIBED IN SECTION 501(C)(3), AND SECTION 509(A)(1) OR SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR CORRESPONDING

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization

CHRISTUS HEALTH GULF COAST

Employer identification number

76-0591592

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROVISIONS OF ANY SUBSEQUENT LAW

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 OUALITY 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 CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, TRANSPORTATION SERVICES, AND A VARIETY OF OTHER SOCIAL SERVICES THE POINT OF LIGHT CLINIC HAS BEEN IN OPERATION SINCE 1990 TO PROVIDE ACUTE CARE AND EPISODIC HEALTHCARE SERVICES TO THOSE WHO ARE UNINSURED AND UNDERINSURED IN THE

Employer identification number 76-0591592

ATTACHMENT 2 (CONT'D)

FISCAL YEAR ENDING 6/30/19, ST. MARY CLINIC PROVIDED CARE TO 23,538 PERSONS, AND HAS BEEN IN OPERATION SINCE 2011 FISCAL YEAR ENDING 6/30/19, THE POINT OF LIGHT CLINIC PROVIDED CARE TO 5,402 PATIENTS. HEALTHY LIVING MOBILE CLINIC, A COLLABORATIVE MOBILE HEALTH PROGRAM DELIVERING PRIMARY AND PREVENTIVE CARE (INCLUDING IMMUNIZATIONS), WHICH TARGETS THE ELDERLY, WOMEN, AND CHILDREN. IN THE FISCAL YEAR ENDING 6/30/19, THIS PROGRAM PROVIDED SERVICES TO 30,504 PERSONS AT NO COST TO THE INDIVIDUAL PARISH HEALTH MINISTRY PROVIDES A CONTINUUM OF CARE, ESPECIALLY FOR THE UNDERSERVED POPULATIONS, THROUGH AN ONGOING PARTNERSHIP WITH ASSOCIATED CATHOLIC CHARITIES IN COLLABORATION WITH THE DIOCESE OF GALVESTON-HOUSTON CHRISTUS LITERACY CENTER IS A COLLABORATIVE INITIATIVE ESTABLISHED AMONG CHRISTUS HEALTH GULF COAST, THE ARCHDIOCESE OF GALVESTON-HOUSTON, THE DOMINICAN SISTERS OF THE SACRED HEART, AND THE CHRISTUS FOUNDATION FOR IN GALVESTON, THE LITERACY CENTER PROVIDES ENGLISH AS HEALTHCARE A SECONDARY LANGUAGE (ESL) CLASSES WHICH ENHANCE LANGUAGE AND WRITING SKILLS TO AID INDIVIDUALS WHO ARE NOT PROFICIENT IN ENGLISH. THESE FREE CLASSES HELP ATTENDEES ENHANCE PRONUNCIATION, VOCABULARY, READING AND WRITING SKILLS IN ORDER TO OBTAIN THEIR GED THE CENTER ALSO PROVIDES BASIC COMPUTER SKILLS. THE CENTER PROVIDED 160 LITERACY CLASSES FOR 941 STUDENT ENCOUNTERS. IN HOUSTON, THE CENTER PROVIDED 240 LITERACY CLASSES FOR 3,660 STUDENT ENCOUNTERS. CHRISTUS OUR DAILY BREAD IS A MINISTRY OF CHRISTUS FOUNDATION FOR HEALTHCARE UNDER CHRISTUS HEALTH GULF

Name of the organization
CHRISTUS HEALTH GULF COAST

Employer identification number 76 - 0591592

ATTACHMENT 2 (CONT'D)

COAST WHICH SERVES AS A RESPITE FOR THE HOMELESS AND THOSE WHO ARE CHEMICALLY DEPENDENT AND/OR EXPERIENCE MENTAL/PSYCHIATRIC

DISORDERS AT NO COST TO THE INDIVIDUAL, THE CENTER SERVES 941

CLIENTS PER MONTH WITH TWO MEALS PER DAY, CLOTHING, HYGIENE,

COUNSELING AND REFERRALS SERVICES. OUR DAILY BREAD SERVES ALL

CLIENTS WITH RESPECT AND DIGNITY IN A MATTER BEFITTING ONE OF

GOD'S VERY OWN DIGNITY IN A MATTER BEFITTING ONE OF GOD'S VERY

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	TOTAL FEES	SERVICE EXP	AND GENERAL	EXPENSES
PURCHASED SERVICES	116,788.	116,397.	58	333
PHYSICIAN AND MEDICAL FEES	87,316.	87,316		
CONSULTING & COLLECTION FEES	74,951		74,951	
REPAIR & MAINTENANCE FEES	161,392	161,392		
LABOR COSTS	71,005.	71,005		
PROFESSIONAL & OTHER FEES	2,747,237	2,743,833.	3,404	
TOTALS	3,258,689.	3,179,943	78,413	333

 Schedule O (Form 990 or 990-EZ) 2018
 Page 2

Name of the organization
CHRISTUS HEALTH GULF COAST

Employer identification number 76 - 0591592

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING

DESCRIPTION

BOOK VALUE

O'THER DEPOSIT

PREAID TAXES

7,752

TOTALS

7,752.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

Open to Public

OMB No 1545-0047

Employer identification number 76-0591592

▶ Go to www irs gov/Form990 for instructions and the latest information CHRISTUS HEALTH GULF COAST

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Ξ (2) 3 4 (2) 9

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 Part II

	•	•						
(a)		(q)	(၁)	(p)	(e)	(<u>.</u>)	(b)	
Name, address, and EIN of related organization	lated organization	Primary activity	Legal domicale (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) ed
							Yes	٩
(1) CHRISTUS HEALTH ARK-LA-TEX	75-2796815							
2600 ST MICHAEL DRIVE	TEXARKANA, TX 75503	HLTHCARE SVC	TX	501(C)(3)	3	СН	×	
(2) CHRISTUS CONTINUING CARE	74-2898615							
1700 W LOOP SOUTH, SUITE 1100	HOUSTON, TX 77027	HLTHCARE SVC	TX	501(C)(3)	m	СН	×	
(3) C H WILKINSON PHYSICIAN NETWORK	76-0422435							
1700 WEST LOOP SOUTH STE 400B	HOUSTON, TX 77027	HLTHCARE SVC	TX	501(C)(3)	12-TYPE 1	СН	×	
(4) DUBUIS HEALTH SYSTEM INC	72-1270964							
1700 WEST LOOP SOUTH STE 1100A	HOUSTON, TX 77027	HLTHCARE SVC	TX	501(C)(3)	e	СН	×	
(5) CHRISTUS HEALTH FOUNDATION	61-1500100							
919 HIDDEN RIDGE DRIVE	IRVING, TY 75038	SUPT HLTH SVC	TX	501(C)(3)	12-TYPE 1	СН	×	
(6) CHRISTUS HEALTH CENTRAL LOUISIANA	72-0408984							
3330 MASONIC DRIVE	ALEXANDRIA, LA 71301	HLTHCARE SVC	LA	501(C)(3)	ĸ	СН	×	
(7) CHRISTÜS HEALTH NORTHERN LÖÜISIANA	72-0408982							
ONE SPINT MARY PLACE	SHREVEPORT, LA 71101	HLTHCARE SVC	LA	501 (C) (3)	3	СН	×	

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTUS HEALTH GULF COAST

► Attach to Form 990

OMB No 1545-0047 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Employer identification number

▶ Go to www irs gov/Form990 for instructions and the latest information

76-0591592

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Partl

(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)					
(2)					
(3)					
(4)					
(5)					
(9)					

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 Part II

פווכ פו יוופוב וכומוכם ומע כעכוויףו פו אמווידמוופווס	chipt organizations during a	ומוווו אל אור מיוו אוווו אוווו						
(a)		(p)	(၁)	(p)	(e)	(4)	(6)	
Name, address, and EIN of related organization	lated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanly status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	(13)
							Yes	No
(1) CHRISTUS SPOHN HEALTH SYSTEM CORP	74-1109836							
600 ELIZABETH STREET	CORPUS CHRISTI, TX 78404	HLTHCARE SVC	TX	501(C)(3)	3	СН	×	
(2) CHRISTUS HEALTH SOUTHEAST TEXAS	76-0591590							
2830 CALDER STREET	BEAUMONT, TX 7726	HLTHCARE SVC	TX	501(C)(3)	3	CH	×	
(3) CHRISTUS HEALTH	76-0590551							
919 HIDDEN RIDGE DRIVE	IRVING, TX 75038	SUPT HLTH SVC	TX	501(C)(3)	10	N/A	×	
(4) CHRISTUS SANTA ROSA HEALTH CARE CORP	P 74-1109665							
333 N SANTA ROSA STREET	SAN ANTONIO, TX 78207	HLTHCARE SVC	TX	501(C)(3)	3	СН	×	
(5) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	ANA 72-0411322							
524 DR MICHAEL DEBAKEY DRIVE	LAKE CHARLES, LA 70601	HLTHCARE SVC	LA	501(C)(3)	೯	CH	×	
(6) CHRISTUS FOUNDATION FOR HEALTHCARE	74-6074210							
P O BOX 1919	HOUSTON, TX 77251	SUPT HLTH SVC	TX	501(C)(3)	7	CH	×	
(7) CHRISTUS HEALTH STRATEGIC GROWTH	46-2798043							
919 HIDDEN RIDGE DRIVE	IRVING, TX 75038	SUPT HLTH SVC TX	TX	501(C)(3)	12-TYPE I	СН	×	

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

OMB No 1545-0047

► Attach to Form 990

Open to Public Employer identification number

> ► Go to www irs gov/Form990 for instructions and the latest information CHRISTUS HEALTH GULF COAST Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part I

76-0591592

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity ত্র 3 ₹ E (2) 9

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 Part II

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(a)		(q)	(0)	(p)	(e)	(J)	(b)	
Name, address, and EIN of related organization	iated organization	Primary activity	Legal domicile (state or foreign country)	Exempl Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	g(13) d
					-		Yes	N _o
(1) CHRISTUS HEALTH PLAN LOUISIANA	46-4617988							
919 HIDDEN RIDGE DR	IRVING, TX 75038	MEDICAID HMO	LA	501(C)(4)		CH	×	
(2) CHRISTUS PEDIATRIC PHYSICIAN GROUP	46-5203505							
919 HIDDEN RIDGE DR	IRVING, TX 75038	HLTHCARE SVCS	TX	501(C)(3)	8	СН	×	
(3) CHRISTUS HOPKINS HEALTH ALLIANCE	81-1708177							
115 AIRPORT RD	SULPHUR SPRINGS, TX 75482	HLTHCARE SVCS	TX	501(C)(3)	r	СН	×	
(4) CHRISTUS TRINITY MF HEALTH SYSTEM	75-2616975							
1315 DOCTORS DRIVE	TYLER, TX 75701	SUPPORT	TX	501(C)(3)	12, TYPE II CH	СН	×	
(5) GOOD SHEPHERD HEALTH SYSTEM, INC	75-2027157							
700 E MARSHALL AVE	LONGVIEW, TX 75601	SUPPORT	TX	501(C)(3)	12-TYPE I	СН	×	
(6) CHRISTUS CONNECTED CARE NETWORK	47-3403356							
919 HIDDEN RIDGE	IRVING, TX 75038	MEDICAL SERVI	TX	501(C)(4)		СН	×	
(2)								

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CHRISTUS - COPY

Page 2

(k) Percentage ownership (J) General or managing partner? Yes No 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 Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportorate albonoors? Yes No (g) Share of end-of-year assets (f) Share of total псоте (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d) Direct controlling (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization Part III (3) Ξ (2) €

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

9

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ille 34, because it liad offer lefated organizations it eated as a colporation of it as the tax year	ווחווס וועמונת מס ט		יו סו המפרממוז	וא וווב ושץ אבשו				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(c) (d) Legal domicile Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13) controlled entity?	ownership	12(b)(13) controlled entity?
								Yes No
(1) CHRISTUS MUGUERZA, S A P I DE C V								
HIDALGO PTE 2525 COL OBISPADO, MONTERREY, N L MX 64060	HEALTHCARE SV	WX	СН	C CORP				×
(2) EMERALD ASSURANCE CAYMAN LTD 98-0407545								
P O BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-1102	INSURANCE	3	CH	C CORP				×
(3) CHRISTUS LOUISISANA QUALITY ALLIANCE 47-4618648								
919 HIDDEN RIDGE DR IRVING, TX 75038	ACO	Ę	СН	C-CORP				×
(4)								
(5)								
							•	
(9)								<u> </u>
(2)								

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CHRISTUS HEALTH GULF COAST		76-0591592			
SCHEGULE R (FOITH 95U) 20 18				Page 3	္ဓု
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	on Form 990, Pa	t IV, line 34, 35b, or 36			
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Į	Yes	No
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?	ated organizations lis	ted in Parts II-IV?			[:
			.: 		× :
			- 1	_	×
			:	×	:
			- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19		× :
e Loans or loan guarantees by related organization(s)					~
f Dividends from related organization(s)			#		×
Sale of assets to related organization(s)					×
Purchase of assets from related organization(s)		· · · · · · · · · · · · · · · · · · ·	₹ : :		×
			-		×
a			<u> </u>		×
			-		>
K Lease of facilities, equipment, or other assets from related organization(s)			¥ .	×	۱
			= <u>,</u> : :	_	
			E +	_	×
			<u> </u>	+	: >
o Sharing of paid employees with related organization(s)					<
n Beimhinsement naid to related organization(s) for expenses			10		×
a Reimbursement paid by related organization(s) for expenses					×
r Other transfer of cash or property to related organization(s)	•	•	11.		×
			118		×
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	s line, including cove	ered relationships and trans	saction threshold	ds	-
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining	_
(1) CHRISTUS FOUNDATION FOR HEALTHCARE	S	4,785,954.	ACCRUAL		
(5)					
(3)					
(4)					
					1
(9)					
ASt		S	Schedule R (Form 990) 2018	n 990) 2	018
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

(k) Percentage ownership 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 (J) General or managing partner? Yes No (1)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionate allocations? Š Yes (g)
Share of
end-of-year
assets (f) Snare of total income (e)
Are all partners
section
501(c)(3) Yes No (d)
Predominant
income (related
unrelated, excluded
from tax under
sections 512-514) (c)
Legat domicile
(state or foreign
country) (b) Primary activity (a) Name address and EIN of entity 4 티 9 6) (2) 3 9 2 (8) (10) (11) (12)(13) (14) (15) (16)

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions