DLN: 93493188014180 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable Christus Santa Rosa Health Care Corporation ☐ Address change 74-1109665 ☐ Name change % STEPHANIE PARKER ☐ Initial return Doing business as SEE SCHEDULE O ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 333 N SANTA ROSA STREET ☐ Amended return ☐ Application pending (210) 321-8000 City or town, state or province, country, and ZIP or foreign postal code San Antonio, TX  $\,\,$  78207 G Gross receipts \$ 702,372,534 Name and address of principal officer H(a) Is this a group return for DEAN ALEXANDER □Yes ☑No subordinates? 333 N SANTA ROSA STREET H(b) Are all subordinates San Antonio, TX 78207 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► https://www.christushealth.org/santa-rosa L Year of formation 1985 M State of legal domicile TX K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALTH MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ROMAN CATHOLIC CHURCH Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 5 4,404 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 773 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 390,162 b Net unrelated business taxable income from Form 990-T, line 34 7b 352,221 **Prior Year Current Year** 10,720,076 9,204,418 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 647,835,411 691,384,823 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . -577,371 8,500 1,710,903 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,986,188 702,308,644 659,964,304 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 20,081,553 25,984,208 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 236,541,120 242,108,414 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,728,675 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 430,654,660 447,212,848 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 687,277,333 715,305,470 19 Revenue less expenses Subtract line 18 from line 12 . -27,313,029 -12,996,826 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 609,493,776 606,609,494 526,218,896 21 Total liabilities (Part X, line 26) . 508,908,329 22 Net assets or fund balances Subtract line 21 from line 20 . 100,585,447 80,390,598 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-06-26 Signature of officer Sign Here STEPHANIE PARKER VP/CFO Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00900299 Paid self-employed Firm's name ► ERNST & YOUNG US LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 111 MONUMENT CIR STE 4000 Phone no (317) 681-7000 INDIANAPOLIS, IN 46204 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>					
Pa	rt III Statement	of Program Servi	ce Accomplis	hments							
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1	Briefly describe the o	rganızatıon's mıssıon									
PURP OPER PRON CARE MINI: ETHI SERV	OSES OF ADVANCING, ATE AND ARE CONTRO OTING EFFICIENT GO MINISTRIES WITHOU STRY OF JESUS CHRIS CAL PRINCIPLES OF TH	PROMOTING AND SUDLED IN CONFORMIT VERNANCE AND MAN JIT LIMITING THE GEN T, AND CONSISTENT HE SPONSORING CON ED OR AMENDED FRO	JPPORTING THE I Y WITH THE ETH AGEMENT, COOP IERALITY OF THE THEREWITH, SH, GREGATIONS, AI M TIME TO TIME	CLUSIVELY FOR CHARITABL HEALTH CARE MINISTRIES ( ICAL AND MORAL TEACHING ERATIVE PLANNING AND TH FOREGOING, THE CORPORY ALL OPERATE ACCORDING TO THE ETHICAL AND RELIG BY THE UNITED STATES CODRT AND AS	OF THE SPONSORING CONG GS OF THE ROMAN CATHOLI E SHARING OF RESOURCES ATION'S MISSION SHALL BE O THE DOCTRINES, RESOLI GIOUS DIRECTORS FOR CAT	REGATIONS WHICH IC CHURCH, AND I AMONG SUCH HEALTH I TO EXTEND THE HEALING JTIONS, DECREES AND HOLIC HEALTH CARE					
2	Did the organization of the prior Form 990 or	, ,		vices during the year which	were not listed on	☐ Yes ☑ No					
	If "Yes," describe the	se new services on So	hedule O								
3	Did the organization of	cease conducting, or	make significant	changes in how it conducts,	any program						
	services?										
	If "Yes," describe the	se changes on Sched	ule O								
4		d 501(c)(4) organizat	ions are required	nts for each of its three large to report the amount of gra ported							
4a	(Code	) (Expenses \$	212,600,788	ıncludıng grants of \$	0 ) (Revenue \$	353,233,130 )					
	See Additional Data										
4b	(Code See Additional Data	) (Expenses \$	187,972,634	including grants of \$	0 ) (Revenue \$	157,575,779 )					
<b>4</b> c	(Code See Additional Data	) (Expenses \$	221,185,650	including grants of \$	0 ) (Revenue \$	182,263,211 )					
4d	Other program service	es (Describe in Sched	dule O )								
	(Expenses \$	29,898,768 inc	cluding grants of	\$ 25,984,208)	(Revenue \$	0)					
4e	Total program serv	rice expenses 🕨	651,657,8	40							

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Yes b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Yes

24a	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		.,	
24a				
24a			Yes	No
1	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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		No
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		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
1	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
1	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

1a 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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

524

1a

1b

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h

10a

10b

11a

11b

13b

13c

14a

14b

15

No

No

Form **990** (2018)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

orm 9	90 (2018)			Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lınes 🗸
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L <b>4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	tion C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
	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  STEPHANIE PARKER 100 NE LOOP 410 STE 800 SAN ANTONIO TX 78216 (210) 704-2624			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours		one bo	ox, u n off	che inles	ss pers	son	(D) Reportable compensation from the organization (W-		w-	Estima amount o compen- from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC	)	organizat relat organiza	ed
See	Addıtıonal Data Table										1		
											_		
											_		
											1		
											+		
	1b Sub-Total												
		<u> </u>					<b>•</b>		986,706	10,846,59	14		1,691,347
2	Total number of individuals (including of reportable compensation from the			e liste	ed at	oove	e) who	rece	eived more than \$:	100,000			
_		_										Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er •	nplo •	oyee, o	or hi	ghest compensated	d employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization: individual									m the		1.,	
5	Did any person listed on line 1a receiv	e or accrue cor	npensat	ion fr	om a	• any	unrela	ated	organization or inc	lividual for	4	Yes	
	services rendered to the organization	· ·	ete Sch	edule	J fo.	r su	ich pei	rson			5		No
Se	ction B. Independent Contract Complete this table for your five higher	est compensate									nper	nsation	
	from the organization Report comper	(A)		year	end	ıng	with o	r wit		(B)		(C	
	OR COLLEGE OF MEDICINE,	ind business addre	255						Des MEDICAL S	cription of services ERVICES		Comper 39	,377,254
HOUS	aylor Plaza TON, TX 77030 LETT COCKE GENERAL.								MEDICAL S	FRVICES		Ω	,209,744
8706	LOCKWAY INTONIO, TX 78217								MEDICAL	ENVICES			,203,744
540 M	E OAK MOB LP, adison Oak NTONIO TY 78258								RENTAL SE	RVICES		3	,565,890
WOUN 5224	INTONIO, TX 78258 ID CARE SPECIALISTS OF AMERICA, 75TH STREET SUITE D OCK, TX 79424								MEDICAL S	ERVICES		2	,780,426
NEXC 1550	OCK, 17 /9424  ORE PROPERTIES LLC,  MARKET STREET SUITE 200  ER, CO 80202								RENTAL SE	RVICES		2	,377,993
	otal number of independent contractor	s (including hut	not lim	uted t	o the	nse	listed	ahov	ve) who received m	ore than \$100 00	nn of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 135

Part		Statement of	Revenue									rage <b>3</b>
		Check ıf Schedul	e O contains a	a resp	onse or note to any	/ line in t	hıs Part VIII					<u> 🗆</u>
							( <b>A)</b> revenue	Rel e> fu	(B) ated or cempt nction	bı	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections
	<b>1</b> a	Federated campaig	ns	1a	639,776			re	venue			512 - 514
tributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b	<u> </u>							
3ra nou		Fundraising events		1c								
S, (		d Related organizatio		1d	2,445,455							
Gif ia		Government grants (co		1e	5,964,813							
ıs,		F All other contributions,			1							
er S		and similar amounts no above	ot included	1f	154,374							
뺼	و	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts	١.	ın lınes 1a - 1f \$	16		_							
<u>ت =</u>	_ '	<b>h Total.</b> Add lines 1a	-1r	•	>		9,204,418					
<u> 2</u>					Busines	s Code	686	311,243	685,919	120	391,8	23 0
หะม		NET PATIENT SERVICE F				621110	,	033,632	4,033			0 0
å	_	RENT RELATED TO EXEM				531120		141,686	·	1,686		0 0
MC.	c SUPPORT SERVICES REVENUE d REBATE					900099		898,262		3,262		0 0
₹ 	d					900099		050,202		,,202		
Program Service Revenue	е			_								
<b>√</b> og	f	All other program se	rvice revenue		691	384,823				I		
	g	Total. Add lines 2a-2	.f		<b>&gt;</b>	-501,025						
		Investment income (ii imilar amounts)  •			ınterest, and other ا		3,47	'4				3,474
		Income from investme			ond proceeds	•		0				
	<b>5</b> I	Royalties			1	•	32	:8			328	
	_	6	(ı) Real		(II) Personal	4						
	oa	Gross rents										
	b	Less rental expenses										
	c	Rental income or		0		0						
		(loss)				_						
	(loss)  d Net rental income or (loss)							0				
	7a	Gross amount	(i) Securit	.165	(II) Other	$\dashv$						
		from sales of assets other			68,91	.6						
		than inventory										
	b	Less cost or other basis and			63,89	90						
	c	sales expenses Gain or (loss)			5,02	26						
		Net gain or (loss)			•	1	5,02	:6				5,026
	8a	Gross income from for										
Jue		(not including \$ contributions reporte	ed on line 1c)	of								
₹ 		See Part IV, line 18		а								
ď		Less direct expense		b				0				
Other Revenue		Net income or (loss) Gross income from g			ents			1				
ŏ		See Part IV, line 19			J							
				a		2						
		Less direct expense: Net income or (loss)		<b>b</b> activit				0				
		Gross sales of invent			les •	1		+				
		returns and allowand	ces	-	]							
	b	Less cost of goods s	sold	a b		2						
		Net income or (loss)						0				
		Miscellaneous	Revenue		Business Code							
	11	aCLINICAL RESEARC	Н		90009	99	1,400,66	50	1,400,660		0	0
		· <del></del>			00000	10	202.20	13	202 202		0	0
	b	BAR TRANSACTION			90009	, ,	292,30	,3	292,303		U	0
	_	PARKING SERVICES			90009	99	25,26	57	0		0	25,267
	·	FAUVING SEKAICES					23,20		Ü		Ŭ	20,207
	d	All other revenue .					-7,65	i5	-5,666		-1,989	
		Total. Add lines 11a			>		1 710 57	·5				
	12	Total revenue. See	Instructions				1,710,57		602 602 21=		200 111	
							702,308,64	4	692,680,297		390,162	33,767 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete a	ll columns All other org	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to	any line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	133,208	133,208		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	25,851,000	25,851,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	gn 0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	64,843	58,443	5,908	492
<b>6</b> Compensation not included above, to disqualified persons (defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	195,439,478	176,150,966	17,806,558	1,481,954
<b>8</b> Pension plan accruals and contributions (include section 40 (k) and 403(b) employer contributions)	1 1,518,036	1,514,046	3,990	0
<b>9</b> Other employee benefits	30,574,208	25,453,989	4,999,100	121,119
<b>10</b> Payroll taxes	14,511,849	13,372,940	1,038,829	100,080
11 Fees for services (non-employees)				

179,583

12,604

67,173

0

0

1,930,486

99,594,649

2,138,076

83,206,595

26,781,634

8,009,409

639,201

1,642,295

17,880,451

35,880,527

5,027,057

90,944,926

71,059,283

905,191

107,824

1,205,884

0

715,305,470

0

a Management . . .

13 Office expenses . .

14 Information technology

**20** Interest . . . .

expenses on Schedule O )

a MEDICAL SUPPLIES

d UBI TAX EXPENSE

e All other expenses

**b** PROV FOR UNCOLLECT ACCTS

c DUES/MEMBERSHIP&SPONSORSHIP

25 Total functional expenses. Add lines 1 through 24e26 Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here 

If following SOP 98-2 (ASC 958-720)

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

**d** Lobbying . . . . . . .

**f** Investment management fees . .

**12** Advertising and promotion . . .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . . .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

**b** Legal .

c Accounting

179,583

7,093

53,949

89,272,626

64,279,581

26,781,634

7,486,419

315,878

748,236

17,880,444

35,038,699

5,027,057

90,707,080

71,059,283

203,799

107,824

-46,326

651,657,840

20,389

0

5,511

67,173

1,876,537

10,322,023

2,117,687

18,904,640

522,990

323,323

894,059

841,828

237,846

701,392

1,249,554

61,918,955

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2,656

1,728,675

Form 990 (2018)

22,374

Beginning of year

Page **11** 

467,175

80.390.598

606,609,494

Form **990** (2018)

0

18

19

30

31 32

33

34

100,585,447

609,493,776

13.737

End of year

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18

19

30

31

32

33

34

Net

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Grants payable . .

Deferred revenue . . .

			1
1 Cash-non-interest-bearing	16,685	1	2,943
<b>2</b> Savings and temporary cash investments	0	2	0
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	84,044,821	4	84,476,584
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	0	6	0

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations	fied pei n 4958 itions o (see in:	rsons (as defined under (c)(3)(B), and f section 501(c)(9) structions) Complete	0	6	0
Assets	7	Part II of Schedule L			913,035	7	1,082,798
SS	8	Inventories for sale or use			20,929,145	8	19,181,392
A	9	Prepaid expenses and deferred charges			2,682,092	9	2,754,886
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	752,283,642			
	b	Less accumulated depreciation	10b	354,477,153	399,703,793	<b>10</b> c	397,806,489
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line	11 .		3,302,732	13	3,926,135
	14	Intangible assets			2,926,272	14	1,876,124
	15	Other assets See Part IV, line 11			94,975,201	15	95,502,143
	16	Total assets.Add lines 1 through 15 (must equ	34)	609,493,776	16	606,609,494	
	17	Accounts payable and accrued expenses			56,926,556	17	41,707,594

0 0 20 Tax-exempt bond liabilities . . . 20 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 0 22 0 252,350 265.801 23 23 Secured mortgages and notes payable to unrelated third parties 0 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 451.715.686 25 483.778.326 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 508.908.329 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

526.218.896 complete lines 27 through 29, and lines 33 and 34. 8.129.965 -12.878.933 27 Unrestricted net assets 27

Fund Balances 87,229,514 28 88,041,668 28 Temporarily restricted net assets 29 5.225.968 29 5,227,863 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Assets or

3a

3b

Yes

Yes Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version:

EIN: 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Form 990 (2018)

### Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS SANTA ROSA HEALTH CARE CORPORATION, FOUNDED IN 1869 BY THE SISTERS OF CHARITY OF THE INCARNATE WORD, IS THE ONLY CATHOLIC FAITH-BASED, NON-PROFIT HEALTH CARE SYSTEM IN SAN ANTONIO AND NEW BRAUNFELS WITH THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS HEALTH IS CHALLENGED TO REACH OUT TO, AND BEYOND, MORE THAN 18 COMMUNITIES WE SERVE TO HELP THOSE IN NEED. THE VISION OF CHRISTUS HEALTH, AS A CATHOLIC, FAITH-BASED MINISTRY, IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE ONE OF THE TOP HEALTH CARE ORGANIZATIONS IN SOUTH TEXAS, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS HEADQUARTERED IN SAN ANTONIO, TEXAS, IN THE SOUTH CENTRAL AREA OF THE STATE IT HAS SIX HOSPITAL CAMPUSES IT SERVICES THE SOUTHWESTERN BORDER OF TEXAS AND INTO THE CENTRAL TEXAS HILL COUNTRY. THE AREA COMPRISES A POPULATION OF MORE THAN 3.2 MILLION INDIVIDUALS. THE POPULATION CONSISTS OF 63 20% HISPANIC AND 36 80% NON-HISPANIC THE MEDIAN INCOME FOR THE CITY OF SAN ANTONIO IS \$49,711, AND HIGH SCHOOL GRADUATES REPRESENT 81 99% OF THE POPULATION CHRISTUS SANTA ROSA HEALTH CARE CORPORATION HAS SIX HOSPITAL CAMPUSES (1) CHRISTUS SANTA ROSA MEDICAL CENTER, LOCATED IN THE SOUTH TEXAS MEDICAL CENTER, (2) CHILDREN'S HOSPITAL OF SAN ANTONIO, LOCATED IN DOWNTOWN SAN ANTONIO, (3) CHRISTUS SANTA ROSA -WESTOVER HILLS IN THE WESTOVER HILLS AREA OF SAN ANTONIO, (4) CHRISTUS SANTA ROSA ALAMO HEIGHTS, (5) CHRISTUS SANTA ROSA NEW BRAUNFELS, LOCATED IN NEW BRAUNFELS, TEXAS, (6) CHRISTUS SANTA ROSA EMERGENCY CENTER - ALON CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLUDE CHRISTUS SANTA ROSA FAMILY HEALTH CENTER, A CERTIFIED 162 001(B) NON-PROFIT HEALTH ORGANIZATION THAT PROVIDES THE COMMUNITY WITH A FAMILY MEDICINE RESIDENCY PROGRAM, SPORTS MEDICINE FELLOWSHIP, AND A PATIENT CENTERED MEDICAL HOME WITH A TOTAL OF 29 RESIDENTS. IN ADDITION, THE ORGANIZATION OWNS A MAJORITY INTEREST IN TWO JOINT VENTURES - CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY SURGERY CENTER - NEW BRAUNFELS AND CHRISTUS SANTA ROSA PHYSICIAN AMBULATORY SURGERY CENTER - SAN ANTONIO BOTH HAVE 2 LOCATIONS FOR A TOTAL OF 4 IN THE CHRISTUS SANTA ROSA AREA. THERE ARE OVER 200 SURGEONS WHO UTILIZE THE PHYSICIAN AMBULATORY SURGERY CENTER. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS ALSO ONE OF THE COLLABORATING PARTNERS IN BEXAR COUNTY CLINICAL SERVICES, INC. WHICH PROVIDES PHYSICIAN AND OTHER CLINICAL HEALTH CARE SERVICES TO MEDICAID AND INDIGENT PATIENTS EACH OF THE FACILITIES OF CHRISTUS SANTA ROSA SHARES ONE OBJECTIVE -- WHICH IS TO LEAD THE WAY TO A HEALTHIER COMMUNITY CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS HEADQUARTERED IN SAN ANTONIO, TEXAS, IN THE SOUTH CENTRAL AREA OF THE STATE ITS SERVICE TO THE SOUTHERN AND WESTERN BORDERS OF TEXAS AND INTO THE CENTRAL TEXAS HILL COUNTRY AREA COVERS A POPULATION OF MORE THAN 3 2 MILLION INDIVIDUALS IN FISCAL YEAR 2019 ALONE, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 200,262 VISITS TO OUR EMERGENCY DEPARTMENT, 6,642 INPATIENT SURGERY PROCEDURES, 38,601 OUTPATIENT SURGERY VISITS, 26,628 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE, AND 606,017 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS SANTA ROSA HEALTH CARE CORPORATION STAND APART. ALLOWING OTHERS TO TOUCH US GIVES US A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION WORKS TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS SANTA ROSA HEALTH CARE CORPORATION EXTEND SERVICES TO THOSE IN NEED. FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT DEDICATED EMPLOYEES AND VOLUNTEERS. THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS, OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES WHICH NURTURE CHRISTUS HEALTH'S MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST. OUR EMPLOYEES WORK BOTH INSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND IN THE COMMUNITY AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF THE PUBLIC AS POSSIBLE, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES, INCLUDING FOUR AMBULATORY SURGICAL CENTERS THAT OFFER AN ARRAY OF SERVICES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN CHRISTUS SANTA ROSA HEALTH CARE CORPORATION OFFERS SERVICES SUCH AS COMPREHENSIVE PEDIATRIC CARE, INCLUDING A NEONATAL INTENSIVE CARE UNIT, A LEVEL IV NURSERY PROVIDING BOTH INTENSIVE AND INTERMEDIATE CARE TO CRITICALLY ILL INFANTS REQUIRING MEDICAL AND/OR SURGICAL INTERVENTIONS SUCH AS THE NEONATAL ECMO PROGRAM THAT PROVIDES VENO-VENOUS OR VENO-ARTERIAL EXTRACORPOREAL LIFE SUPPORT AND A WOUND CARE AND HYPERBARIC CENTER IN ADDITION, WE OFFER THE FOLLOWING CARDIAC CARE THAT IS NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION (AACVPR) AND ACCREDITED AS A CHEST PAIN CENTER WITH PERCUTANEOUS CORONARY INTERVENTION (PCI) DESIGNATION FROM THE SOCIETY OF CHEST PAIN CENTERS (SCPC), COMPLETE OBSTETRICAL AND NEWBORN SERVICES, SURGICAL UNITS, A DIABETES CARE PROGRAM, AND STATE-OF-THE-ART MEDICAL CARE FOR CHILDREN WITH AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SERVICES WE ALSO OFFER REHABILITATION TREATMENT FOR THOSE WHO HAVE EXPERIENCED A STROKE, A SPINAL CORD INJURY, CLOSED HEAD INJURIES AND MORE EACH CAMPUS OF CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY AS A NOT-FOR-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GUIDES CHRISTUS SANTA ROSA HEALTH CARE CORPORATION WE HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS THE PHYSICIANS ASSIST OUR CONTINUOUS EFFORTS TO IMPROVE SERVICE TO OUR PATIENTS, QUALITY OF CARE, AND HOSPITAL EFFICIENCY

Form 990, Part III, Line 4b: COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2012), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING COMMUNITY BENEFIT, REPORTED AS UNPAID

PERSONS WHO ARE UNABLE TO PAY THIS FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION. VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR

COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS. THE MOST TANGIBLE EXPRESSION OF CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE

SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED. IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL

POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED

FEE SCHEDULE NO PATIENT IS REFUSED NECESSARY MEDICAL CARE BASED ON THE INABILITY TO PAY CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS AN

ACTIVE PARTICIPANT IN THE STATE OF TEXAS MEDICAID PROGRAMS AND WORKS WITH OTHER STATE MEDICAID PROGRAMS TO ENSURE PATIENTS HAVE FULL ACCESS

REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME

TO THEIR BENEFITS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER

OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE THE COSTS NOT REIMBURSED FOR THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS. THEY ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES

CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE

LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HOSPITAL THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED MEDICARE REIMBURSES OUTPATIENT SERVICES BASED ON ITS FEE

Form 990, Part III, Line 4c:

SCHEDULE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

· · · · · · · · · · · · · · · · · · ·	for related organizations below dotted line)	""	u un	 J., C.	usccc,	'	(11/ 2/1000	(14, 2/4,000	l montrale
	organizations below dotted		Institutional Trustee	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VARSHI BROUMAND DIRECTOR (Term 12/2018)	1 0	×					o	0	0
YOLANDA SANTOS DR PH DIRECTOR	10	х					0	0	0
Jelynne Leblanc-Burley Director	1 0	×					0	0	0
Edward Riojas JR	1 0	×					0	0	0

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0 0							Ŭ	
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122,833

591,146

and Independent Contractors

Director (EFF 07/2018)

Director (Term 11/2018)

Miguel Ybarra

J Michael Belz

Elaine Mendoza

Director/Chair

Dean Alexander

Dir/Pres/CEO

vice chair

Director

Ray Still

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR (EFF 10/2018)

SR HANNA PARADOWSKA

DIRECTOR (EFF 01/2019)

SISTER YOLANDA TARANGO

DIRECTOR (TERM 12/2018)

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SR CINDY STACY

DIRECTOR

	any hours	and	a dır	ecto	or/tr	ustee)	1	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHARLES HANKINS MD CMO (EFF 10/2018)	1 0 39 0	×		x				0	806,402	126,835
CHARLIE AMATO DIRECTOR	10	×						0	0	0
CRIS DASKEVICH CEO CHOSA (EFF 10/2018)	1 0 39 0	×		х				0	736,099	139,913
DAVID HENKES MD	1 0	×						0	0	0

DIRECTOR	0 0						
CRIS DASKEVICH	1 0						
		X		Х		0	736
CEO CHOSA (EFF 10/2018)	39 0						
DAVID HENKES MD	1 0						
		X	l I			0	
MED STF PRES/DIR (EFF 01/2019)	0 0						
GARY ARTHUR	1 0						

	•••••	X		X			0	736,099	
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DIRECTOR (EFF 10/2018)	0 0	X			0	0	0	
LISA CAMPOS	1 0	×			0	0	0	
DIRECTOR (EFF 01/2019)	0 0	,,				J	,	_
PAT FROST	1 0							

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

STEPHANIE A PARKER

KATHLEEN TREGEAR

Alexis Arel

VP Finance

Karen Bryant

VP OF FINANCE

CHIEF NURSING OFFICER

VP - Strategy - Bus Devlopment

	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SISTER RICCA DIMALIBOT	1 0	×						0	119,141	3,944
DIRECTOR (TERM 7/2018)	39 0								,	
Tammy Rivers Secretary	40 0			x				64,768	0	75
Linda Mary K Kirks	1 0			х				0	395,948	84,293
CFO/BOARD TREASURER	39 0				<u> </u>					
David Mior	1 0	I	l	l	I	1	l l	l		

Linda Mary K Kirks CFO/BOARD TREASURER	1 0 39 0		х			0	395,948	84,293
David Mier CFO-Childrens Hospital of SA	1 0 39 0			×		0	295,239	31,833
Patricia Toney VP/Chief Nurse Executive	1 0 39 0			×		0	434,929	75,332
Jim Wesson VP/New Braunfels	1 0 39 0			x		0	371,248	93,295

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235,614

197,002

161,766

309,010

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26,608

9,730

1,860

56,407

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours and a director/trustee) for related						)	organization	organizations	from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Kenneth Davis MD	40 0				x			0	589,965	110,459	
chief medical officer	0 0										
Dennis Gonzales VP Mission Integration	40 0				×			0	201,417	42,352	
Eileen Huss Chief Nursing Officer	40 0				x			0	321,724	53,021	
Asha Rodriguez	40 0				×			0	193,072	24,845	
President	0 0				^			ĺ	230,012	1 21,010	

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412,786

331,198

163,669

229,167

423,020

315,129

76,286

16,618

25,661

48,595

89,976

28,596

40 0

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Eliceli i idaa
Chief Nursing Officer
Asha Rodriguez
President
Ian Thompson
Pres & VP Market Oncology
Rhonda Thompson

chief nursing officer

VP-FINANCE WESTOVER HILLS

Chief Nsg Ofcr Medical Center

MICHAEL DAVIS

Angela Lambert

CRYSTAL KOHANKE

JOHN BEL

VP-HUMAN RESOURCES

VP/CHIEF DEV OFFICER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

Jodee M Kerestes

CYNTHIA A KOGER

EDUARDO LARA

Patrick B Carrier

DIRECTOR OF PHARMACY

PRACTICE ADMINISTRATOR

FORMER PRES/CEO (term 03/2015)

DIRECTOR CANCER SVCS BUS DEV

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	any hours	and	a dır	recto	r/tr	ustee	)	organization	organizations	from the organization and	
	for related organizations below dotted line)	ganizations 이 전 이 가 되는 사람들이 가 MISC) elow dotted 이 발생 기술 이 이 기술 이 기술		(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations					
DOMINIC DOMINGUEZ REGIONAL CEO	40 0				×			0	1,108,350	191,803	
DAVID GLAZENER  VP FINANCE	40 0				×			0	139,655	29,467	
CARLA MORENO VP, PATIENT PLACEMENT	40 0				×			0	261,292	18,480	
ROXANNE R JENKINS DIR -CLIN INTRGRTIN-COMPLAINCE	40 0					х		198,264	0	18,712	

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12,450

21,786

21,455

31,568

56,259

173,651

172,644

182,052

1,502,606

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VP, PATIENT PLACEMENT	0 0							
ROXANNE R JENKINS	40 0							
DIR -CLIN INTRGRTIN-COMPLAINCE	•••••				X		198,264	
DIR -CLIN INTRORTIN-COMPLAINCE	0 0							
TERRY KYLE	40 0							
		l			Ιx		195,327	
VP - FOUNDATION	0.0							

0 0 40 0

0 0 40 0

0 0 40 0

40 0

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SCHEDUI Form 990 o 90EZ)	r	Com	Public plete if the o	a section	2018 Open to Public					
epartment of the ternal Revenue S ame of the c	eruse	on	<b>- G</b> 0 t0	www.irs.gov/Form	790 101 the late	est illiorillation	Employer identific	Inspection		
nristus Santa Ro			n				74-1109665			
Part I R	eason fo	r Public (	Charity Stat	<b>us</b> (All organization	s must comple	ete this part.) S				
e organizatio	n is not a	private foun	dation because	e it is (For lines 1 thro	ough 12, check o	only one box )				
L A	church, co	nvention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).			
2	school des	cribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
<b>✓</b> A	hospital or	a cooperati	ve hospital ser	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
na	me, city, a	nd state _	•	ed in conjunction with	·			·		
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II)									
A	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
			mally receives [ <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described ii		
A	community	trust descr	ibed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	II )				
	An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.									
fro	m activitie vestment ii	es related to ncome and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross		
				d exclusively to test fo	r public safety S	See section 509	(a)(4).			
m	ore publicly	supported /	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a			
Ty	<b>rpe I.</b> A su ganızatıonı	pporting org	ganızatıon opei	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by			
m	anagement	of the supp		pervised or controlled in ation vested in the sare and C.						
				supporting organizatio				ated with, its		
☐ <b>Ty</b> fu	p <b>e III no</b> nctionally i	n-function ntegrated	ally integrate The organization	<ul> <li>d. A supporting organi n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orgai			
☐ Ch	eck this be	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
_	-		on-functionally organizations	integrated supporting	organization		_			
				upported organization(				1 (2)		
	e of suppo janization	rted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)		(vi) Amount of other support (se instructions)			
					Yes	No				
tal										
	k Doducti	on Act Not	ico coo the T	l nstructions for	<u> </u>	5F :	 Schedule A (Form 9	90 or 990-F7\ 20		

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (e) 2018 (a) 2014 **(b)** 2015 (c) 2016 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not

	include any unusual grant ) L						
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)						
5	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	( <b>D)</b> 2015	(6)2016	(a)2017	(e)2018	(I)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
LU	other income bo not include gain of						
LU	loss from the sale of capital assets						

(Explain in Part VI) Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-	

16a	33 1/3% support test—2018. If the organization did not check the
15	Public support percentage for 2017 Schedule A, Part II, line 14
14	Table support percentage for 2010 (inte o, column (i) divided by inte

i
l
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rubiic support percentage for	2018 (line o, column (i) divided by lin
Public support percentage for	2017 Schedule A, Part II, line 14

1	

15

14	
15	

e box on line 13, and line 14 is 33 1/3% or more,

_	hack	th

١		,	
٦	dıd	not	check

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

c	heck	thi

s	box		

		'	_		•				
<b>33</b> 1/3 <sup>0</sup>	% sup	port te	st—2018.	If the org	anızatıon	did no	ot check	the box	on lii
and sto	p here	e. The o	rganization	qualifies	as a publ	icly su	upported	organiza	ation

heck	this

- organization b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

11

14

- supported organization
- Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
- instructions

box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2018

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.50/5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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	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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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						
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 )						
36	ection B. Total Support  Calendar year		I	I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•			••	18	
	331/3% support tests—2018. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not
							► □
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the						
b	• •	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с 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 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	2~		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	36		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	з				
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				
				1		

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

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

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

## Software ID: Software Version:

**EIN:** 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493188014180

**Open to Public** 

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

Inspection

	Section 527 organizations Comple		00 E7 BankVI III		buina Astudt		than	
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s						3
		t have NOT filed Form 5768 (election un						
		n Form 990, Part IV, Line 5 (Proxy Tax	i) (see separate i	nstructior	ns) or Form 99	90-EZ	Z, Part V, lin	e 35c
	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz							
	me of the organization	Editorio Complete i die in			Employer id	entif	ication num	nber
Chri	ristus Santa Rosa Health Care Corporation	1			74-1109665			
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a sectio		niza	tion	
		nization's direct and indirect political can						
1	"political campaign activities")	nization's direct and indirect political can	ipaign activities in	i Part IV (S	see instructions	S TOF	definition of	
2	Political campaign activity expend	ditures (see instructions)			<b>&gt;</b>	\$_		
3	Volunteer hours for political camp	paign activities (see instructions)						
Par	t I=B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ction 4955		<b>&gt;</b>	\$_		
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955		<b>&gt;</b>	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
ь	If "Yes," describe in Part IV							
		nization is exempt under sectio	n 501(c), exce	ept secti	on 501(c)(3	3).		
1	Enter the amount directly expend	led by the filing organization for section	527 exempt funct	ion activiti	es 🕨	\$		
2	Enter the amount of the filing org	janization's funds contributed to other o	rganizations for se	ection 527	exempt	_		
	function activities				•	\$_		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	lıne 17b	•	\$_		
4	Did the filing organization file For	rm 1120-POL for this year?					☐ Yes	□ No
5	Enter the names, addresses and	employer identification number (EIN) of	all section 527 po	litical orga	nizations to w	hich i		
	organization made payments For	each organization listed, enter the amo	ount paid from the	filing orga	anızatıon's fund	ds Al	lso enter the	
		that were promptly and directly delivered (PAC) If additional space is needed,				n as a	a separate se	egregated
	·	, ,						
	(a) Name	(b) Address	(c) EIN		ount paid from organization's		(e) Amount ( contributions	
					If none, enter		and promp	otly and
					-0-		directly deliving separate ;	
							organization	If none,
							enter -	-0-
1								
<u> </u>								
3								
						$\dashv$		
1								
<del></del>								
,								
5								
or P	Paperwork Reduction Act Notice, see	 the instructions for Form 990 or 990-EZ.	<u>L</u> Cat	No 500845	Schedule (	C (For	m 990 or 990	D-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Total Add lines 1c through 1i

2a

1

c

3

5

b

0

0

0

0

67,173

67,173

No

Yes

1

2c

3

5

Schedule C (Form 990 or 990-EZ) 2018 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Νo b Media advertisements? Nο Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Νo е Nο Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes q Nο h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Nο

### If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Were substantially all (90% or more) dues received nondeductible by members?

Taxable amount of lobbying and political expenditures (see instructions)

If "Yes," enter the amount of any tax incurred under section 4912

2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

### answered "Yes." 1 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2

#### expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation FORM 990, SCHEDULE C, PART II-B, LINES 1D & 1G their respective staff through emails, letters, telephone calls, and meetings on issues related to Medicaid reimbursement, access to health care and state funding for safety net providers, graduate medical

LOBBYING DESCRIPTION At the state level, had direct contact with members of the Texas Legislature and education, trauma network and services, local provider participation funds, opioid abuse, the Public Information Act, maternal health, childrens health issues, behavioural health, Medicaid managed care, prescription drugs costs, pharmacy and prescribing authority, rural hospitals, physician relations, surprise billing, and the 1115 waiver program. At the federal level, had direct contact with members and staff through emails, letters, telephone calls and meetings to discuss issues related to safety-net providers, access to care, health care reform proposals, quality program implementation, rural hospitals, remote medical technology, 340b drug program, childrens health issues, the ACE Kids Act, CHGME, Medicaid, rural health program reauthorization, and health care for veterans 205 executive hours CHRISTUS SANTA ROSA HEALTH CARE CORPORATION DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-19 Schedule C (Form 990 or 990EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

# **Supplemental Financial Statements**

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

OMB No 1545-0047

DLN: 93493188014180

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

Assets included in Form 990, Part X

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

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Christus Santa Rosa Health Care Corporation 74-1109665 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2018

Par	31111	Organizations Ma	aintaining Col	lections c	of Art, Hi	istori	cal T	reası	ıres, oı	Other	Similar As	ssets (con	tınued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records, o	check	any of	the fo	llowing t	hat are a	significant i	ise of its co	llection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII	organization's col	lections and	l explain h	ow the	ey furtl	her the	e organız	zation's ex	kempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									ular	☐ Yes	□ No	
Pai	rt IV	Escrow and Cust Complete if the ory X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	ınt on For	m 990, Part	
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedia	ary for	contri	bution	s or othe	er assets	not	Yes	□ No	
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table				A	mount		
С		nning balance		'						1c				
d	_	tions during the year								1d				
е	Dıstr	ributions during the year	r							1e				
f		ng balance								1f				
2a		:he organization include	an amount on Eo	rm 000 Day	rt V line 2	1 for	occrou	or cu	ıctodial a	ecount lis	shilitu2			
													□ NO	
	rt V	es," explain the arrange  Endowment Fund												—
-(-	ILV	Elidowillelit Full	us. Complete ii	(a)Currer			rior yea				(d)Three yea		Four years bac	
<b>1</b> a	Beginr	ning of year balance .		(a)carrer	ic year	(5).	1101 yea		(0)	caro back	(a) mee yee	ars buck (C	yr our yeurs bue	<u>`</u>
b	Contri	butions												_
c	Net in	vestment earnings, gair	ns, and losses											_
d	Grants	s or scholarships												_
е		expenditures for facilition	es											_
f	Admın	nistrative expenses .												
g	End of	f year balance												
2	Provi	ide the estimated perce	ntage of the curre	ent year end	l balance (	(line 1	g, colu	mn (a	)) held a	s				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🟲												
c	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а	a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No													
	(i) u	inrelated organizations										3a(i)	)	_
Ь		related organizations . es" on 3a(ii), are the rel		s listed as r	equired or	 n Sche	 dule R	? .				3a(ii 3b	)	_
4		cribe in Part XIII the inte	_		•			•	•					-
	rt VI													—
		Complete if the or			" on Forn	n 990	, Part	IV, lı	ne 11a.	See Fo	m 990, Pa			
	Descr	ription of property	(a) Cost or oth (investme		(b) Cost o	or other	basis (	other)	(c) Acc	umulated o	lepreciation	(d)	Book value	
1a	Land						22,8	71,588					22,871,	— 588
	Buildir						475,74	42,237			188,852,118		286,890,	— 119
		hold improvements						83,100			4,280,046		5,603,	
		ment						25,412			150,591,542		56,633,	

36,561,305

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

25,807,858

397,806,489

10,753,447

•

Part VII Investments—Other Securities. Complete if	f the organizat	ion answer	ed "Yes" on Form 99	Page 3 O Part IV line 11b
See Form 990, Part X, line 12.	r the organizat			
<ul><li>(a) Description of security or category (including name of security)</li></ul>		<b>(b)</b> Book		od of valuation f-year market value
(1) Financial derivatives		value		
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(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' or	n Form 990, P	art IV, line	11c. See Form 990,	Part X, line 13.
(a) Description of investment	<b>(b)</b> Bo	ook value		od of valuation f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•			
Part IX Other Assets. Complete if the organization answer		n 990, Part I	V, line 11d See Form	
(1) INTEREST IN SUPPORTING ORGS	1			<b>(b)</b> Book value 88,952,085
(2) DEFERRED RENT (3)				6,550,058
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization  Can Form 200, Part X, line 25		es' on Form		95,502,143 1e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability		(b) Book	value	
(1) Federal income taxes			0	
DUE TO CHRISTUS HEALTH BOND FUND  CASH MANAGEMENT SYSTEM			223,675,455 257,614,141	
NET DUE FROM RELATED ORGS			-2,628,140	
L/T PORTION-CAPITAL LEASE BLDG/HOSP  DEFERRED LEASE INCENTIVE			4,101,250 1,015,620	
(6)			1,010,020	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	4	183,778,326	
2. Liability for uncertain tax positions In Part XIII, provide the tex		to the organ	nization's financial state	
organization's liability for uncertain tax positions under FIN 48 (AS	C 740) Check h	ere if the tex	t of the footnote has be	een provided in Part XIII 🚺

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Revenue per R Ization answered 'Yes' on Form 990, Part IV, line 12a.	leturn	
1		support per audited financial statements	1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on	investments   2a		
Ь	Donated services and use of facil	ities	7	
С	Recoveries of prior year grants		7	
d	Other (Describe in Part XIII ) .	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990,	Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .   4a		
b	Other (Describe in Part XIII ) .	4b	7	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Pai		penses per Audited Financial Statements With Expenses per ization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ıtıes		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII ) .	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 990,	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 and	4c. (This must equal Form 990, Part I, line 18 )	5	
Pa	t XIII Supplemental Info	ormation		
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pai s 2d and 4b Also complete this part to provide any additional information	rt V, line 4, i	Part X, line 2, Part
	Return Reference	Explanation		
See	Addıtıonal Data Table			
		<del> </del>		

Page 4

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### Additional Data

#### Software ID: Software Version:

**EIN:** 74-1109665

Name: Christus Santa Rosa Health Care Corporation

FORM 990, SCHEDULE D, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH M

ORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED

INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990

## Supplemental Information Return Reference

CASH - NON-BEARING INTEREST

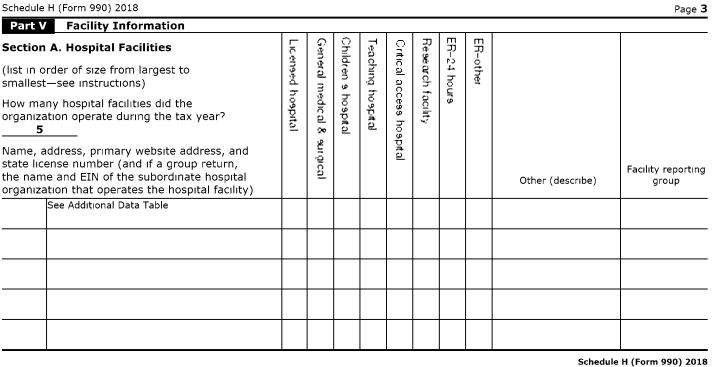
Explanation
-------------

ANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHERE
IN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPOR
TS 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 REP

Supplemental Information	
Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMEN TS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493188014180 OMB No 1545-0047 SCHEDULE H **Hospitals** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. Department of the ▶ Attach to Form 990. Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Name of the organization **Employer identification number** Christus Santa Rosa Health Care Corporation 74-1109665 Financial Assistance and Certain Other Community Benefits at Cost Part I Yes No Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a **1**a Yes If "Yes," was it a written policy? **1**b Yes If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care Y<u>es</u> 3а ☐ 100% ☐ 150% ☐ 200% ☑ Other b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care 3b Yes □ 200% □ 250% □ 300% □ 350% ☑ 400% □ Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 4 Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a Yes b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? Yes 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5c Nο Did the organization prepare a community benefit report during the tax year? Y<u>es</u> 6a b If "Yes," did the organization make it available to the public? 6b Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Financial Assistance and Certain Other Community Benefits at Cost **Financial Assistance and** (a) Number of (d) Direct offsetting (b) Persons served (c) Total community (e) Net community (f) Percent of activities or programs Means-Tested (optional) benefit expense revenue benefit expense total expense (optional) **Government Programs** Financial Assistance at cost (from Worksheet 1) 28,349,145 28,349,145 4 400 % Medicaid (from Worksheet 3, column a) 194,026,844 135,046,980 58,979,864 9 160 % c Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs 222,375,989 135,046,980 87,329,009 13 560 % Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) 42,269 2,123,803 2,123,803 0 330 % Health professions education (from Worksheet 5) 0 120,647 120,647 0 020 % Subsidized health services (from 0 Worksheet 6) Research (from Worksheet 7) 0 0 0 Cash and in-kind contributions for community benefit (from Worksheet 8) 18,843,367 n 18,843,367 2 920 % j Total. Other Benefits 0 16 42,476 21,087,817 21,087,817 3 270 % k Total. Add lines 7d and 7j 135,046,980 16 243,463,806 108,416,826 16 830 % For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50192T Schedule H (Form 990) 2018

Schedule H (Form 990) 2018 Page 2 Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves. (e) Net community (a) Number of (b) Persons served (c) Total community (d) Direct offsetting (f) Percent of activities or programs (optional) (optional) building expense revenue building expense total expense 1 Physical improvements and housing Economic development Community support Environmental improvements Leadership development and training for community members Coalition building Community health improvement 55,971 55,971 0 010 % advocacy 8 Workforce development 9 Other 10 Total 55,971 55,971 0 010 % Part III **Bad Debt, Medicare, & Collection Practices** Section A. Bad Debt Expense No Yes Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? 1 Yes . . . . . . Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount . 2 71,059,283 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 547,156 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements Section B. Medicare Enter total revenue received from Medicare (including DSH and IME) . 5 112,756,426 6 118,216,070 6 Enter Medicare allowable costs of care relating to payments on line 5 . Subtract line 6 from line 5 This is the surplus (or shortfall) . -5,459,644 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used ☐ Other ✓ Cost to charge ratio ☐ Cost accounting system Section C. Collection Practices Did the organization have a written debt collection policy during the tax year? . 9a Yes If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? 9b Yes Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians see instructions) (c) Organization's profit % or stock (b) Description of primary (d) Officers, directors, (a) Name of entity (e) Physicians' trustees, or key employees' profit % or stock ownership % profit % or stock ownership % ownership % 1 CH SN RSA OTPT SGY OUTPATIENT SURGERY CENTER 51 534 % 41 72 % 2 CR SN RS PH AB SG CT SURGERY CENTER 57 809 % 27 96 % 3 N BRNFLS SRG CN LLC SURGERY CENTER 46 64 % 5 6 7 8 9 10 11 12 13



b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .

hospital facilities? \$

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its

12b

i 🗹 The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)

e 🗹 The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f 🗹 A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g 🗹 Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

spoken by LEP populations j ✓ Other (describe in Section C)

h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP

 $^{f c}$   $\Box$  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

Other (describe in Section C)

Schedule H (Form 990) 2018	Page <b>8</b>
Part V Facility Information (con	tinued)
5a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e nospital facility in a facility reporting gr	on for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3], 5, e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each roup, designated by facility reporting group letter and hospital facility line number from Part 3," etc.) and name of hospital facility.
Form and Line Reference	Explanation
See Add'l Data	
	Schedule H (Form 990) 2018

Sche	hedule H (Form 990) 2018 Page 9		Page <b>9</b>
Pa	rt V Facility Information (continued)		
	tion D. Other Health Care Facilities That Are Not L in order of size, from largest to smallest)	icensed, Registered, or Similarly Recognized as a Hospital I	 acility
How	many non-hospital health care facilities did the organiz	zation operate during the tax year?6	
Nam	ne and address	Type of Facility (describe)	
1	CHRISTUS SR PHYS AMB SURG CENTER SA 502 Madison Oak SAN ANTONIO, TX 78258	SURGERY CENTER	
2	CHRISTUS SR PHYS AMB SURG CENTER SA 423 Treeline Park Ste 202 SAN ANTONIO, TX 78209	SURGERY CENTER	
3	CHRISTUS SR PHYS AMB SURG CENTER NB 1738 E Common St New Braunfels, TX 78130	SURGERY CENTER	
4	CHRISTUS SR PHYS AMB SURG CENTER NB 1305 Wonder World Dr 105 San Marcos, TX 78666	SURGERY CENTER	
5	Christus SR Emergency Center - Creekside 244 Creekside Crossing New Braunfels, TX 78130	Emergency Center	
6	Christus Santa Rosa - Alon 11503 NW Military Highway Suite 12 San Antonio, TX 78231	Emergency Center	
7			,
8			
9			
10			
		Schedule H (Form 99	0) 2018

chedul	le H (Form 990) 2018 Page <b>10</b>
Part '	VI Supplemental Information
rovide	the following information
1	Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
2	<b>Needs assessment.</b> Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
3	Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
4	<b>Community information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
5	<b>Promotion of community health.</b> Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
6	Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
7	<b>State filing of community benefit report.</b> If applicable, identify all states with which the organization, or a related organization, files a community benefit report
90 S	chedule H, Supplemental Information

## Form and Line Reference

Explanation

BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL PART I, LINE 5 REVIEW PURPOSES ONLY THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES

Form and Line Reference	Explanation
PART I, LINE OA	ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST " THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT

IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES

990 Schedule H, Supplemental Information

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART I, LINE 7B	UNREIMBURSED MEDICAID CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REINVESTS ALL SURPLUS FUNDS BACK IN TO THE COMMUNITIES WE SERVE THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES

990 Schedule H, Supplemental Information		
Form and Line Reference	Explanation	
PART I, LINE 7, COLUMN(F)	PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN(A) IS \$715,305,470 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$71,059,283 THIS LEAVES A TOTAL EXPENSE OF \$644,246,187 FOR PURPOSES OF CALCULATING LINES 7, COLUMN(F) PART I, LINE 7, COLUMN(F) DESCRIPTION OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS PERCENTAGE OF TOTAL COSTS THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN(C) AS A PERCENTAGE OF TOTAL EXPENSE IS 37 79%, WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN(F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE PART I, LINE 7(I) CASH AND IN-KIND CONTRIBUTIONS CHRISTUS SANTA ROSA HEALTH CARE CORPORATION MADE OVER \$18,843,367 IN CASH AND IN-KIND CONTRIBUTIONS DURING FISCAL YEAR 2019 THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8 AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTH'Y COMMUNITY CHRISTUS FUND GRANTS TOTALING \$514,500 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS SANTA ROSA HEALTH CARE CORPORATION THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITIES THAT CHRISTUS SANTA ROSA HEALTH CARE CORPORATION SERVES ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT SUPPORT THE COMMUNITY INDIGENT FUNDING EXPENSE OF \$25,850,990 IS INCLUDED IN SCHEDULE H, PART I, LINE 7 I LINE 7 I LINE 7 RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F ACTUAL	

90 Schedule H, Supplemental Information		
Form and Line Reference	Explanation	
PART II	COMMUNITY BUILDING ACTIVITIES THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUE IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW MARKET INTEREST RATES TO NONPROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE FOREGONE INTEREST FOR THE CHRISTUS SANTA ROSA REGION IN FISCAL YEAR ENDING JUNE 30, 2019 WAS \$0 IN AN EFFORT TO MEET AND ADDRESS THE IDENTIFIED HEALTH CARE NEEDS IN THE COMMUNITIES IT SERVES, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES ACCESS TO HEALTH CARE SERVICES THROUGH PROGRAMS AND LOCAL COMMUNITY PARTNERS AND SERVICE ORGANIZATIONS THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE THROUGH IMPROVED ACCESS TO HEALTH SERVICES AND ADVANCE GENERAL KNOWLEDGE DURING FY 2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES BY WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE THESE ARE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES THAT ARE IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE	

Form and Line Reference	Explanation
PART III, SECTION A, LINE I	BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTH-CARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	METHODOLOGY USED IN DETERMINING BAD DEBT THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF

990 Schedule H, Supplemen Form and Line Reference	Explanation
Form and Line Reference	<u>'</u>
PART III, SECTION A, LINE 3	ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC PARO CHARITY SCORE IS DESIGNED TO 1DENTITY PATIENTS THAT LIKELY QUALITY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES IN ORDER TO ASSESS THE BAD DEBT ACCOUNTS THAT WOULD LIKELY QUALITY FOR CHARITY CARE, THE FOLLOWING CRITERIA WERE ESTABLISHED BASED ON AN ANALYSIS OF HISTORICAL DATA OF CHRISTUS HEALTH AND ITS RELATED ORGANIZATIONS 1 PARO SCORE OF LESS THAN OR EQUAL TO 256%, WHICH IS A PREDICTOR DEFINING THE LIKELY SOCIOCOMOMIC CONDITIONS FOR THE PATIENT, 2 ESTIMATED FEDERAL POVERTY LEVEL OF LESS THAN OR EQUAL TO 226%, WHICH IS BASED ON ESTIMATED HOUSEHOLD SIZE AND HOUSEHOLD ESTIMATED INCOME, AND 3 THIRD PARTY DATA AVAILABLE ON PATIENT ACCOUNTS WHICH INDICATE THAT THE PATIENT IS NOT A HOMEOWNER OR A PROBABLE HOMEOWNER FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATED OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENT WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS EXISTING AT THAT TIME THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATI

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES (U S GAAP) REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES, AND THE PROVISIONS FOR BAD DEBT, ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAY LIMIT, DISPROPORTIONATE SHARE AND MEDICAID 1115 WAIVER PROGRAMS, RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES, ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S HEALTH PLANS, DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS, DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS, INCLUDING ASSETS ACQUIRED, AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES "

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	EXTENT TO WHICH SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT COSTING METHODOLOGY THE SHORTFALL ON PART III, LINE 7 IS NOT COUNTED AS A COMMUNITY BENEFIT THE AMOUNT ON SCHEDULE H, PART III, LINE 6 IS DETERMINED BY CALCULATING MEDICARE ALLOWABLE COSTS USING WORKSHEET A OF THE MEDICARE COST REPORT WORKSHEET A OF THE MEDICARE COST REPORT REQUIRES THE ORGANIZATION TO REMOVE NON-ALLOWABLE EXPENSES FROM TOTAL EXPENSES VIA THE ADJUSTMENTS TO EXPENSES WORKSHEETS WITHIN THE MEDICARE COST REPORT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE FILING ORGANIZATION ASSOCIATED WITH THE FILING ORGANIZATION'S PROVISIONS OF SERVICES TO MEDICARE PATIENTS SCHEDULE H, PART III, LINE 7 WOULD EQUAL A SHORTFALL OF (5,459,644) IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III,

LINE 6

Form and Line Reference	Explanation
PART III, SECTION C, LINE 96	COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER FITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF

BASED UPON LEVEL OF QUALIFICATION THESE POLICIES SUPPORT THE MISSION AND VISION OF THE

ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP

Form and Line Referenc	Explanation					
PART VI, LINE 2	NEEDS ASSESSMENT THE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S FY 2019 COMMUNITY BENEFIT PLAN IS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY THE BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE IN 2016 IN ADDITION TO THE CHNA CONDUCTED BY THE HEALTH COLLABORATIVE, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION SUPPORTED THE COMAL COUNTY ASSESSMENT OF SOCIAL AND ENVIRONMENTAL DETERMINENTS OF WELL-BEING RESULTS OF THE NEEDS ASSESSMENT WERE SHARED PUBLICLY WITH CITY AND COUNTY OFFICIALS, AS WELL AS LEADERS FROM THE WIDER MEDICAL COMMUNITY, SOCIAL SERVICE PROVIDERS, EDUCATIONAL AND RESEARCH INSTITUTIONS, BUSINESS LEADERS AND OTHER COMMUNITY TO STAKEHOLDERS THE COMMUNITY HEALTH PRIORITIES SET FORTH BY CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ARE BASED ON A CAREFUL REVIEW AND ANALYSIS OF THESE REPORTS AND ANALYSIS OF HEALTH ISSUES IDENTIFIED AT EACH SANTA ROSA HOSPITAL THE COMMUNITY IS DEFINED AS RESIDENTS OF BEXAR AND COMAL COUNTY WITHIN BEXAR COUNTY, 10 ZIP CODES WERE IDENTIFIED THAT ARE CONSIDERED AREAS OF HIGH RISK AND UNRESOLVED ONGOING PUBLIC HEALTH PROBLEMS COMMUNITY DELIVERY WILL CONTINUE TO FOCUS ON THE UNINSURED POPULATION WITH ADDED EMPHASIS ON CHRONIC ILLNESS SERVICES ARE BASED ON BEST PRACTICES DEVELOPMENT AND IMPLEMENTATION BASED ON COMMUNITY HEALTH SERVICES THE HEALTH COLLABORATIVE IS A CONSORTIUM OF ORGANIZATIONS JOINED TOGETHER TO PRIORITIZE AND ADDRESS SIGNIFICANT COMMUNITY HEALTH ISSUES MEMBERS OF THE HEALTH COLLABORATIVE INCLUDE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION, AND VARIOUS LOCAL UNIVERSITIES THE HEALTH COLLABORATIVE HAS ANTONIO, AND VARIOUS LOCAL UNIVERSITIES THE HEALTH COLLABORATIVE HAS COMMUNITY HEALTH PLANS, METHODIST HEALTHCARE MINISTRIES, THE YMCA OF GREATER SAN ANTONIO, AND VARIOUS LOCAL UNIVERSITIES THE HEALTH COLLABORATIVE HAS COMMUNITY HEALTH DEDS ASSESSMENT APPROXIMATELY EVERY THREE YEARS DATING BACK TO 1998 THE 2016 HEALTH COLLABORATIVE THAN THE PRETATION OF THE CONTROL OF THE BEHAVIOR SING FACTOR SURVEILLANCE (BRFSS) ADMINISTERED BY THE CENTERS FOR DIS					

990 Schedule H, Supplemental Information							
Form and Line Reference Explanation							
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050 IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE						

# Form and Line Reference Explanation PART VI, LINE 4 COMMUNITY INFORMATION CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS HEADQUARTERED IN SAN ANTONIO, TEXAS, IN THE SOUTH CENTRAL AREA OF THE STATE IT HAS FIVE HOSPITAL CAMPUSES

990 Schedule H, Supplemental Information

IT SERVICES THE SOUTHWESTERN BORDER OF TEXAS AND INTO THE CENTRAL TEXAS HILL COUNTRY THE AREA COMPRISES A POPULATION OF MORE THAN 3 2 MILLION INDIVIDUALS. THE POPULATION CONSISTS

AREA COMPRISES A POPULATION OF MORE THAN 3 2 MILLION INDIVIDUALS THE POPULATION CONSISTS

OF 63 20% HISPANIC AND 36 80% NON-HISPANIC THE MEDIAN INCOME FOR THE CITY OF SAN ANTONIO
IS \$49,711, AND HIGH SCHOOL GRADUATES REPRESENT 81 99% OF THE POPULATION

PART VI, LINE 5  PROMOTION OF COMMUNITY HEALTH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN ONE OF THE TOP HEALTH CARE ORGANIZATIONS IN SOUTH TEXAS, CHRISTUS SANTA ROSA HEALTH CARE CORPORATION HAS FIVE H OSPITAL CAMPUSES (1) CHRISTUS SANTA ROSA MEDICAL CENTER, LOCATED IN THE SOUTH TEXAS MEDIC AL CENTER; COLOCATED IN THE SOUTH TEXAS MEDIC AL CENTER; COLOCATED IN DOWNTOWN SAN ANTONIO, (3) CH RISTUS SANTA ROSA AWESTOVER HILLS IN THE WESTOVER HILLS AREA OF SAN ANTONIO, (4) CHRISTUS SANTA ROSA ALMO HEIGHTS, AND (5) CHRISTUS SANTA ROSA NEW BRAUNFELS, LOCATED IN NEW BRAUNF ELS, TEXAS CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLIDE CHRISTUS SANTA ROSA ALMILH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLIDE CHRISTUS SANTA ROSA AFAILL HEALTH CENTER, A CLINICAL OUTPATIENT ADDITION, THE OSCANIZATION WHICH SERVES AS A LEVEL 3 CERTIFIED PATIENT CENTERED MEDICAL HOME AND AS A HOSPITAL-BASED ACADEMIC TRAINING PROGRAM FOR 29 FAMILY MEDICINE RESIDENTS IN ADDITION, THE ORGANIZATION OWNS A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY SURGERY CENTER-NEW BRAUNFELS, A JOINT VENTURE WITH NEARLY 150 PHYSICIANS AND A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PHYSICIANS AND A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PHYSICIANS AND A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PARTIAL INTEREST IN NEW BRAUNFELS SURGICAL CENTER, LLC CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS ALSO ONE OF THE COLLABORATING PARTNERS IN BEXAR COUNTY CLINICA L SERVICES, INC WHICH PROVIDE PHYSICIAN AND OTHER HEALTH CARE SERVICES TO MEDICALD AND IN DIGENT PATIENTS. EACH OF THE FACILITIES OF CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES A 24 HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENCY CARE, REGARDLESS OF ABILITY TO PAY CHRI	Form and Line Reference	Explanation
CERT IFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION (AACVPR) AND ACCREDITED AS A CHEST PAIN CENTER WITH PERCUTANEOUS CORONARY INTERVENTION (PCI) DESIGN ATION FROM THE SOCIETY OF CHEST PAIN CENTERS (SCPC), A COMPREHENSIVE CANCER PROGRAM, COMPL ETE OBSTETRICAL AND NEWBORN SERVICES, SURGICAL UNITS, A DIABETES CARE PROGRAM, AND STATE-O F-THE-ART MEDICAL CARE FOR CHILDREN WITH AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SER VICES WE ALSO OFFER REHABILITATION TREATMENT FOR THOSE WHO HAVE EXPERIENCED A STROKE, A S PINAL CORD INJURY, CLOSED HEAD INJURIES AND MORE CHRISTUS SANTA ROSA HEALTH CARE CORPORAT ION COLLABORATES WITH COMMUNITIES, CHURCHES, AND OTHER HEALTH CARE ORGANIZATIONS TO PROVID E COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES AND PROACTIVE HEALTCARE PROGRAMS THE HEALTH COLLABORATIVE'S (AS DEFINED IN SCHEDULE H, PART VI, QUESTION 2) EXISTING PRIORITIES OF FITNESS AND NUTRITION, AS THEY RELATE TO DIABETES AND OBESITY, WILL CONTINUE TO BE ADD RESSED THROUGH THE CHRONIC CARE MANAGEMENT FOR CHILDREN AND ADULTS AS WELL AS PREVENTATIVE CARE AND HEALTH EDUCATION THROUGH COLLABORATIVE RELATIONSHIPS WITH SCHOOL DISTRICTS THE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION COMMUNITY BENEFIT PLAN ("THE PLAN") SUPPORTS T HE INITIATIVES OF THE HEALTH CORL CORPORATION COMMUNITY BENEFIT PLAN ("THE PLAN") SUPPORTS T HE INITIATIVES OF THE HEALTH CORE CORPORATIVE THE PLAN FOCUSES ON COMMUNITY INITIATIVES THAT CAN IMPACT FAMILY MEMBERS OF ALL AGES WITH DIABETES, HEART DISEASE, OBESITY AND CANCER T HESE INITIATIVES ARE PROVIDED THROUGH A PEDIATRIC MOBILE CLINIC, SCHOOL-BASED HEALTH CENTE RS, COMMUNITY HEALTH WORKER PROGRAMS AND DIABETES EDUCATION PROGRAMS THE PLAN INCLUDES THE WORK PERFORMED AT THE CENTER FOR MIRACLES WHICH IS DEDICATED TO PROVIDING FREE SERVICES FOR ABUSED/NEGLECTED CHILDREN AND THEIR AFFECTED FAMILY MEMBERS OTHER	PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT TO CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN ONE OF THE TOP HEALTH CARE CORPORATION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN ONE OF THE TOP HEALTH CARE CORPORATION HAS FIVE H OSPITAL CAMPUSES (1) CHRISTUS SANTA ROSA HEALTH CARE CORPORATION HAS FIVE H OSPITAL CAMPUSES (1) CHRISTUS SANTA ROSA MEDICAL CENTER, LOCATEO IN THE SOUTH TEXAS MEDIC AL CENTER, (2) CHILDREN'S HOSPITAL OF SAN ANTONIO, LOCATED IN DOWNTOWN SAN ANTONIO, (3) CHRISTUS SANTA ROSA -WESTOVER HILLS IN THE WESTOVER HILLS AREA OF SAN ANTONIO, (4) CHRISTUS SANTA ROSA ALMOH EIGHTS, AND (5) CHRISTUS SANTA ROSA NEW BRAUNFELS, LOCATED IN NEW BRAUNFELS, EXAS CHRISTUS SANTA ROSA FAMILY HEALTH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLUDE CHRISTUS SANTAR ROSA FAMILY HEALTH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLUDE CHRISTUS SANTAR ROSA FAMILY HEALTH CARE CORPORATION ON SA HOSPITAL PASED ACADEMIC TRAINING PROGRAM FOR 29 FAMILY MEDICINE RESIDENTS IN ADDITION, THE ORGANIZATION OWNS A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY SURGERY CENTER-NEW BRAUNFELS, A JOINT VENTURE WITH NEARLY 150 PHYSICIANS AND A MAJORITY INTEREST IN CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY SURGERY CENTER-NEW BRAUNFELS A PHYSICIANS AMBULATORY SURGERY CENTER-NEW BRAUNFELS AND A PHYSICIANS AMBULATORY SURGERY CENTERS. AND

	Form and Line Reference	Explanation					
TO H ELP DECREASE THE INCIDENCE OF LOW BIRTH WEIGHT INFANTS AND IMPROVE INFANT MORTALITY RATES IN BEXAR COUNTY CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK IN THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES AS A NOT FOR PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRI SED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES CHRISTUS SANTA ROSA HEALTH CARI CORPORATION WE ARE PRIVILEGED TO HAVE AN OPEN MEDI CAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUN ITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITA LS MUST UNDER THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS ICAL E XPERIENCE AND OTHER EDUCATION FOR ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS SANTA ROSE	PART VI, LINE 5	MORTALITY RATES IN BEXAR COUNTY CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK INTO THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES AS A NOT FOR PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRI SED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES CHRISTUS SANTA ROSA HEALTH CARE CORPORATION WE ARE PRIVILEGED TO HAVE AN OPEN MEDI CAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUN ITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITA LS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS ICAL E XPERIENCE AND OTHER EDUCATION FOR ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMEN TS EMPLOYED AND AFFILIATED WITH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ARE					

990 Schedule H, Supplemental Information							
Form and Line Reference	Explanation						
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES CHRISTUS SERVICES CAN BE FOUND IN ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, AND INTERNATIONALLY IN THE COUNTRIES OF MEXICO AND CHILE A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM EACH REGION, INCLUDING CHRISTUS SPOHN HEALTH SYSTEM CORPORATION, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION CHRISTUS SPOHN HEALTH SYSTEM CORPORATION, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED						

Explanation
COMMUNITY BENEFIT REPORT A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311 045 AND 311 046 THE CODE REQUIRES NONPROFIT HOSPITALS TO FILE THE ASCBS FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I E , LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO

PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2008 TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE STATE FILING OF COMMUNITY BENEFIT REPORT TX

Software ID:

**Software Version:** 

**EIN:** 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Form 990 Schedule H, Part V Section A. Hospital Facilities											
Section	A. Hospital Facilities	Licens	Genera	Childre	Teachi	Critica	Resea	ER-24 hours	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?  5  Name, address, primary website address, and		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	hours	her		Facility
state lice	ense number CHRISTUS SANTA ROSA NEW BRAUNFELS	l x	X					Х		Other (Describe)	reporting group
	600 N UNION AVENUE NEW BRAUNFELS, TX 78130 www christushealth org/santa-rosa 000339										
2	CHRISTUS SANTA ROSA WESTOVER HILLS 10539 STATE HWY 151 SAN ANTONIO, TX 78251 www christushealth org/santa-rosa 100165	X	×					X			A
3	CHRISTUS SANTA ROSA MEDICAL CENTER 2827 BABCOCK ROAD SAN ANTONIO, TX 78229 www.christushealth.org/santa-rosa 000339	X	X					X			A
4	CHRISTUS SANTA ROSA ALAMO HEIGHTS 403 TREELINE PARK SAN ANTONIO, TX 78209 www christushealth org/santa-rosa 000339	х	X					X			A
5	Children's Hospital of San Antonio 333 N Santa Rosa Street SAN ANTONIO, TX 78207 www.chofsa.org 100166	х	X	X	X		Х	Х			A

Form and Line Reference	Explanation						
SCHEDULE H, PART V, SECTION B, LINE	THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MANY PRIORITIES TO BE ADDRESSED BY THE ME MBERS OF THE HEALTH COLLABORATIVE, HOWEVER, GIVEN THE LARGE POPULATION OF UNINSURED PATIEN TS WITH CHRONIC ILLNESS WHO SEEK CARE AT CHRISTUS SANTA ROSA HEALT SYSTEM, CSRHS CHOOSES TO IMPLEMENT PROGRAMS TARGETED SPECIFICALLY AT THIS POPULATION TO THAT END, THE MAJOR COM MUNITY BENEFIT ACTIVITIES ENACTED BY CSRHS ARE FOCUSED ON HEALTHY EATING AND ACTIVE LIVING, HEALTHY CHILD AND FAMILY DEVELOPMENT, Safe Behavioral Health and Mental Well Being Commu inties, COMMUNICABLE DISEASE, CHRONIC DISEASE OUTCOMES, AND ACCESS TO CARE CSRHS ANTICIPA TES MEETING ALL OF THE NEEDS IDENTIFIED SCHEDULE H, PART V, SECTION B, LINE 5 INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY THE ASSESSMENT PROCESS INCLUDED SYNTHESIZING EXISTING QUANTITATIVE DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS FOR THE COUNTY QUANTITATIVE DATA WAS COMPILED AND ANALYZED FROM A NUMBER OF SOURCES, INCLUDING THE VS CENSUS, CENTER S FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, TEXAS DEPARTMENT OF STATE HE ALTH SERVICES, SAN ANTONIO METROPOLITAN HEALTH DISTRICT, AND NOWDATA TYPES OF DATA INCLUD ED PUBLIC HEALTH DISEASE SURVEILLANCE DATA, HOSPITALIZATION RECORDS, VITAL STATISTICS BASE D ON BIRTH AND DEATH DATA, AND SELF-REPORTS OF HEALTH BEHAVIORS FROM LARGE, POPULATION-BAS ED SURVEYS, SUCH AS THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND YOUTH RISK BEHAVIOR SURVEY WHEN POSSIBLE, DATA WAS PROVIDE DOWN TO THE SUBSECTOR LEVEL TO PROVIDE RELEVANT INFORMATION FOR MORE GRANULAR GOOGRAPHIC AREAS WITHIN BEXAR COUNTY TO COMPLIMENT THESE QUANTIATIVE DATA, QUALITATIVE INFORMATION WAS COLLECTED FROM 14 FOCUS GROUPS, 19 INTERVIEWS , AND 4 COMMUNITY DIALOGUES FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED WITH PEOPLE FROM CROSS BEXAR COUNTY, AND WITH A RANGE OF INDIVIDUALS REPRESENTING DIFFERENT AUDIENCE INCL UDING RESIDENTS, FAITH COMMUNITIES, SOCIAL SERVICE PROVIDERS, HOSPITAL ADMINISTRATIORS, COU NTY AND LOCAL GOVERNMENT OFFICIALS, AND PUBLIC HEALTH LEADERS ULTIMA						

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 13, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.				
Form and Line Reference Explanation				
SCHEDULE H, PART V, SECTION B, LINE 3E	CROSS SECTION OF THE COMMUNITY'S KEY INFORMANTS RESPONDED TO THE ONLINE SURVEY			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LINES 6a & 6b	IN BEXAR COUNTY, CHRISTUS SANTA ROSA HEALTH SYSTEM, METHODIST HEALTHCARE MINISTRIES, BAPTIST HEALTH SYSTEM, WELLMED MEDICAL MANAGEMENT, UNIVERSITY HEALTH SYSTEM, IN COMAL COUNTY, THE ASSESSMENT WAS ALSO CONDUCTED WITH A MULTITUDE OF STATE, COUNTY, PRIVATE, PUBLIC, FOR-PROFIT AND NOT-FOR-PROFIT COMMUNITY-BASED ORGANIZATIONS IN ADDITION TO CHRISTUS SANTA ROSA AND MCKENNA HEALTH SYSTEM SCHEDULE H, PART V, SECTION B, LINE 7A THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND AT THE FOLLOWING WEBSITE URL HTTP //CHRISTUSHEALTH ORG/CHNA-CHIP

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

in a facility reporting group, designated by "Facility A," "Facility B," etc.

HTTP //WWW CHRISTUSHEALTH ORG/CHNA-CHIP SCHEDULE H, PART V, SECTION B, LINE 11 THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MANY PRIORITIES TO BE ADDRESSED BY THE MEMBERS OF THE HEALTH COLLABORATIVE, HOWEVER, GIVEN THE LARGE POPULATION OF UNINSURED PATIENTS WITH CHRONIC ILLNESS WHO SEEK CARE AT CHRISTUS SANTA ROSA HEALTH SYSTEM, CSRHS CHOOSES TO IMPLEMENT PROGRAMS TARGETED SPECIFICALLY AT THIS POPULATION TO THAT END, THE MAJOR COMMUNITY BENEFIT ACTIVITIES ENACTED BY CSRHS ARE FOCUSED ON HEALTHY EATING AND ACTIVE LIVING, HEALTHY CHILD AND FAMILY DEVELOPMENT, SAFE COMMUNITIES, COMMUNICABLE DISEASE, CHRONIC DISEASE OUTCOMES, AND ACCESS TO CARE CSRHS ANTICIPATES MEETING ALL OF THE NEEDS	Form and Line Reference	Explanation
	LINE 10A	HTTP //WWW CHRISTUSHEALTH ORG/CHNA-CHIP SCHEDULE H, PART V, SECTION B, LINE 11 THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MANY PRIORITIES TO BE ADDRESSED BY THE MEMBERS OF THE HEALTH COLLABORATIVE, HOWEVER, GIVEN THE LARGE POPULATION OF UNINSURED PATIENTS WITH CHRONIC ILLNESS WHO SEEK CARE AT CHRISTUS SANTA ROSA HEALTH SYSTEM, CSRHS CHOOSES TO IMPLEMENT PROGRAMS TARGETED SPECIFICALLY AT THIS POPULATION TO THAT END, THE MAJOR COMMUNITY BENEFIT ACTIVITIES ENACTED BY CSRHS ARE FOCUSED ON HEALTHY EATING AND ACTIVE LIVING, HEALTHY CHILD AND FAMILY DEVELOPMENT, SAFE COMMUNITIES, COMMUNICABLE DISEASE, CHRONIC DISEASE OUTCOMES, AND ACCESS TO CARE CSRHS ANTICIPATES MEETING ALL OF THE NEEDS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. Form and Line Reference Explanation DETERMINATION OF ELIGIBILITY FOR DISCOUNTED CARE UNDER THE HOSPITAL'S POLICY, PATIENTS SCHEDULE H, PART V, SECTION B, LINE WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL 13A ASSISTANCE THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL. PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE PATIENTS WHO WERE UNINSURED AND ABOVE 300% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS PATIENTS WHO WERE UNINSURED AND BETWEEN 300% AND 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN AGB PART V, SECTION B, LINE 13B ELIGIBILITY CRITERIA EXPLAINED IN THE FAP UNDER THE HOSPITAL'S POLICY, PATIENTS WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL. PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE PATIENTS WHO WERE UNINSURED AND ABOVE 300% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS PATIENTS WHO WERE UNINSURED AND BETWEEN 300% TO 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN AGB. SCHEDULE H. PART V. SECTION B, LINE 15E IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PATIENTS THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY IF A PATIENT DID NOT OUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 3, 4,

5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16 a-c	THE HOSPITAL FACILITY'S COMPLETE FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE POLICY APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ARE WIDELY AVAILABLE ON A WEBSITE LOCATED AT THE FOLLOWING URL https://www.christushelath.org/SANTA-ROSA/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 16J HOW THE HOSPITAL FACILITY PUBLICIZES THE FINANCIAL ASSISTANCE POLICY THE HOSPITAL POSTED SIGNS TO INFORM PATIENTS ABOUT THE AVAILABILITY OF CHARITY CARE IN THE EMERGENCY DEPARTMENT, LOBBY, AND ADMISSIONS AREAS IN ADDITION, A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT WWW CHRISTUSHEALTH ORG/CHARITYCARE (THIS WEBSITE WAS THE FIRST RESULT IN GOOGLE WHEN PATIENTS SEARCHED FOR THE HOSPITAL NAME AND CHARITY CARE OR FINANCIAL ASSISTANCE ) EFFECTIVE JULY 1, 2016, THE INDIVIDUAL HOSPITAL'S HOMEPAGE HAD A CONSPICUOUS FINANCIAL ASSISTANCE LINK DIRECTING PATIENTS TO THE CHARITY CARE HOMEPAGE COUNSELORS ALSO PUBLICIZED THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING ONE-ON-ONE VISITS WITH PATIENTS THE HOSPITAL ATTEMPTED TO PROVIDE ALL UNINSURED PATIENTS WITH FINANCIAL COUNSELING SPENDING TIME FACE-TO-FACE WITH PATIENTS ALLOWED COUNSELORS TO FACILITATE THE APPLICATION PROCESS FOR PATIENTS WHO OTHERWISE MIGHT NOT HAVE SOUGHT ASSISTANCE COUNSELORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4,

5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

in a facility reporting group, designate	d by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
SCHEDOLE H, PART V, SECTION B, LINE 17	DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS SCHEDULE H, PART V, SECTION B, LINE 20 WHEN COLLECTION CALLS RESULTED IN PATIENT CONTACT, BUSINESS AGENTS PERFORMED A VERBAL SCREENING TO SEE IF THE PATIENT MIGHT BE ELIGIBLE FOR CHARITY CARE IN ADDITION, BILLING STATEMENTS CONTAINED THE FOLLOWING NOTICE (YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN )

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1<sub>1</sub>, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility

a facility reporting group, designated by "Facility A," "Facility B," etc.						
Form and Line Reference	Explanation					
22D	DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED THE AMOUNT GENERALLY BILLED (AGB) RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 300% FPL) FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE					

efile GRAPHIC print - DC	efile GRAPHIC print - DO NOT PROCESS   As Filed Data -						
Schedule I (Form 990)  Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.						
Internal Revenue Service   Name of the organization Christus Santa Rosa Health Cari	e Corporation					<b>Employer iden</b> 74-1109665	tification number
the selection criteria used  Describe in Part IV the or  Part II Grants and Other	d to award the grants ganization's procedur r Assistance to Dom	or assistance? es for monitoring the use	of grant funds in the Un  d Domestic Governme	ited States	for the grants or assistance		✓ Yes □ No line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	1 1 1
(1) CITY OF SAN ANTONIO 856 GEMBLER RD SAN ANTONIO, TX 78219	74-6002070	Govt	122,400				
2 Enter total number of sec 3 Enter total number of oth For Paperwork Reduction Act Not	er organizations lister	d in the line 1 table				_	1 Schedule I (Form 990) 2018

(6) (7) Part IV Return Reference DESCRIPTION OF

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation FORM 990, SCHEDULE I, PART I, LINE 2 THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER OUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED. THE ORGANIZATION CONSIDERED FOR DONATIONS

MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS MUST BE AN IRS SECTION 501(C)(3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT. CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO THE COUNTIES IN WHICH IT SERVES VIA GRANTS PAID TO OTHER HOSPITALS AND HEALTHCARE ORGANIZATIONS LOCATED WITHIN SUCH COUNTIES. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT THE FILING ORGANIZATION MAY NOT DIRECTLY SERVE IN ONE OF ITS HOSPITALS. THIS IS A RESULT OF OUR

Page **2** 

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9318	88014	180
Sch	edule J	Con	npensati	ion Information	40	IB No	1545-(	0047
(For	n 990)	For certain Officers		rustees, Key Employees, and Hig	hest	2010		
		► Complete if the organ	ization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2018		
Depar	tment of the Treasury	► Go to <u>www.irs.gov/</u>		ito Form 990. instructions and the latest inforn	nation.	pen i	to Pul	blic
	nl Revenue Service	ation			Employer identificat		ectio	
	ne of the organiza stus Santa Rosa Hea	ation alth Care Corporation				ion nu	ımber	
Da	rt I Questi	ons Regarding Compensation	\n		74-1109665			
Га	Questi	ons Regarding Compensation	<b>711</b>				Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	personal use			
	_	companions	닏	Payments for business use of person				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	feur, chef)			
b		kes in line 1a are checked, did the ill of the expenses described above		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	. 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line	e la?			
3				ed to establish the compensation of the	ne			
	_	EO/Executive Director Check all the dorganization to establish comper		not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	Compans:	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		), Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-contro	l payment?			4a	Yes	
b		r receive payment from, a supplem		ified retirement plan?		4b	Yes	
С	•	r receive payment from, an equity-	•	· ·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	olicable amounts for each item in Part	: III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	raanizatione	must complete lines 5-9				
5	For persons liste	ed on Form 990, Part VII, Section A	A, line 1a, did	the organization pay or accrue any				
	·	ontingent on the revenues of				_		
a	The organization					5a 5b		No
Ь	Any related orga If "Yes," on line	5a or 5b, describe in Part III				3D		No_
6	For persons liste	·	A, line 1a, did	the organization pay or accrue any				
а	The organization	1 <sup>?</sup>				6a		No
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed rt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			
9		3, did the organization also follow t	the rebuttable	presumption procedure described in	Regulations section	9		No_
For F		ction Act Notice, see the Instru	ections for Fo	orm 990 Cat No 5	50053T Schedule J		990)	2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII							
<b>Note.</b> The sum of columns (B)( $i$ )-( $iii$ ) for each listed individual must equal the tot	cal amount of Fo	rm 990, Part VII, Se	ection A, line 1a, a	pplicable column (	ರಿ) and (E) amour	nts for that indi	vidual
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	+	+		+			
	+	-		+			
						-	
<u> </u>						<u> </u>	<u> </u>
		<u> </u>					

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Page 3

Schedule J (Form 990) 2018

FORM 990. PART VII. LINE 1A AND SCHEDULE J. PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD SUPPLEMENTAL COMPENSATION INFORMATION 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 BOARD MEMBERS SPEND ITIME 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. SUPPLEMENTAL COMPENSATION INFORMATION RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION FORM 990, SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE ICHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH 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 SEVERANCE PAYMENTS FORM 990. SCHEDULE J. PART I. LINE 4A THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS PATRICK B CARRIER \$89,854 KATHLEEN TREGEAR \$53,108 SUPPLEMENTAL COMPENSATION INFORMATION FORM 1990, SCHEDULE J. PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS DEFERRED COMPENSATION IMAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN BONUS AND INCENTIVE COMPENSATION FORM 990, SCHEDULE J. PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2018 DEFERRED COMPENSATION FORM 990, SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL THE

FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL

Software ID:

**Software Version:** 

**EIN:** 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

·	<u> </u>	Part II - Officers, D	•					
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
David Mier	(1)	0	0	0	0	0	0	0
CFO-Childrens Hospital of SA	(11)	241,517	40.600	4.022	0.350	22.502	227.077	
Patricia Toney	(1)	·	49,699	4,023	8,250	23,583	327,072	. 0
VP/Chief Nurse Executive	(')		0	0	0	0	0	0
	(11)	320,346	48,772	65,811	66,251	9,081	510,261	
Jim Wesson	(1)	0	0	0	0	0	0	0
VP/New Braunfels	(11)	304,804	16.760	40.604	71 110	22.177	464.543	
ROXANNE R JENKINS	(1)	·	16,760	49,684	71,118	22,177	464,543	
DIR -CLIN INTRGRTIN- COMPLAINCE	`''		6,147	U	15,826 	2,886 	216,976	,
	(11)		0	0	0	0	0	0
TERRY KYLE VP - FOUNDATION	(1)	184,928	10,000	399	5,969	6,481	207,777	0
	(11)	0	0	0	0	0	0	0
Patrick B Carrier	(1)	0	0	0	0	0		0
FORMER PRES/CEO (term 03/2015)		507.454			"			
STEPHANIE A PARKER	(11)		361,063	634,089	43,149	13,110	1,558,865	0
VP OF FINANCE	(1)	0	0	0	0	0	0	0
	(11)	190,482	40,625	4,507	7,408	19,200	262,222	. 0
KATHLEEN TREGEAR	(1)	0	0	0	0	0	0	0
CHIEF NURSING OFFICER	(11)	130,990			4 202		206 722	
Alexis Arel	(i)		11,218	54,794	4,303	5,427	206,732	. 0
VP Finance	(')		0	0	0	0	0	0
	(11)	150,975	6,539	4,252	0	1,860	163,626	0
Karen Bryant VP - Strategy - Bus	(1)	0	0	0	0	0	0	0
Devlopment	(11)	233,458	71,951	3,601	43,035	13,372	365,417	,
Kenneth Davis MD	(1)		71,551	3,001	43,033	15,572	303,417	0
chief medical officer	1							
	(11)	·	161,181	8,404	74,012	36,447	700,424	0
Dennis Gonzales VP Mission Integration	(1)	0	0	0	0	0	0	0
-	(11)	187,864	8,951	4,602	26,877	15,475	243,769	0
Eileen Huss	(1)	0	. 0		0	0		0
Chief Nursing Officer	(11)	211,965						
Asha Rodriguez	(1)		82,038	27,721	41,071	11,950	374,745	0
President	"		0	0	0	0	0	0
	(11)	193,072	0	0	12,566	12,279	217,917	0
Ian Thompson Pres & VP Market Oncology	(ı)	0	0	0	0	0	0	0
rres & vr Market Officology	(11)	268,550	113,303	30,933	67,534	8,752	489,072	
Rhonda Thompson	(1)		113,303	30,933	07,334	0,/32	409,072	0
chief nursing officer								
	(11)		57,156	50,588	0	16,618	347,816	0
Dean Alexander Dir/Pres/CEO	(1)	0	0	0	0	0	0	0
	(11)	488,057	87,396	15,693	103,676	19,157	713,979	0
Linda Mary K Kirks	(1)	0	0	0	,	,	, 0	0
CFO/BOARD TREASURER	(	330,943						
Jodee M Kerestes	(11)		21,683	43,322	47,071	37,222	480,241	. 0
DIRECTOR CANCER SVCS	(1)	145,494	28,057	100	4,634	17,152	195,437	'
BUS DEV	(11)	0	0	0	0	0		0
MICHAEL DAVIS VP-FINANCE WESTOVER	(1)	0	0	0	0	0	0	0
HILLS	(11)	150,537		6 450		10.404	100 330	
	Γ'''	150,557	6,974	6,158	6,237	19,424	189,330	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation Angela Lambert Chief Nsg Ofcr Medical Center 184,331 10,034 34,802 37,508 11,087 277,762 CHARLES HANKINS MD CMO (EFF 10/2018) 511,161 207,929 87,312 117,344 9,491 933,237 CRIS DASKEVICH CEO CHOSA (EFF 10/2018) 438,862 207,929 125,875 89,308 14,038 876,012 CYNTHIA A KOGER 172,644 14,413 7,042 194,099 DIRECTOR OF PHARMACY EDUARDO LARA 181,338 714 7,524 24,044 213.620 PRACTICE ADMINISTRATOR CRYSTAL KOHANKE VP-HUMAN RESOURCES 323,002 93,131 6,887 66,644 23,332 512,996 JOHN BEL VP/CHIEF DEV OFFICER 268,256 41,565 5,308 17,563 11,033 343,725 DOMINIC DOMINGUEZ REGIONAL CEO 655,631 431,626 21,093 179,134 12,669 1,300,153 DAVID GLAZENER VP FINANCE

2,253

10,028

6,136

81,435

4,462

3,648

25,005

14,832

169,122

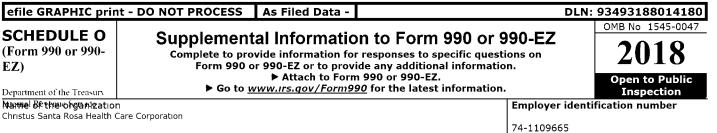
279,772

131,266

169,829

CARLA MORENO VP, PATIENT PLACEMENT

(11)



Return Reference	Explanation
Description of Other Program Services	FORM 990, PAGE 1, ITEM C CHRISTUS HEALTH SANTA ROSA HEALTH CARE CORPORATION OPERATES UNDER THE FOLLOWING NAMES CHILDREN'S HOSPITAL OF SAN ANTONIO CHRISTUS BREAST RENEWAL CENTER - ALAMO HEIGHTS CHRISTUS CARDIOVASCULAR CHRISTUS Cardiovascular Medical Center CHRISTUS Card iovascular New Braunfels CHRISTUS Cardiovascular Westover Hills CHRISTUS Oncology - Medical Center CHRISTUS Oncology - New Braunfels CHRISTUS Oncology - Westover Hills CHRISTUS SANTA ROSA CARDIOTHORACIC CENTER CHRISTUS SANTA ROSA CHRIDREN'S HOSPITAL CHRISTUS SANTA ROSA CARDIOTHORACIC CENTER CHRISTUS SANTA ROSA CHRIDREN'S HOSPITAL CHRISTUS SANTA ROSA EMERGENCY CENTER - BANDERA CHRISTUS SANTA ROSA EMERGENCY CENTER - BENEGORY CENTER - BANDERA CHRISTUS SANTA ROSA EMERGENCY CENTER - BENEGORY CENTER CHRISTUS SANTA ROSA HEALTH SYSTEM CHRISTUS SANTA ROSA HOSPITAL - ALAMO HEIGHTS CHRISTUS SANTA ROSA HASPITAL - NEW BRAUNFELS CHRISTUS SANTA A ROSA HOSPITAL - ALAMO HEIGHTS CHRISTUS SANTA ROSA HOSPITAL - NEW BRAUNFELS CHRISTUS SANTA ROSA HOSPITAL - WESTOVER HILLS CHRISTUS SANTA ROSA HOSPITAL - NEW BRAUNFELS CHRISTUS SANTA ROSA HOSPITAL - WESTOVER HILLS CHRISTUS SANTA ROSA HOSPITAL - NEW BRAUNFELS CHRISTUS SANTA ROSA HOSPITAL - CHRISTUS SANTA ROSA MEDICAL CENTER CHRISTUS SANTA ROSA HOSPITAL - READ AND ALAMO HEIGHTS CHRISTUS SANTA ROSA MEDICAL CENTER CHRISTUS SANTA ROSA NEUROSURGEN SONTA ROSA ORDITAL - MEDICAL CHRISTUS SANTA ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA READ HASPITAL ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA READ HASPITAL ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA REHABILITATION SERVICES THE CHRISTUS SANTA ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA REHABILITATION SERVICES THE CHRISTUS SANTA ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA REHABILITATION SERVICES THE CHRISTUS HOSPITAL OF SANTA ROSA PHYSICIANS AND HOSPITAL CHRISTUS SANTA ROSA REHABILITATION SERVICES THE CHRISTUS HOSPITAL

	· · · · · · · · · · · · · · · · · · ·
Return Reference	Explanation
Description of Other Program Services	EEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOM IC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS, OUTREA CH PROGRAMS FOR CHILDREN AND SENIORS, HEALTH EDUCATION, AIR AMBULANCE AND A VARIETY OF OTH ER SOCIAL SERVICES ONE EXAMPLE OF CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS HEALTH COMMUNITY DIRECT INVESTMENT PROGRAM (CDI). THE CHRISTUS HEALTH BOARD OF DI RECTORS APPROVED THE FUNDING OF THE CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACC OUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CON DITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT CO MMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PR OVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME THAT IS LOST FROM THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF CHRISTUS SANT A ROSA HEALTH CARE CORPORATION THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2019 WAS SO THE FOREGONE INTEREST FOR CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IN FY 2019 WAS SO CHRISTUS HEALTH HAS ES TABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHO SE MISSION, VISION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH IN OUR COMMUNITY SENDE IN THE SOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHO SE MISSION, VISION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH TO THE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION SEVERAL CHRISTUS SANTA ROSA HEALTH CARE CORPORATION SEVERAL CHRISTUS SANTA ROSA HEALTH CARE CORPORATION SEVERAL CHRISTUS SANTA ROSA HEALTH CARE OF THE SUBJECT HAS

Return Reference	Explanation
of Other Program Services	OF NOT-FOR-PROFIT HEALTH CARE, AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS S ANTA ROSA HEALTH CARE CORPORATION ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUN ITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO INCREASE ACCESS TO HEALTH CARE, SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, HEART DISEA SE, DIABETES, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING FY 2019, CHRISTUS SANTA R OSA ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES A UGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE

# Return Explanation Reference

990 Schedule O, Supplemental Information

BUSINESS OR FAMILY
RELATIONSHIPS
RELATIONSHIPS
BUSINESS OR FAMILY
RELATIONSHIPS
RELATIONSHIPS
RECAUSE HE SERVES AS MEMBERS OF THE MANAGING BOARD OF CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY
SURGERY CENTER-SAN ANTONIO, LLC KEY EMPLOYEE PATRICIA TONEY HAS A BUSINESS RELATIONSHIP
BECAUSE SHE SERVES AS MEMBERS OF THE MANAGING BOARD OF CHRISTUS SANTA ROSA OUTPATIENT
SURGERY CENTER-NEW BRAUNFELS. LP

Return Explanation
Reference

STOCKHOLDERS

DESCRIPTION FORM 990, PART VI, LINE 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING
OF CLASSES OF ORGANIZATION
MEMBERS OR

990 Schedule O, Supplemental Information

Return
Reference

Explanation

DESCRIPTION	FORM 990, PART VI, LINE 7A CHRISTUS HEALTH, THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION,
OF CLASSES	HAS THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BODY
OF PERSONS	
AND THE	
NATURE OF	
THEIR	

RIGHTS

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECS 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, AP POINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRP ERSON OF BOARD OF DIRECTORS, APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURR ENCE OR \$25 MILLION ANNUALLY, APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLIC IES OF THE FILING ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLIC IES OF 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 TRANSACTION BY THE FILING ORGANIZATION APPROVE ANY TRANSACTION 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, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION, APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION ORGANIZATION, APPROVE THE FILING ORGANIZATION OF SISTERS OF CHARITY OF THE FILING ORGANIZATION, APPROVE THE FILING ORGANIZATION OF SISTE

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECS REQUIRING APPR & TYPE OF VOTING RIGHTS	Y 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 M INISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED M INISTRY PROPERTY

Return Reference	Explanation
DESC THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990 THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2020 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, 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 ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

990	Schedule	ο,	Supplemental	Information

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINES 15A & 15B THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS INCLUDING CHRISTUS SANTA ROSA HEALTH CARE CORPORATION 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 OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT 1 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABLLITY 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 RECOMMENDATION STRUCTURE TO ENSURE MARKET COMPENSATION DECISIONS AND INTERNAL EQUITY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DETERMINES THE COMPENSATION DETERMINED AND ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DETERMINES THE COMPENSATION

Return Reference	Explanation
PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T	FORM 990, PART VI, LINE 18 CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST

# 990 Schedule O, Supplemental Information Return Explanation

AVAIL OF	FORM 990, PART VI, LINE 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE
GOV DOCS,	MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATION'S GOVERNING
CONFLICT	DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC
OF	
INTEREST	
POLICY &	
FIN STMTS	
TO GEN	
PUBLIC	

Return

OTHER

Reference FORM 990. PART XI. LINE 9 RELEASE FROM RESTRICTED - CAPITAL \$ (316.774) CONTRIBUTION \$ (89.689) PENSION FUNDING \$ (1.290.590) PENSION LIABILITY/EXPENSE \$ 1.514.046 I/C NET ASSETS -UNRESTRICTED \$ 145.778.673

Explanation

CHANGES IN NET TEMPORARILY RESTRICTED \$ 14,099,796 PERMANENTLY RESTRICTED \$ 992,317 NET CHANGE IN BENEFICIAL ASSETS OR INTEREST \$ (14.278.063) ------ TOTAL \$ 146.409.716 FUND BALANCES

Return Explanation
Reference

FORM 990 DESCRIPTION PHYSICIAN FEES TOTAL FEES 49212384
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION OCCUPANCY TOTAL FEES 14459303
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION REPAIR AND MAINTENANCE TOTAL FEES 5881986
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION BILLING AND COLLECTIONS FEES TOTAL FEES 5792723
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION CONSULTING SERVICES TOTAL FEES 2693318
PART IX
LINE 11G

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION MEDICAL SERVICES TOTAL FEES 348184
PART IX

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990 DESCRIPTION MARKETING TOTAL FEES 33
PART IX

LINE 11G

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION OTHER SERVICES TOTAL FEES 21206718
PART IX

efile GRAPHIC print - Do	NOT PROCESS	As Filed Data -										DLN: 93493	188014	180
SCHEDULE R (Form 990)	<b>&gt;</b> 0	Related (	_		s" on Form	n 990, Parl		_		37.		20	1545-004	17
Department of the Treasury Internal Revenue Service		► Go to <u>ww</u>	w.irs.gov/				e latest info	ormation.					o Public ection	
Name of the organization Christus Santa Rosa Health Care Cor	poration								Emp	loyer identif	ication	number		
- 1 .:6: .:					1.1157		200 5 :			109665				
Part I Identification	of Disregarded E	ntities Complete if	the organ	ization answ	ered "Yes	on Form	990, Part	IV, line 3	J.					
Name, address, and	<b>(a)</b> EIN (if applicable) of disre	egarded entity		( <b>b)</b> Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	sets	<b>(f</b> Direct co ent	introlling	
Part II Identification related tax-exer	of Related Tax-Ex npt organizations di		<b>ıs</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
See Additional Data Table Name, address, an	(a) d EIN of related organizati	on	Prim	(b) ary activity	Legal dom	c) nicile (state	(d) Exempt Cod			(e) harity status	Dir	(f) rect controlling	(g Section	512(b)
					or foreign		n country)		(if section	on 501(c)(3))		entity	(13) cor enti <b>Yes</b>	
For Panerwork Reduction Ac	at Motion con the To-	turstions for Econo				at No. 5013	DEV.				Cal.	edule R (Form	000) 35	110

Schedule R (Form 990) 2018									Page
Part III Identification of Related Organizations Taxable a one or more related organizations treated as a partne			e organizatior	n answered	"Yes" on For	m 990, Part	IV, line 34	because	ıt had
( )	(1.)	( 1)	· / \	(6)	1 , ,	(1.)	T / \	(**)	71.5

			· · · · · /										
(a)		(b)	(c)	(d)	(e)	(f)	(g)	(h		(1)	(j		(k)
Name, address, and EIN of	F	Primary activity	Legal	Direct	Predominant	Share of total		Dispropi			Gener		Percentage
related organization			domicile		income(related,	ıncome	of-year	allocat	tions?	amount in	mana		ownership
			(state or	entity	unrelated, excluded from		assets			box 20 of Schedule K-1	partr	ner/	
			foreign		tax under					(Form 1065)			
			country)		sections 512-					(1 01111 1003)			
					514)								
					·			Yes	No		Yes	No	
(1) CSR PASC SA LLC		ALTHCARE CS	TX	CSRHCC	RELATED	561,793	4,843,648		No			No	57 809 %
333 SN ROS													
SAN ANT, TX 78207													
41-2092141													
(2) CSR OUTPT SRG NB LP		ALTHCARE /CS	TX	CSRHCC	RELATED	6,044,416	12,905,633		No			No	51 534 %
333 SN ROS													
SAN ANTN, TX 78207													
81-0571409													
(3) ALAMO HTS SUR GP		ALTHCARE	TX	CSRHCC	RELATED	0	0		No			No	100 000 %
333 SN ROS	Sv	/CS											
SN ANTN, TX 78207													
46-2683189													
												-	
			_		1		1 1157			200			
Part IV Identification of Related Organization							inswered "Ye	es" on l	Form	990, Part I	v, lin	e 34	
because it had one or more related orga	nızatıons treate	d as a corpo	ration c	r trust durii	ng the tax ye	ar.							
(a)	(b)		(c)		(d)	(e)	(f)		(a)		(h)		(i)

because it had one or more related or	ganizations treated as	a corporation or trust di	uring the tax ye	ar.					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (13) cor enti	512(b) ntrolled
(1)SOUTH TEXAS HEALTH ALLIANCE	HEALTHCARE SVCS	TX	CSRHCC	C Corp	0	-50	100 000 %	Yes	
6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX 78201 74-2782184									
(2)CHRISTUS MUGUERZA SAPI DE CV	HEALTHCARE SVCS	MX	СН	C Corp				Yes	
HIDALGO PTE 2525 COL OBISPADO MONTERREY, N L 64060 MX									
(3)EMERALD ASSURANCE CAYMAN LTD	INSURANCE	CJ	СН	C Corp				Yes	
PO BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0407545									
(4)MCKENNA PROFESSIONAL BLDG OWNER'S ASSOC	BUILDING ASSOC	TX	CSRHCC	C Corp	164,139	16,132	80 000 %	Yes	
598 N UNION STREET SUITE 210 NEW BRAUNFELS, TX 78310 74-2742934									
(5)CHRISTUS LOUISIANA QUALITY ALLIANCE	ACO	LA	СН	C Corp				Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-4618648									<u> </u>
						C-1	hadula B / Farm	200) 20	

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	<b>1</b> e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	

Page **3** 

Schedule R (Form 990) 2018

K	Lease of facilities, equipment, or other assets from related organization(s)	IK	res	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1n	1 Yes	T
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	·	No
o	Sharing of paid employees with related organization(s)	10	Yes	Ī
				T
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	1
				T
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) (g) Share of total end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



Software ID: Software Version:

**EIN:** 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Form 990, Schedule R, Part II - Identification of Relat			1 75	1 7-3	(6)		٠,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Sectio (b)( contr enti	n 512 13) olled
	HITHCARE CVCC	TV	F01/-\/2\	3	CH	Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX LA	501(c)(3) 501(c)(3)	3	СН	Yes Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	nlincare svcs	5		3		165	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	ТХ	501(c)(3)	3	СН	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101	HLTHCARE SVCS	LA	501(c)(3)	3	СН	Yes	
72-0408982	HLTHCARE SVCS	TX	501(c)(3)	3	СН	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	ТХ	501(c)(3)	3	СН	Yes	
2830 CALDER STREET BEAUMONT, TX 77726 76-0591590	HEMICARE SVCS	17		3		165	
524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)	3	СН	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SPT HLTH SVCS	ТХ	501(c)(3)	10	NA		No
1700 WEST LOOP SOUTH STE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	СН	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	ТХ	501(c)(3)	12-Type I	СН	Yes	
1700 WEST LOOP SOUTH STE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	ТХ	501(c)(3)	3	СН	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SPT HLTH SVCS	ТХ	501(c)(3)	12-Type I	СН	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2723391	SPT HLTH SVCS	TX	501(c)(3)	12-Type I	CSRHCC	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-2806531	HLTHCARE SVCS	TX	501(c)(3)	10	CSRHCC	Yes	
2827 BABCOCK ROAD SAN ANTONIO, TX 78229 73-1655493	SPT HLTH SVCS	ТХ	501(c)(3)	10	CSRHCC	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-2798043	SPT HLTH SVCS	TX	501(c)(3)	12-Type I	СН	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(c)(4)		СН	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(c)(3)	3	СН	Yes	
1 INTL CTR 100 NE LP 410 706 SAN ANTONIO, TX 78216 74-1224362	FUNDRAISING	TX	501(c)(3)	7	CSRHCC	Yes	
PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	ТХ	501(c)(3)	7	СН	Yes	

(d) (e) (f) (q) (c) Name, address, and EIN of related organization Exempt Code Primary activity Legal domicile Public charity Direct controlling Section 512 (state section status entity (b)(13)or foreign country) (if section 501(c) controlled entity? (3)) Yes No

ΤX

ΤX

ΤX

ΤX

ΤX

ΤX

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(C)(4)

501(C)(4)

12-Type II

12-TYPE II

12-TYPE II

СН

СН

СН

cshsc

СН

Yes

Yes

Yes

Yes

Yes

Yes

HEALTH SVCS

HLTHCARE SVCS

HLTHCARE SVCS

IHLTHCARE SVCS

MEDICAID HMO

SPT HLTH SVCS

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

115 AIRPORT ROAD

1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975

700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157

919 HIDDEN RIDGE Drive IRVING, TX 75038 82-2109465

600 ELIZABETH STREET CORPUS CHRISTI, TX 78404

919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-3403356

45-2106295

81-1708177

SULPHUR SPRINGS, TX 75482

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (a) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ALAMO HEIGHTS SURGERY CENTER М 224,218 (1) Accrual (1) ALAMO HEIGHTS SURGERY CENTER 0 544,639 Accrual (2) ALAMO HEIGHTS SURGERY CENTER Q 259,163 **ACCRUAL** (3) C H WILKINSON PHYSICIAN NETWORK L 5.407.029 **ACCRUAL** C H WILKINSON PHYSICIAN NETWORK М **ACCRUAL** (4) 5,407,029 (5) CHRISTUS PEDIATRIC PHYSICIAN GROUP J 856,243 **ACCRUAL** (6) CHRISTUS PEDIATRIC PHYSICIAN GROUP L 80,770 **ACCRUAL** CHRISTUS PEDIATRIC PHYSICIAN GROUP М 80.770 ACCRUAL (7) (8) CHRISTUS PEDIATRIC PHYSICIAN GROUP Q 856,243 **ACCRUAL** DEDICATED SYSTEM SUPPORT INC 0 145,762 **ACCRUAL** (9) **ACCRUAL** (10)DEDICATED SYSTEM SUPPORT INC Q 90,719 С (11)FRIENDS OF SANTA ROSA FOUNDATION 130.223 ACCRUAL (12)SANTA ROSA FAMILY HEALTH CENTER A(IV) **ACCRUAL** 28,500 (13)SANTA ROSA FAMILY HEALTH CENTER J 1,119,236 **ACCRUAL** (14)SANTA ROSA FAMILY HEALTH CENTER L 175,000 **ACCRUAL** (15)SANTA ROSA FAMILY HEALTH CENTER М **ACCRUAL** 235,000 (16) SANTA ROSA FAMILY HEALTH CENTER 0 1,317,602 **ACCRUAL** SANTA ROSA FAMILY HEALTH CENTER Р 642,471 ACCRUAL (17)Q **ACCRUAL** (18)SANTA ROSA FAMILY HEALTH CENTER 1.090.736 (19)CHRISTUS SPOHN HEALTH SYSTEM CORPORATION Μ 641,987 **ACCRUAL** (20) 0 ACCRUAL CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 1,320,382 (21)CHRISTUS SPOHN HEALTH SYSTEM CORPORATION Q 275,896 **ACCRUAL** (22)CH SANTA ROSA PHYSICIAN AMBULATORY SURG CNTR A(IV) 9,747 **ACCRUAL** 

19,494

A(IV)

**ACCRUAL** 

(23)

DEDICATED SYSTEM SUPPORT INC