

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization: **Christus Santa Rosa Health Care Corporation**
 % **STEPHANIE PARKER**
 Doing business as **SEE SCHEDULE O**

D Employer identification number: **74-1109665**

E Telephone number: **(210) 321-8000**

G Gross receipts \$ **735,955,079**

F Name and address of principal officer:
DEAN ALEXANDER
333 N SANTA ROSA STREET
San Antonio, TX 78207

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ **0928**

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ <https://www.christushealth.org/santa-rosa>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALTH MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ROMAN CATHOLIC CHURCH.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4,636
6 Total number of volunteers (estimate if necessary)	6	442
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	239,702
7b Net unrelated business taxable income from Form 990-T, line 39	7b	214,552

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,204,418	6,926,832
9 Program service revenue (Part VIII, line 2g)	691,384,823	727,265,639
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,500	74,070
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,710,903	1,687,241
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	702,308,644	735,953,782
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,984,208	1,262,400
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	242,108,414	262,485,951
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,924,100		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	447,212,848	492,530,618
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	715,305,470	756,278,969
19 Revenue less expenses. Subtract line 18 from line 12	-12,996,826	-20,325,187

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	606,609,494	768,835,908
21 Total liabilities (Part X, line 26)	526,218,896	168,140,400
22 Net assets or fund balances. Subtract line 21 from line 20	80,390,598	600,695,508

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: **2021-05-11**

STEPHANIE PARKER CFO/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ **ERNST & YOUNG US LLP** Check if self-employed PTIN **P01080011**

Firm's address ▶ **2323 VICTORY AVENUE SUITE 2000** Firm's EIN ▶ _____ Phone no. (214) 969-8000

DALLAS, TX 75219

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL AND RELIGIOUS PURPOSES OF ADVANCING, PROMOTING AND SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS WHICH OPERATE AND ARE CONTROLLED IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH, AND PROMOTING EFFICIENT GOVERNANCE AND MANAGEMENT, COOPERATIVE PLANNING AND THE SHARING OF RESOURCES AMONG SUCH HEALTH CARE MINISTRIES. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE CORPORATION'S MISSION SHALL BE TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, AND CONSISTENT THEREWITH, SHALL OPERATE ACCORDING TO THE DOCTRINES, RESOLUTIONS, DECREES AND ETHICAL PRINCIPLES OF THE SPONSORING CONGREGATIONS, AND THE ETHICAL AND RELIGIOUS DIRECTORS FOR CATHOLIC HEALTH CARE SERVICES AS PROMULGATED OR AMENDED FROM TIME TO TIME BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS. IT IS ALSO A PURPOSE OF THE CORPORATION TO AID, LEND FINANCIAL SUPPORT AND AS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 334,173,898 including grants of \$ 0) (Revenue \$ 409,139,533)

See Additional Data

4b (Code:) (Expenses \$ 209,233,827 including grants of \$ 0) (Revenue \$ 171,504,212)

See Additional Data

4c (Code:) (Expenses \$ 119,154,101 including grants of \$ 0) (Revenue \$ 148,287,008)

See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 9,006,785 including grants of \$ 1,262,400) (Revenue \$ 0)

4e Total program service expenses ▶ 671,568,611

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 253,125			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 1,113,615			
	e Government grants (contributions)	1e 5,310,092			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 250,000			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f		6,926,832		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a NET PATIENT SERVICE REVENUE		621110	722,531,946	722,293,652	238,294	
b RENT RELATED TO EXEMPT PURPOSE		531120	3,028,236	3,028,236		
c SUPPORT SERVICES REVENUE		900099	525,000	525,000		
d REBATE		900099	1,180,457	1,180,457		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			727,265,639			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		374			374	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		1,060		1,060		
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities		74,993		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b		1,297		
		c Gain or (loss)	7c		73,696		
	d Net gain or (loss)			73,696		73,696	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
			8b	0			
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	9a		0			
			9b	0			
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	10a		0			
10b			0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a CLINICAL RESEARCH		900099	1,024,441	1,024,441			
b BAR TRANSACTION		900099	609,732	609,732			
c PARKING SERVICES		900099	20,719		20,719		
d All other revenue			31,289	30,941	348		
e Total. Add lines 11a-11d			1,686,181				
12 Total revenue. See instructions			735,953,782	728,692,459	239,702	94,789	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	122,400	122,400		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,140,000	1,140,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	69,929	63,028	6,371	530
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	215,713,867	194,424,413	19,653,765	1,635,689
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,595,829	3,826,172	751,451	18,206
9 Other employee benefits	26,431,405	22,004,975	4,321,722	104,708
10 Payroll taxes	15,674,921	14,444,733	1,122,087	108,101
11 Fees for services (non-employees):				
a Management	0			
b Legal	96,432	54,267	42,165	
c Accounting	18,999	531	18,468	
d Lobbying	14,796		14,796	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,331,469	98,927,822	12,403,647	0
12 Advertising and promotion	2,874,317	27,409	2,846,908	
13 Office expenses	111,649,489	86,252,567	25,366,900	30,022
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,670,410	14,647,180	1,023,230	
17 Travel	531,391	262,601	268,790	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,559,863	710,680	849,183	
20 Interest	16,775,417	16,775,410	7	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	37,583,520	36,701,737	881,783	
23 Insurance	5,827,107	5,827,107		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	120,950,461	120,634,142	316,319	
b PROV FOR UNCOLLECT ACCTS	54,463,072	54,463,072		
c DUES/MEMBERSHIP&SPONSORSHIP	952,273	214,399	737,874	
d UBI TAX EXPENSE	43,966	43,966		
e All other expenses	12,187,636		12,160,792	26,844
25 Total functional expenses. Add lines 1 through 24e	756,278,969	671,568,611	82,786,258	1,924,100
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,943	1	490,653
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	84,476,584	4	97,235,782
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	1,082,798	7	28,963,761
	8 Inventories for sale or use	19,181,392	8	25,999,042
	9 Prepaid expenses and deferred charges	2,754,886	9	7,191,296
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 878,074,719		
	b Less: accumulated depreciation	10b 425,396,419	397,806,489	10c 452,678,300
	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	3,926,135	13	2,062,357
	14 Intangible assets	1,876,124	14	3,170,156
	15 Other assets. See Part IV, line 11	95,502,143	15	151,044,561
16 Total assets. Add lines 1 through 15 (must equal line 34)	606,609,494	16	768,835,908	
Liabilities	17 Accounts payable and accrued expenses	41,707,594	17	46,706,701
	18 Grants payable	0	18	0
	19 Deferred revenue	467,175	19	61,930,241
	20 Tax-exempt bond liabilities	0	20	63,009
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	265,801	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	483,778,326	25	59,440,449
	26 Total liabilities. Add lines 17 through 25	526,218,896	26	168,140,400
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-12,878,933	27	508,003,562
	28 Net assets with donor restrictions	93,269,531	28	92,691,946
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	80,390,598	32	600,695,508	
33 Total liabilities and net assets/fund balances	606,609,494	33	768,835,908	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	735,953,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	756,278,969
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,325,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,390,598
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	11,401,201
9	Other changes in net assets or fund balances (explain in Schedule O)	9	529,228,896
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	600,695,508

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Software ID:**Software Version:****EIN:** 74-1109665**Name:** Christus Santa Rosa Health Care Corporation

Form 990 (2019)

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 SAN MARCOS 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 OUTPATIENT SURGERY CENTER - NEW BRAUNFELS AND CHRISTUS SANTA ROSA PHYSICIAN AMBULATORY SURGERY CENTER - SAN ANTONIO. BOTH AMBULATORY SURGERY CENTERS 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 2020 ALONE, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 178,159 VISITS TO OUR EMERGENCY DEPARTMENT; 6,566 INPATIENT SURGERY PROCEDURES; 11,947 OUTPATIENT SURGERY VISITS; 31,189 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE; AND 311,895 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 GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2012), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING. COMMUNITY BENEFIT, REPORTED AS UNPAID 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 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 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 TO THEIR BENEFITS. THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS. FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME.

Form 990, Part III, Line 4c:

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 SCHEDULE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES HANKINS MD PRESIDENT & DIRECTOR	40.0 0.0	X		X				0	1,103,186	319,572
DOMINIC DOMINGUEZ REGIONAL CEO	20.0 20.0				X			0	1,198,135	181,273
CRIS DASKEVICH CEO CHOSA	40.0 0.0	X		X				0	1,005,878	200,714
Dean Alexander Dir/Pres/CEO	40.0 0.0	X		X				0	815,807	146,466
Kenneth Davis MD chief medical officer	40.0 0.0				X			0	759,986	93,461
Ian Thompson Pres. & VP Market Oncology	40.0 0.0				X			0	608,862	91,032
Patricia Toney VP/Chief Nurse Executive	40.0 0.0				X			0	558,999	109,748
Patrick B Carrier FORMER PRES/CEO (term 03/2015)	0.0 40.0						X	0	644,670	2,720
CRYSTAL KOHANKE VP-HUMAN RESOURCES	40.0 0.0				X			0	464,849	180,039
Jim Wesson VP/New Braunfels	40.0 0.0				X			0	464,844	125,802

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LindaMary KKirks CFO/BOARD TREAS. (TERM 12/19)	40.0 0.0			X				0	561,350	25,183
JOHN BEL VP/CHIEF DEV OFFICER	40.0 0.0				X			0	385,895	52,077
Eileen Huss Chief Nursing Officer	40.0 0.0				X			0	350,759	53,528
Karen Bryant VP - Strategy - Bus Development	40.0 0.0				X			0	329,562	52,836
STEPHANIE A PARKER CFO/COO	40.0 0.0				X			0	344,126	32,729
Angela Lambert Chief Nsg Ofcr Medical Center	40.0 0.0				X			0	282,826	76,872
David Mier CFO-Childrens Hospital of SA	40.0 0.0				X			0	325,015	26,076
Rhonda Thompson chief nursing officer	40.0 0.0				X			0	329,387	6,302
Dennis Gonzales VP Mission Integration	40.0 0.0				X			0	249,852	60,077
CARLA MORENO VP, PATIENT PLACEMENT	40.0 0.0				X			0	287,107	19,993

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROXANNE R JENKINS DIR.-CLIN INTRGR TIN-COMPLAINCE	40.0 0.0					X		212,222	0	37,089
TERRY KYLE VP - FOUNDATION	40.0 0.0					X		237,135	0	10,452
MICHAEL J DAVIS VP-FINANCE WESTOVER HILLS	40.0 0.0				X			0	202,441	28,962
William M Johnson CHIEF NURSING OFFICER	40.0 0.0				X			0	186,513	41,891
Alexis Arel VP OF Finance	40.0 0.0				X			0	209,758	10,823
Jodee M Kerestes DIRECTOR CANCER SVCS BUS DEV	40.0 0.0					X		191,788	0	21,744
SHERYL L SULLIVAN DIRECTOR OF RISK MANAGEMENT	40.0 0.0					X		178,970	0	29,469
DAVID GLAZENER VP FINANCE	40.0 0.0				X			0	182,929	20,649
VLADIMIR H DVORKIN DEPARTMENT DIRECTOR	40.0 0.0					X		179,538	0	15,186
Karla L Stokes VP of Finance	40.0 0.0				X			0	175,906	2,264

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tammy Rivers Secretary	40.0 0.0			X				66,459	0	3,470
YOLANDA SANTOSDR PH DIRECTOR (TERM 12/19)	1.0 0.0	X						0	0	0
Jelynne Leblanc-Burley Director	1.0 0.0	X						0	0	0
DR Roberto San Martin MD Director (TERM 12/19)	1.0 0.0	X						0	0	0
Miguel Ybarra Director (TERM 12/19)	1.0 0.0	X						0	0	0
J Michael Belz vice chair	1.0 0.0	X		X				0	0	0
Elaine Mendoza Director/Chair	1.0 0.0	X		X				0	0	0
CHARLIE AMATO DIRECTOR	1.0 0.0	X						0	0	0
DAVID HENKES MD MED STF PRES/DIR	1.0 0.0	X						0	0	0
GARY ARTHUR DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA CAMPOS DIRECTOR	1.0 0.0	X						0	0	0
PAT FROST DIRECTOR	1.0 0.0	X						0	0	0
SR CINDY STACY DIRECTOR	1.0 0.0	X						0	0	0
SR HANNA PARADOWSKA DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Santa Rosa Health Care Corporation

Employer identification number
74-1109665

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Christus Santa Rosa Health Care Corporation	Employer identification number 74-1109665
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		14,796
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			14,796
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1G	LOBBYING DESCRIPTION At the state level, had direct contact with members and staff of the executive branch, and members of the Texas Legislature and 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 education, trauma network and services, local provider participation funds, opioid abuse, the Public Information Act, maternal health, childrens health issues, behavioral 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. We have also been engaged with our legislators on all matters related to COVID-19, which include such issues as staffing, Remdesivir, Emergency Rules and Orders, Testing, Reporting Requirements, and PPE. 61 executive hours. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-20.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
Christus Santa Rosa Health Care Corporation

Employer identification number
74-1109665

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,821,184		29,821,184
b Buildings		545,464,895	221,067,792	324,397,103
c Leasehold improvements		11,153,165	5,946,101	5,207,064
d Equipment		250,857,639	186,245,981	64,611,658
e Other		40,777,836	12,136,545	28,641,291
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				452,678,300

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(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' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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 answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN SUPPORTING ORGS	85,800,958
(2) ROU TRANSACTIONS	54,635,318
(3) DEFERRED RENT	5,928,245
(4) DEFERRED LEASE INCENTIVE ASSET	114,986
(5) OTHERS	4,565,054
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	151,044,561

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	22,520
(2) L/T PORTION-CAPITAL LEASE BLDG	48,962,260
(3) CP LEASE LIABILITY	9,975,250
(4) STATE SALES TAX PAYABLE	197,368
(5) FRANCHISE TAX PAYABLE	103,061
(6) OTHER	179,990
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	59,440,449

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 74-1109665

Name: Christus Santa Rosa Health Care Corporation

Supplemental Information

Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2020 AND 2019.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Christus Santa Rosa Health Care Corporation

Employer identification number
 74-1109665

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 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. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
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.		
4 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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c 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 eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,471,408		35,471,408	5.050 %
b Medicaid (from Worksheet 3, column a)			211,006,156	167,954,943	43,051,213	6.130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			246,477,564	167,954,943	78,522,621	11.180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	62,792	2,557,223		2,557,223	0.360 %
f Health professions education (from Worksheet 5)	5	527	376,589		376,589	0.050 %
g Subsidized health services (from Worksheet 6)	2	0	1,115,027		1,115,027	0.160 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	0	4,886,285		4,886,285	0.700 %
j Total. Other Benefits	31	63,319	8,935,124		8,935,124	1.270 %
k Total. Add lines 7d and 7j	31	63,319	255,412,688	167,954,943	87,457,745	12.450 %

Part III 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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	2		71,660		71,660	0.010 %
8 Workforce development						
9 Other						
10 Total	2		71,660		71,660	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 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 54,463,072	
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.	3 367,493	
4 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

5 Enter total revenue received from Medicare (including DSH and IME)	5 113,412,704
6 Enter Medicare allowable costs of care relating to payments on line 5	6 118,416,409
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -5,003,705
8 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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
b 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? Describe in Part VI	9b Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CH SNRSA OTPT SGY NB	OUTPATIENT SURGERY CENTER	51.284 %		41.72 %
2 CR SN RS PH AB SG CT	SURGERY CENTER	57.809 %		27.96 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 15

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): see part v, section c _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): see part v, section c _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): see part v, section c _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name 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	

Part VI Supplemental Information

Provide 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 Needs assessment.** 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 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** 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 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	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

Form and Line Reference	Explanation
PART I, LINE 7B	UNREIMBURSED MEDICAID CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REINVESTS ALL SURPLUS FUNDS BACK INTO 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)	<p>PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN(A) IS \$756,278,969. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$54,463,072. THIS LEAVES A TOTAL EXPENSE OF \$701,815,897 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 36.39%, 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 \$4,886,285 IN CASH AND IN-KIND CONTRIBUTIONS DURING FISCAL YEAR 2020. 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 HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALING \$322,000 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 \$4,694,671 IS INCLUDED IN SCHEDULE H, PART I, LINE 7(I). PART I, LINE 7 LINE 7A: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B: 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 EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7I: ACTUAL EXPENSE OF THE CONTRIBUTIONS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II	<p>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, 2020 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 2020, 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 1	<p>BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE 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.</p>

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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, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 3	<p>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 IDENTIFY PATIENTS THAT LIKELY QUALIFY 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 QUALIFY 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 586, WHICH IS A PREDICTOR DEFINING THE LIKELY SOCIOECONOMIC 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 ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE. DURING THE FISCAL YEAR ENDING JUNE 30, 2020, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 3.73% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THESE AMOUNTS WERE NOT REPORTED AS BAD DEBT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2020. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 0.67% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2020 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.</p>

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Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	<p>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."</p>

990 Schedule H, Supplemental Information

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 (5,003,705) IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	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 CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT THE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S FY 2020 COMMUNITY BENEFIT PLAN IS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY THE BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE IN 2019. 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 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, BAPTIST HEALTH SYSTEM, METHODIST HEALTHCARE SYSTEM, UNIVERSITY HEALTH SYSTEM, COMMUNITY FIRST HEALTH PLANS, METHODIST HEALTHCARE MINISTRIES, THE YMCA OF GREATER SAN ANTONIO, AND VARIOUS LOCAL UNIVERSITIES. THE HEALTH COLLABORATIVE HAS COMMISSIONED THE COMMUNITY HEALTH NEEDS ASSESSMENT APPROXIMATELY EVERY THREE YEARS DATING BACK TO 1998. THE 2019 HEALTH COLLABORATIVE CHNA WAS CONDUCTED AND THEN RELEASED IN A 3-PHASE FORMAT. PHASE 1 OF THE ASSESSMENT RELIES ON TRADITIONAL PUBLIC HEALTH SOURCES TO CONSTRUCT OUTCOME INDICATORS OF COMMUNITY HEALTH. THESE FINDINGS ARE LABELED AS HEALTH OUTCOMES. PHASE 2 RELIES ON THE BEXAR COUNTY COMPONENT OF THE BEHAVIOR RISK FACTOR SURVEILLANCE (BRFSS) ADMINISTERED BY THE CENTERS FOR DISEASE CONTROL (CDC) AND OTHER SOURCES OF INFORMATION THAT PERTAIN TO THE COUNTY. INDICATORS OF BEHAVIORS THAT PROMOTE GOOD HEALTH OUTCOMES AND THAT ELEVATE THE RISK OF POOR HEALTH OUTCOMES ARE INCLUDED IN PHASE 2 AND ARE LABELED AS HEALTH BEHAVIORS. IN ADDITION TO THE DATA COLLECTION, CHRISTUS SANTA ROSA HEALTH CORPORATION PARTICIPATED IN COMMUNITY FOCUS GROUP MEETINGS AND NEIGHBORHOOD MEETINGS TO ALLOW RESIDENTS TO PROVIDE INSIGHT INTO THEIR COMMUNITIES. FINALLY, PHASE 3 IS THE ROBUST REVIEW AND ANALYSIS OF THE DATA COLLECTED - BOTH QUANTITATIVE AND QUALITATIVE - AND THE COMPILATION AND RELEASE OF THE REPORT. THE HEALTH COLLABORATIVE HAS BEEN RECOGNIZED AS A NATIONAL BEST PRACTICE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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.</p>

990 Schedule H, Supplemental Information

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 SIX HOSPITAL CAMPUSES (MEDICAL CENTER, WESTOVER HILLS, ALAMO HEIGHTS, NEW BRAUNFELS, SAN MARCOS, AND THE CHILDREN'S HOSPITAL OF SAN ANTONIO). IT SERVICES THE SOUTHWESTERN BORDER OF TEXAS AND INTO THE CENTRAL TEXAS HILL COUNTRY. THE AREA COMPRISES A POPULATION OF MORE THAN 2.3 MILLION INDIVIDUALS. THE POPULATION CONSISTS OF 63.20% HISPANIC AND 36.80% NON-HISPANIC. THE MEDIAN INCOME FOR THE CITY OF SAN ANTONIO IS \$57,157, AND 89% OF THE POPULATION HAS ACHIEVED A HIGH SCHOOL DIPLOMA.

Form and Line Reference	Explanation
PART VI, LINE 5	<p>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 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; AND (5) CHRISTUS SANTA ROSA NEW BRAUNFELS, LOCATED IN NEW BRAUNFELS, TEXAS. (6) CHRISTUS SANTA ROSA SAN MARCOS, LOCATED IN SAN MARCOS, TEXAS CHRISTUS SANTA ROSA HEALTH CARE CORPORATION'S OTHER HEALTH FACILITIES INCLUDE CHRISTUS SANTA ROSA FAMILY HEALTH CENTER, A CLINICAL OUTPATIENT CARE ORGANIZATION 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 AMBULATORY SURGERY CENTERS-SAN ANTONIO, WHICH HAS 3 LOCATIONS. THE ORGANIZATION ALSO OWNS A PARTIAL INTEREST IN NEW BRAUNFELS SURGICAL CENTER, LLC. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION IS ALSO ONE OF THE COLLABORATING PARTNERS IN BEXAR COUNTY CLINICAL SERVICES, INC. WHICH PROVIDE PHYSICIAN AND OTHER HEALTH CARE SERVICES TO MEDICAID AND INDIGENT PATIENTS. EACH OF THE FACILITIES OF CHRISTUS SANTA ROSA SHARES ONE OBJECTIVE - TO LEAD THE WAY TO A HEALTHIER COMMUNITY. EACH OF THE SIX HOSPITALS 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. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION WORKS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, OFFERING CONVENIENT LOCATIONS FOR PRIMARY CARE THROUGH FAMILY HEALTH CLINICS AND MOBILE HEALTH CLINICS. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION OFFERS SERVICES SUCH AS: COMPREHENSIVE PEDIATRIC CARE, INCLUDING A LEVEL IV NEONATAL INTENSIVE CARE UNIT 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 FOR UP TO TWO INFANTS IN THE NICU; THE CHRISTUS TRANSPLANT INSTITUTE (CTI); 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); A COMPREHENSIVE CANCER PROGRAM; 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. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION COLLABORATES WITH COMMUNITIES, CHURCHES, AND OTHER HEALTH CARE ORGANIZATIONS TO PROVIDE COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES AND PROACTIVE HEALTHCARE 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 ADDRESSED 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 THE INITIATIVES OF THE HEALTH COLLABORATIVE. THE PLAN FOCUSES ON COMMUNITY INITIATIVES THAT CAN IMPACT FAMILY MEMBERS OF ALL AGES WITH DIABETES, HEART DISEASE, OBESITY AND CANCER. THESE INITIATIVES ARE PROVIDED THROUGH A PEDIATRIC MOBILE CLINIC, SCHOOL-BASED HEALTH CENTERS, 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 EFFORTS ARE TO PROVIDE APPLICATION ASSISTANCE TO MEDICAID/CHIP PATIENTS TO ENSURE HEALTH CARE OPPORTUNITIES ARE OFFERED TO WOMEN AND CHILDREN. WOMEN, IN</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>FANT AND CHILDREN (WIC) SERVICES PROVIDE NUTRITION/BREASTFEEDING EDUCATION AND FOOD VOUCHERS TO HELP DECREASE THE INCIDENCE OF LOW BIRTH WEIGHT INFANTS AND IMPROVE INFANT 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 COMPRISED 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 MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. LOCAL EXPERIENCE AND OTHER EDUCATION FOR ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS. INDIVIDUALS EMPLOYED AND AFFILIATED WITH CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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, CHILE AND COLOMBIA. A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING CHRISTUS SANTA ROSA HEALTH CARE 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 SANTA ROSA HEALTH CARE 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	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

Additional Data

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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHRISTUS SANTA ROSA NEW BRAUNFELS 600 N UNION AVENUE NEW BRAUNFELS, TX 78130 www.christushealth.org/santa-rosa 000339	X	X					X			A
2	CHRISTUS SANTA ROSA WESTOVER HILLS 11212 State Highway 151 SAN ANTONIO, TX 78251 www.christushealth.org/santa-rosa 100165	X	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	X	X					X			A
5	Children's Hospital of San Antonio 333 N Santa Rosa Street SAN ANTONIO, TX 78207 www.chofsa.org 100166	X	X	X	X		X	X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
6	CHRISTUS SANTA ROSA SAN MARCOS 1301 Wonder World Drive SAN MARCOS, TX 78666 www.christushealth.org 100514	X	X					X			

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
<p>SCHEDULE H, PART V, SECTION B, LINE 3E</p>	<p>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, AND Behavioral Health and Mental Well Being. CSRHS ANTICIPATES 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 U.S. CENSUS, CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, TEXAS DEPARTMENT OF STATE HEALTH SERVICES, SAN ANTONIO METROPOLITAN HEALTH DISTRICT, AND NOWDATA. TYPES OF DATA INCLUDED PUBLIC HEALTH DISEASE SURVEILLANCE DATA, HOSPITALIZATION RECORDS, VITAL STATISTICS BASED ON BIRTH AND DEATH DATA, AND SELF-REPORTS OF HEALTH BEHAVIORS FROM LARGE, POPULATION-BASED SURVEYS, SUCH AS THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND YOUTH RISK BEHAVIOR SURVEY. WHEN POSSIBLE, DATA WAS PROVIDED DOWN TO THE SUBSECTOR LEVEL TO PROVIDE RELEVANT INFORMATION FOR MORE GRANULAR GEOGRAPHIC AREAS WITHIN BEXAR COUNTY. TO COMPLIMENT THESE QUANTITATIVE DATA, QUALITATIVE INFORMATION WAS COLLECTED FROM FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED WITH PEOPLE FROM ACROSS BEXAR COUNTY, AND WITH A RANGE OF INDIVIDUALS REPRESENTING DIFFERENT AUDIENCES, INCLUDING RESIDENTS, FAITH COMMUNITIES, SOCIAL SERVICE PROVIDERS, HOSPITAL ADMINISTRATORS, COUNTY AND LOCAL GOVERNMENT OFFICIALS, AND PUBLIC HEALTH LEADERS. ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED OVER 280 INDIVIDUALS. IN COMAL COUNTY, THE ASSESSMENT USES A MODEL ADAPTED FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS ENTITLED MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS. THE MAPP ASSESSMENTS AND THE ISSUES THEY ADDRESS PROVIDE A DEEPER UNDERSTANDING OF THE ISSUES THAT RESIDENTS FEEL ARE IMPORTANT BY ANSWERING THE QUESTIONS. THE QUESTIONS WERE EXPLORED IN 2 WAYS. FIRST, A SERIES OF 7 FOCUSED GROUP DISCUSSIONS INVOLVING MORE THAN 100 PARTICIPANTS WAS CONDUCTED TO IDENTIFY KEY ISSUES FOR THE COMMUNITY. THIS PROCESS ALSO YIELDED A ROSTER OF INTERESTED AND ACTIVE PERSONS WHO WERE LATER INVITED TO PARTICIPATE IN AN ONLINE SURVEY DESIGNED TO ASSESS THE DEGREE OF CONCERN ABOUT EACH KEY ISSUE AND RANK THE TOP FOUR CONCERNS WITHIN EACH OF FOUR ISSUE AREAS. THE RESULTS OF THIS ASSESSMENT WERE USED TO GUIDE ADDITIONAL DATA COLLECTION. NEARLY 200 PERSONS REPRESENTING A BROAD CROSS SECTION OF THE COMMUNITY'S KEY INFORMANTS RESPONDED TO THE ONLINE SURVEY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINES 6a & 6b</p>	<p>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://WWW.CHRISTUSHEALTH.ORG/CHNA-CHIP</p>

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
SCHEDULE H, PART V, SECTION B, LINE 10A	<p>THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS: 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, AND BEHAVIORAL AND MENTAL WELLNESS PROGRAMS. CSRHS ANTICIPATES MEETING ALL OF THE NEEDS IDENTIFIED.</p>
SCHEDULE H, PART V, SECTION B, LINE 13A	<p>DETERMINATION OF ELIGIBILITY FOR DISCOUNTED CARE 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 GUIDELINES 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 QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS.</p>

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
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.christushealth.org/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.
SCHEDULE H, PART V, SECTION B, LINE 17	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 18F 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 20E 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 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
SCHEDULE H, PART V, SECTION B, LINE 22B	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 6/30/20 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 45% of charges for the relevant service line. Patients eligible for additional financial assistance were charged no more than the average rate (for income levels from 301% to 400% of the FPL) or received free care (for incomes at or below 300% of the FPL). For lab services, eligible patients were charged a percentage of the Medicare rate.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Christus Santa Rosa Health Care Corporation

Employer identification number 74-1109665

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BEXAR COUNTY CLINICAL SERVICES	1	1,140,000			INDIGENT CARE
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization Christus Santa Rosa Health Care Corporation	Employer identification number 74-1109665
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a Yes									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part III Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	<p>FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS. COMPANION TRAVEL FORM 990, SCHEDULE J, PART I, LINE 1A TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS. 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 CHRISTUS 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 \$631,410 MICHAEL J. DAVIS \$59,241 SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN. BONUS AND INCENTIVE COMPENSATION FORM 990, SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2019. 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.</p>

Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1David Mier CFO-Childrens Hospital of SA	(i)	0	0	0	0	0	0	0
	(ii)	250,865	73,450	700	9,800	16,276	351,091	0
1Patricia Toney VP/Chief Nurse Executive	(i)	0	0	0	0	0	0	0
	(ii)	351,206	141,207	66,586	102,798	6,950	668,747	0
2Jim Wesson VP/New Braunfels	(i)	0	0	0	0	0	0	0
	(ii)	320,654	113,135	31,055	116,393	9,409	590,646	0
3ROXANNE R JENKINS DIR.-CLIN INTRGR TIN- COMPLAINCE	(i)	188,123	21,866	2,233	36,099	990	249,311	0
	(ii)	0	0	0	0	0	0	0
4TERRY KYLE VP - FOUNDATION	(i)	200,657	36,077	401	8,610	1,842	247,587	0
	(ii)	0	0	0	0	0	0	0
5Patrick B Carrier FORMER PRES/CEO (term 03/2015)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	644,670	2,720	0	647,390	0
6STEPHANIE A PARKER CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	235,438	107,988	700	19,658	13,071	376,855	0
7Alexis Arel VP OF Finance	(i)	0	0	0	0	0	0	0
	(ii)	164,600	45,008	150	0	10,823	220,581	0
8Karen Bryant VP - Strategy - Bus Development	(i)	0	0	0	0	0	0	0
	(ii)	234,014	78,701	16,847	44,843	7,993	382,398	0
9Kenneth Davis MD chief medical officer	(i)	0	0	0	0	0	0	0
	(ii)	436,066	185,393	138,527	79,186	14,275	853,447	0
10Dennis Gonzales VP Mission Integration	(i)	0	0	0	0	0	0	0
	(ii)	188,300	60,423	1,129	46,682	13,395	309,929	0
11Eileen Huss Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	217,618	94,963	38,178	44,930	8,598	404,287	0
12Ian Thompson Pres. & VP Market Oncology	(i)	0	0	0	0	0	0	0
	(ii)	351,191	224,462	33,209	80,609	10,423	699,894	0
13Rhonda Thompson chief nursing officer	(i)	0	0	0	0	0	0	0
	(ii)	234,917	94,470	0	0	6,302	335,689	0
14Dean Alexander Dir/Pres/CEO	(i)	0	0	0	0	0	0	0
	(ii)	513,368	302,439	0	135,694	10,772	962,273	0
15LindaMary K Kirks CFO/BOARD TREAS. (TERM 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	364,112	155,977	41,261	9,800	15,383	586,533	0
16Jodee M Kerestes DIRECTOR CANCER SVCS BUS DEV	(i)	168,167	23,421	200	7,105	14,639	213,532	0
	(ii)	0	0	0	0	0	0	0
17MICHAEL J DAVIS VP-FINANCE WESTOVER HILLS	(i)	0	0	0	0	0	0	0
	(ii)	87,843	48,529	66,069	21,995	6,967	231,403	0
18Angela Lambert Chief Nsg Ofcr Medical Center	(i)	0	0	0	0	0	0	0
	(ii)	190,186	67,737	24,903	68,165	8,707	359,698	0
19CHARLES HANKINS MD PRESIDENT & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	683,230	419,816	140	310,329	9,243	1,422,758	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21CRIS DASKEVICH CEO CHOSA	(i)	0	0	0	0	0	0	0
	(ii)	555,076	419,816	30,986	185,027	15,687	1,206,592	0
1CRYSTAL KOHANKE VP-HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	331,769	131,867	1,213	165,830	14,209	644,888	0
2JOHN BEL VP/CHIEF DEV OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	277,176	108,069	650	43,722	8,355	437,972	0
3DOMINIC DOMINGUEZ REGIONAL CEO	(i)	0	0	0	0	0	0	0
	(ii)	692,831	370,892	134,412	172,407	8,866	1,379,408	0
4DAVID GLAZENER VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	140,361	41,418	1,150	6,962	13,687	203,578	0
5CARLA MORENO VP, PATIENT PLACEMENT	(i)	0	0	0	0	0	0	0
	(ii)	195,487	91,570	50	9,800	10,193	307,100	0
6VLADIMIR H DVORKIN DEPARTMENT DIRECTOR	(i)	161,995	17,358	185	4,330	10,856	194,724	0
	(ii)	0	0	0	0	0	0	0
7SHERYL L SULLIVAN DIRECTOR OF RISK MANAGEMENT	(i)	160,274	18,646	50	27,392	2,077	208,439	0
	(ii)	0	0	0	0	0	0	0
8William M Johnson CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	146,717	39,096	700	29,096	12,795	228,404	0
9Karla L Stokes VP of Finance	(i)	0	0	0	0	0	0	0
	(ii)	119,084	10,000	46,822	0	2,264	178,170	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Christus Santa Rosa Health Care Corporation

Employer identification number
74-1109665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of Other Program Services	<p>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 CHRISTUS Oncology - Medical Center CHRISTUS Oncology - New Braunfels CHRISTUS Oncology - Westover Hills CHRISTUS SANTA ROSA CARDIOTHORACIC CENTER CHRISTUS SANTA ROSA CHILDREN'S HOSPITAL CH RISTUS SANTA ROSA DIAGNOSTIC SERVICES - SAN MARCOS CHRISTUS Santa Rosa Emergency Center - Creekside CHRISTUS Santa Rosa Emergency - Bandera CHRISTUS Santa Rosa Emergency Center - A Ion CHRISTUS Santa Rosa Emergency Center - Bitters CHRISTUS SANTA ROSA EMERGENCY CENTER - BANDERA CHRISTUS SANTA ROSA EMERGENCY CENTER NEW BRAUNFELS CHRISTUS SANTA ROSA EMERGENCY C ENTER CHRISTUS SANTA ROSA HEALTH SYSTEM CHRISTUS SANTA ROSA HOSPICE - SAN MARCOS CHRISTUS SANTA ROSA HOSPITAL - ALAMO HEIGHTS CHRISTUS SANTA ROSA HOSPITAL - NEW BRAUNFELS Christus Santa Rosa Hospital - San Marcos Christus Santa Rosa Hospital - San Marcos Hospice CHRISTU S SANTA ROSA HOSPITAL - WESTOVER HILLS CHRISTUS SANTA ROSA HOSPITAL CHRISTUS Santa Rosa Ho spital Alamo Heights Outpatient Surgery Center CHRISTUS SANTA ROSA IMAGING CENTER - ALAMO HEIGHTS CHRISTUS Santa Rosa Hospital - Medical Center CHRISTUS SANTA ROSA MEDICAL CENTER C HRISTUS Santa Rosa Neurosurgical Spine CHRISTUS Santa Rosa Orthopaedics & Sports Medicine CHRISTUS SANTA ROSA PHYSICIANS AMBULATORY SURGERY CENTER ALAMO HEIGHTS CHRISTUS SANTA ROSA Quality Care Alliance CHRISTUS Santa Rosa Specialty Clinic New Braunfels CHRISTUS SANTA R OSA REHABILITATION SERVICES Christus Santa Rosa Sleep Lab - San Marcos Christus Santa Rosa Spine Center Christus Santa Rosa Surgical Solutions - Westover Hills Christus Santa Rosa Wound Care and Hyperbaric Center The Children's Hospital of San Antonio The Children's Hos pital of San Antonio - Multispecialty Center The Children's Hospital of San Antonio CHRIST US Health - Health Pavilion Stone Oak The Children's Hospital of San Antonio Emergency Cen ter - Bandera The Children's Hospital of San Antonio Specialty Care Center CHRISTUS TRANSP LANT INSTITUTE CHRISTUS WEIGHT LOSS INSTITUTE - WESTOVER HILLS PT Solutions - Christus San ta Rosa Health System SPINAL AND THORACIC TREATMENT AND RESEARCH CENTER (STTAR CENTER) DES CRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHR ISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERIN G QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER , WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PL ACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN T O PROGRAMS THAT SUPPORT AND BE</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
Description of Other Program Services	<p>NEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS, OUTREACH PROGRAMS FOR CHILDREN AND SENIORS, HEALTH EDUCATION, AIR AMBULANCE AND A VARIETY OF OTHER 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 DIRECTORS APPROVED THE FUNDING OF THE CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES. THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS. THE INCOME THAT 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 SANTA ROSA HEALTH CARE CORPORATION. CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE MISSION, VISION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. DURING FY 2020, THE TOTAL GRANT MONEY DISTRIBUTED BY CHRISTUS HEALTH TO THE CHRISTUS SANTA ROSA HEALTH CARE CORPORATION REGION WAS \$322,000. THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES FOR CHRISTUS SANTA ROSA HEALTH CARE CORPORATION. SEVERAL CHRISTUS REGIONS PROVIDE INDIGENT FUNDING DONATIONS OR "GRANTS" TO AID THE COUNTIES IN WHICH THEY, OR ANOTHER CHRISTUS REGION, SERVE. SUCH GRANTS MAY BE PAID TO THE COUNTY DIRECTLY OR VIA ANOTHER HOSPITAL OR HEALTHCARE ORGANIZATION IN THE AREA. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT CHRISTUS MAY NOT DIRECTLY SERVE IN ONE OF OUR HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED. DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of Other Program Services	SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS USED FOR EDUCATING HEALTH PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE, AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. CHRISTUS SANTA ROSA HEALTH CARE CORPORATION ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO INCREASE ACCESS TO HEALTH CARE, SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, HEART DISEASE, DIABETES, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES. DURING F Y 2020, CHRISTUS SANTA ROSA ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS OR FAMILY RELATIONSHIPS	FORM 990, PART VI, LINE 2 OFFICER AND DIRECTOR DEAN ALEXANDER AND KEY EMPLOYEE KENNETH DAVIS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY SERVE 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>DESCR CLASSES OF PERSONS, DECS REQUIRING APPR & TYPE OF VOTING RIGHTS</p>	<p>FORM 990, PART VI, LINE 7B CHRISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS: APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION; APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS; APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS; APPOINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS; APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY; APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION; APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION; APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION; APPROVE CAPITAL PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION; APPROVE ANY 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 OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY; AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS. THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS: POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION; APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION; APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION; APPROVE THE FILING ORGANIZATION'S BUDGET; SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION. THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS, THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (SAN ANTONIO), AND ONE SISTER FROM THE SISTERS OF THE HOLY FAMILY OF NAZARETH. THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS: APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION; APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECS REQUIRING APPR & TYPE OF VOTING RIGHTS	OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION; AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY.

990 Schedule O, Supplemental Information

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 2021 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.

990 Schedule O, Supplemental Information

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 O, Supplemental Information

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	<p>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 COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS. THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD. THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION. BASED ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T	FORM 990, PART VI, LINE 18 CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE 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 Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. CASH - NON-BEARING INTEREST FORM 990, SCHEDULE D, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM. THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS. EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY. CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING. CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 I/C PAYABLE \$ 480,750,014 UNRESTRICTED NET ASSETS \$ 39,918,382 CONTRIBUTIONS \$ 10,057,259 NONCONTROLLING INTEREST \$ 143,513 PENSION FUNDING \$ 60,304 ROUNDING \$ 3 RESTRICTED NET ASSETS \$ (1,700,579) ----- TOTAL \$ 529,228,896

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:57738010

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIR AND MAINTENANCE TOTAL FEES:18010297

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: BILLING AND COLLECTIONS FEES TOTAL FEES: 6348075

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:2135338

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:662711

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MARKETING TOTAL FEES:41384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OCCUPANCY TOTAL FEES:41169

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER SERVICES TOTAL FEES:26354485

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Santa Rosa Health Care Corporation

Employer identification number

74-1109665

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CSR PASC SA LLC 333 SN ROS SAN ANT, TX 78207 41-2092141	HEALTHCARE SVCS	TX	CSRHCC	RELATED	1,381,775	11,595,699		No			No	57.809 %
(2) CSR OUTPT SRG NB LP 333 SN ROS SAN ANTN, TX 78207 81-0571409	HEALTHCARE SVCS	TX	CSRHCC	RELATED	5,280,980	11,882,351		No			No	51.284 %
(3) SAN MARCOS MRILP 1330 WDR WLD SNMRCS, TX 78666 77-0597972	HEALTHCARE SVCS	TX	CTHC	RELATED	-115,443	409,289		No			No	58.000 %

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

See Additional Data Table

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		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	Yes	
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1109665
Name: Christus Santa Rosa Health Care Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
2830 CALDER STREET BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SPT HLTH SVCS	TX	501(c)(3)	10	NA		No
1700 WEST LOOP SOUTH STE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	12-Type I	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SPT HLTH SVCS	TX	501(c)(3)	12-Type I	CH	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	TX	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	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(c)(4)		CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(c)(3)	3	CH	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	TX	501(c)(3)	7	CH	Yes	
115 AIRPORT ROAD SULPHUR SPRINGS, TX 75482 81-1708177	HEALTH SVCS	TX	501(c)(3)	3	CH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(c)(3)	12-Type II	CH	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(c)(3)	12-TYPE II	CH	Yes	
919 HIDDEN RIDGE Drive IRVING, TX 75038 82-2109465	HLTHCARE SVCS	TX	501(c)(3)	12-TYPE II	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(C)(4)		cshsc	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-3403356	SPT HLTH SVCS	TX	501(C)(4)		CH	Yes	
1301 WONDER WORLD DR SAN MARCOS, TX 78666 45-3739929	SUPPORT	TX	501(C)(3)	12-TYPE I	CSRHCC	Yes	
1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 20-8814408	HLTHCARE SVCS	TX	501(C)(3)	3	CTHC	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	CTMFHS	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SOUTH TEXAS HEALTH ALLIANCE 6243 IH 10 WEST SUITE 480 SAN ANTONIO, TX 78201 74-2782184	HEALTHCARE SVCS	TX	CSRHCC	C Corp	0	-1,547	100.000 %	Yes	
CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N.L. 64060 MX	HEALTHCARE SVCS	MX	CH	C Corp				Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C Corp				Yes	
MCKENNA PROFESSIONAL BLDG OWNER'S ASSOC 598 N UNION STREET SUITE 210 NEW BRAUNFELS, TX 78310 74-2742934	BUILDING ASSOC	TX	CSRHCC	C Corp	183,958	0	80.000 %	Yes	
CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-4618648	ACO	LA	CH	C Corp				Yes	
CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2729873	INACTIVE	TX	CTHC	C CORP				Yes	
CENTRAL TEXAS PROVIDERS NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2827652	HEALTHCARE SVCS	TX	CTHC	C CORP				Yes	
SAN MARCOS REGIONAL MRI INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 77-0597968	HOLDING COMPANY	TX	CTHC	C CORP				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CH WILKINSON PHYSICIAN NETWORK	A(IV)	4,552	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	L	10,528,662	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	M	5,423,932	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	P	57,019	ACCRUAL
CHRISTUS PEDIATRIC PHYSICIAN GROUP	A(IV)	681,532	ACCRUAL
CHRISTUS PEDIATRIC PHYSICIAN GROUP	J	872,637	ACCRUAL
CHRISTUS PEDIATRIC PHYSICIAN GROUP	L	138,118	ACCRUAL
CHRISTUS PEDIATRIC PHYSICIAN GROUP	M	138,118	ACCRUAL
CHRISTUS PEDIATRIC PHYSICIAN GROUP	O	363,687	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	J	2,167,273	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	L	207,995	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	M	200,035	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	O	1,301,680	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	P	646,988	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	Q	646,988	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	L	749,718	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	M	1,472,931	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	O	1,277,299	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	P	288,612	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	Q	606,339	ACCRUAL
DEDICATED SYSTEM SUPPORT INC	L	3,462,796	ACCRUAL
DEDICATED SYSTEM SUPPORT INC	M	3,462,796	ACCRUAL
DEDICATED SYSTEM SUPPORT INC	O	143,006	ACCRUAL
DEDICATED SYSTEM SUPPORT INC	P	69,406	ACCRUAL
DEDICATED SYSTEM SUPPORT INC	Q	136,505	ACCRUAL

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FRIENDS OF SANTA ROSA FOUNDATION	C	232,798	ACCRUAL
SANTA ROSA CHILDREN'S HOSPITAL FOUNDATION	C	880,817	ACCRUAL
SPECIALTY PHYSICIANS OF CENTRAL TEXAS INC	L	228,872	ACCRUAL
SPECIALTY PHYSICIANS OF CENTRAL TEXAS INC	M	176,467	ACCRUAL
TRINITY CLINIC	M	72,612	ACCRUAL