

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134104589

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Christus Spohn Health System Corporation

% BECKY RIOS

Doing business as

SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address)

Room/suite

600 Elizabeth Street

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

Corpus Christi, TX 78404

F Name and address of principal officer

Osbert Blow MD

5802 Saratoga Blvd Ste 300

CORPUS CHRISTI, TX 78414

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

0928

I Tax-exempt status

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

J Website: ▶

www.christusspohn.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1965

M State of legal domicile

TX

Part I Summary

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

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

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

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

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

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

6 Total number of volunteers (estimate if necessary)

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

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

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

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

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

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

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

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,397

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

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

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

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

Signature of officer

STEVEN E KING CFO

Type or print name and title

2019-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIR STE 4000

Phone no (317) 681-7000

INDIANAPOLIS, IN 46204

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 271,969,530 including grants of \$ 0) (Revenue \$ 310,305,852)
See Additional Data	

4b	(Code) (Expenses \$ 271,054,628 including grants of \$ 0) (Revenue \$ 259,923,009)
See Additional Data	

4c	(Code) (Expenses \$ 95,099,796 including grants of \$) (Revenue \$ 235,136,225)
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 2,860,486 including grants of \$ 2,960,546) (Revenue \$)	

4e	Total program service expenses ▶ 640,984,440
-----------	---

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	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	21	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	Yes	
28b		No	
28c	Yes		
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	489
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,267
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶BECKY RIOS 5802 SARATOGA BLVD STE 300 CORPUS CHRISTI, TX 78414 (361) 985-5561	

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,229,483	7,068,963	1,081,228

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 238

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 1341 NORTH ROCK HILL ROAD ST LOUIS, MO 63124	CONSTRUCTION Srvcs	95,087,990
CARE INTEGRATED BEHAVIORAL, PO BOX 272000 CORPUS CHRISTI, TX 78427	MEDICAL SERVICES	6,891,912
HOSPITAL HOUSEKEEPING SYSTEMS LLC, 216 EAST 4TH STREET AUSTIN, TX 78701	HOSP HOUSEKEEPING	5,824,335
CAPTURIS, 3103 NYGREN DRIVE MANDAN, ND 58554	UTILITY SERVICES	5,112,584
ARAMARK HEALTHCARE SUPPORT, 27310 NETWORK PLACE CHICAGO, IL 606731273	FOOD SERVICES	4,484,632

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 254

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	0			
	d Related organizations	1d	12,509,630			
	e Government grants (contributions)	1e	1,101,058			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	795,702			
	g Noncash contributions included in lines 1a-1f \$ _____		0			
	h Total. Add lines 1a-1f		14,406,390			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621990	775,103,034	775,063,892	39,142	0
	b CORPORATE SYSTEM OFFICE REVENUE	990009	24,000,000	24,000,000	0	0
	c RENT-EXEMPT FUNCTION	531120	4,846,382	4,846,382	0	0
	d PHARMACY	446110	116,311	116,311	0	0
	e EQUITY IN-UNCONSOL SUBS	900099	1,084,636	1,084,636	0	0
	f All other program service revenue		214,723	214,723		0
	g Total. Add lines 2a-2f		805,365,086			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		62,767			62,767
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses		18,496			
	c Gain or (loss)		19,020			
	d Net gain or (loss)		-524			-524
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a PROPERTY INSURANCE CLAIMS	900099	5,133,107	0		5,133,107	
b VENDING & GIFT SHOP	900099	245,551	0		245,551	
c FOOD SERVICE REVENUE	722320	60,923	0		60,923	
d All other revenue		1,571,450	0		1,571,450	
e Total. Add lines 11a-11d		7,011,031				
12 Total revenue. See Instructions		826,844,750	805,325,944	39,142	7,073,274	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,709,128	1,709,128		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,251,418	1,251,418		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	274,718	245,244	29,474	
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.	199,267,011	177,887,657	21,379,354	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,957,325	1,944,029	13,296	
9 Other employee benefits.	34,590,363	28,783,576	5,806,787	
10 Payroll taxes.	13,965,177	12,676,279	1,288,898	
11 Fees for services (non-employees):				
a Management.	142,041	35,000	107,041	
b Legal.	2,685,087		2,685,087	
c Accounting.	1,990,749	1,990,749		
d Lobbying.	16,282		16,282	
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).	168,660,915	46,756,775	121,904,140	0
12 Advertising and promotion.	329,882		329,882	
13 Office expenses.	51,533,692	47,432,622	4,100,330	740
14 Information technology.	27,257,576	27,257,576		
15 Royalties.	0			
16 Occupancy.	12,020,679	10,816,958	1,203,721	
17 Travel.	819,601	448,122	369,112	2,367
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	315,198	288,903	26,295	
20 Interest.	3,052,890	3,019,819	33,071	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	23,974,227	22,911,589	1,062,638	
23 Insurance.	8,315,208	8,300,279	14,929	
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	138,766,177	137,084,154	1,681,274	749
b PROV FOR UNCOLLECTIBLE ACCT	109,658,980	109,658,980	0	0
c DUES & MEMBERSHIP	734,853	348,905	385,948	0
d RECRUITMENT/PLACEMENT FEE	35,751	35,751	0	0
e All other expenses	617,415	100,927	515,947	541
25 Total functional expenses. Add lines 1 through 24e.	803,942,343	640,984,440	162,953,506	4,397
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).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		414,040,937	1	325,235,814	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		138,583,179	4	102,496,166	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		135,468	7	138,633	
	8	Inventories for sale or use		20,332,314	8	20,200,427	
	9	Prepaid expenses and deferred charges		2,073,759	9	692,395	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	950,524,053			
	b	Less: accumulated depreciation	10b	509,414,496	320,521,406	10c	441,109,557
	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		16,786,900	13	21,942,828	
	14	Intangible assets		829,902	14	936,823	
	15	Other assets. See Part IV, line 11		35,389,455	15	34,682,280	
16	Total assets. Add lines 1 through 15 (must equal line 34)		948,693,320	16	947,434,923		
Liabilities	17	Accounts payable and accrued expenses		91,932,362	17	69,169,135	
	18	Grants payable		0	18	0	
	19	Deferred revenue		927,253	19	392,950	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		3,355,058	23	3,717,386	
	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		171,002,273	25	171,399,427	
	26	Total liabilities. Add lines 17 through 25		267,216,946	26	244,678,898	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		681,438,342	27	702,717,376	
	28	Temporarily restricted net assets		38,032	28	38,649	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		681,476,374	33	702,756,025	
	34	Total liabilities and net assets/fund balances		948,693,320	34	947,434,923	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	826,844,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	803,942,343
3	Revenue less expenses Subtract line 2 from line 1	3	22,902,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	681,476,374
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	670,829
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,293,585
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	702,756,025

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Software ID:
Software Version:

EIN: 74-1109836

Name: Christus Spohn Health System Corporation

Form 990 (2017)

Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES CHRISTUS SPOHN HEALTH SYSTEM IS PART OF CHRISTUS HEALTH, FORMED IN 1999 TO STRENGTHEN THE 153-YEAR-OLD, CATHOLIC HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO. FOUNDED ON THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS SPOHN REACHES OUT TO THE MORE THAN 15 COASTAL BEND COMMUNITIES WE SERVE TO HELP THOSE IN NEED. THE VISION OF CHRISTUS HEALTH, A CATHOLIC HEALTH MINISTRY IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE. CHRISTUS SPOHN HEALTH SYSTEM CORPORATION RESPONDS TO THE COMMUNITIES' HEALTH CARE NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI WITH THREE CAMPUSES - THE 557-BED SHORELINE CAMPUS, THE 341-BED MEMORIAL CAMPUS, AND THE 153-BED SOUTH CAMPUS. ADDITIONALLY, WE SERVE OUR COMMUNITIES THROUGH CHRISTUS SPOHN HOSPITAL KLEBERG WITH 96 BEDS IN KINGSVILLE, CHRISTUS SPOHN HOSPITAL ALICE WITH 135 BEDS IN ALICE, AND CHRISTUS SPOHN HOSPITAL BEEVILLE IN BEEVILLE WITH 69 BEDS. EACH OF THE FACILITIES OF CHRISTUS SPOHN HEALTH SYSTEM CORPORATION SHARES ONE OBJECTIVE - TO LEAD THE WAY TO A HEALTHIER COMMUNITY. CHRISTUS SPOHN HEALTH SYSTEM CORPORATION IS LOCATED ALONG THE LOWER TEXAS COASTAL AREA (OFTEN CALLED THE COASTAL BEND), AND ITS SERVICE AREA INCLUDES A 15-COUNTY AREA WITH A POPULATION OF MORE THAN 598,000 INDIVIDUALS. IN OUR 2018 FISCAL YEAR ALONE, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 171,926 VISITS TO ITS EMERGENCY DEPARTMENTS, 8,899 INPATIENT SURGERY PROCEDURES, 9,997 OUTPATIENT SURGERY PROCEDURES, 35,446 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE, AND 506,910 PATIENTS WHO RECEIVED OUTPATIENT CARE IN OUR AMBULATORY FACILITIES. TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS SPOHN HEALTH SYSTEM 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 SPOHN HEALTH SYSTEM CORPORATION'S HEALTH CARE SERVICES WORK TO PROVIDE THE HIGHEST QUALITY CARE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION HAS STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES. THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING TO CHRISTUS SPOHN HEALTH SYSTEM CORPORATION BY HELPING US LEARN HOW TO BETTER RESPOND 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 AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS' MISSION TO MEET THE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS. OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH. UNDERSTANDING THE NEED TO IMPROVE ACCESS TO HEALTH CARE TO AS MUCH OF OUR POPULATION AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE AND VARIETY OF OTHERS. IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE FREE OR DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE THIRD PARTY COVERAGE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS. CHRISTUS SPOHN HEALTH SYSTEM CORPORATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES. CHRISTUS SPOHN CONDUCTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN. EACH OF THE SIX CAMPUSES OF CHRISTUS SPOHN HEALTH SYSTEM PROVIDES A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS SPOHN HEALTH SYSTEM CORPORATION ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, OFFERING CONVENIENT LOCATIONS FOR PRIMARY CARE THROUGH THE CHRISTUS SPOHN FAMILY HEALTH CENTERS, RURAL HEALTH CLINICS, AND A MOBILE OUTREACH CLINIC. IN ADDITION, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION COLLABORATES WITH THE FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN OUR REGION, AS WELL AS, OTHER NOT-FOR-PROFIT HEALTH CLINICS IN THE AREA THAT ARE COMMITTED TO CREATING GREATER ACCESS TO PRIMARY CARE. AS ONE EXAMPLE, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION PROVIDED FREE LAB TESTS AND FLU VACCINES FOR PATIENTS SEEN BY MISSION OF MERCY, A NOT-FOR-PROFIT FREE HEALTH CLINIC THAT UTILIZES THE SERVICES OF VOLUNTEER PHYSICIANS AND NURSES AND USES DONATED SPACE IN CHURCHES, COMMUNITY CENTERS AND OTHER LOCATIONS THROUGHOUT THE REGION. 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 THE CHRISTUS SPOHN HEALTH SYSTEM 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.

Form 990, Part III, Line 4b:

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT" (2015), 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 HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S 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 SPOHN HEALTH SYSTEM CORPORATION PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS DEFINED AS SERVICES PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO CHARGE, IF ANY, IS ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY THE 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 CHRISTUS SPOHN HEALTH SYSTEM CORPORATION ALSO DISCOUNTS CARE FOR THOSE WHOSE MEDICAL EXPENSES WOULD DEplete THEIR FINANCIAL RESOURCES IF A BILL, AFTER ALL PAYMENTS, IS STILL IN EXCESS OF 25% OF THE FAMILY'S ANNUAL GROSS INCOME, THE REMAINING BILL IS DISCOUNTED NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO INABILITY TO PAY CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS, NEW MEXICO, ARKANSAS AND LOUISIANA'S MEDICAID PROGRAMS 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 NON-REIMBURSED COST OF THESE SERVICES IS REPORTED TO THE STATE OF TEXAS, BUT IS NOT INCLUDED IN FEDERAL REPORTS SINCE CHRISTUS HEALTH FOLLOWS CATHOLIC HEALTH ASSOCIATION GUIDELINES. CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM. THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. OUTPATIENT SERVICES ARE REIMBURSED PER THE MEDICARE 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			
Anthony Lamantia Director/Chair	1 0 0 0	X		X				0	0	0
Robert Bosquez II Director	1 0 0 0	X						0	0	0
Rachel Canales Director	1 0 0 0	X						0	0	0
Patricia Canales Bell Director	1 0 0 0	X						0	0	0
Martin C Davis Director (TERM 12/2017)	1 0 0 0	X						0	0	0
Ben A Donnell Director (TERM 12/2017)	1 0 0 0	X						0	0	0
Govind Nadkarni Director	1 0 0 0	X						0	0	0
Brent Hagemeister MD Director (TERM 06/2018)	1 0 0 0	X						0	0	0
Sister Rosanne Popp MD Director	1 0 0 0	X						0	0	0
Anna Marie Silvas Director (TERM 12/2017)	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			
Sister Teresa Stanley Director	1 0 0 0	X						0	0	0
Linda B Walker Director	1 0 0 0	X						0	0	0
SHAH ISLAM MD DIRECTOR (Term 12/2017)	1 0 0 0	X						196,953	0	0
HUGO TOLENTINO MD MED STAFF PRES (EFF 01/2018)	16 0 0 0	X		X				0	0	0
JESUS GARZA DIRECTOR (EFF 01/2018)	1 0 0 0	X						0	0	0
KIRBY TOWNSEND DIRECTOR (EFF 01/2018)	1 0 0 0	X						0	0	0
SRIKANTH DAMARAJU MD DIRECTOR (EFF 01/2018)	1 0 0 0	X						0	0	0
DAVID ENGEL DIRECTOR	1 0 0 0	X						0	0	0
Karen Urban DIRECTOR	1 0 0 0	X						0	0	0
Al Jones 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			
Laura Martinez CORPORATE SECRETARY	40 0 0 0			X				77,765	0	12,364
JUSTIN DOSS PRESIDENT	40 0 0 0			X				0	593,056	105,270
STEVEN KING Treasurer/CFO	40 0 0 0			X				0	411,971	76,695
David LeMonte President Spohn Kleberg	40 0 0 0				X			0	295,752	56,967
Richard Morin VP Ops Memorial-Shoreline	40 0 0 0				X			0	208,092	49,644
Margot Rios CNO Spohn Alice	40 0 0 0				X			0	231,660	40,150
Mark W Casanova President Spohn South Hospital	40 0 0 0				X			0	265,274	54,292
Maria Chapa Chief Clinical Trans Officer	40 0 0 0				X			0	536,757	77,604
Rebecca B Rios VP Finance	40 0 0 0				X			0	204,434	57,407
Karen Bonner VP for Philanthropy	40 0 0 0				X			0	210,316	25,868

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			
Osbert Blow CMO	40 0 0 0				X			0	524,444	105,477
DOMINIC DOMINGUEZ SVP GROUP OPS	40 0 0 0				X			0	770,451	140,462
JENNIFER GENTRY CNO Shoreline (Term 10/2017)	40 0 0 0				X			0	407,067	12,665
LISA COX CNO SPOHN HOSPITAL - SOUTH	40 0 0 0				X			0	186,469	20,933
BRIAN CONNOR PRES SPOHN HOSP(Term 1/2018)	40 0 0 0				X			0	372,582	0
Wray Borland VP Operations	40 0 0 0				X			0	142,127	11,333
Danny Hardman Chief Operating Officer	40 0 0 0				X			0	204,180	211
Stephen Kazanjian VP Mission Integration	40 0 0 0				X			0	179,602	47,913
John Kight VP, Nursing Operations	40 0 0 0				X			0	169,893	0
Thomas Mckinney President (eff 4/2018)	40 0 0 0				X			0	229,768	50,682

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			
Genifer Rucker President	40 0 0 0				X			0	185,186	12,598
JENNIFER SHEALY MEDICAL PHYSICIST	40 0 0 0					X		211,110	0	37,340
ERIKA LOCHNER CNO SPOHN Hos -SOUTH (11/2017)	40 0 0 0					X		193,075	0	24,129
DEBORAH D ALLEN PHARMACY DIRECTOR	40 0 0 0					X		185,553	0	27,826
CYNTHIA G CARSON REHABILITATION DIR (11/2017)	40 0 0 0					X		182,712	0	8,862
RAYMOND B ACEBO VP - MEDICAL AFFAIRS	40 0 0 0					X		182,315	0	0
Pamela S Robertson DIR /Pres /CEO (Term 7/2016)	0 0 0 0						X	0	436,144	19,520
Pamela L Brower Treasurer/CFO (Term 8/2016)	0 0 0 0						X	0	303,738	5,016

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Christus Spohn Health System Corporation

Employer identification number

74-1109836

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 74-1109836

Name: Christus Spohn Health System 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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.	Open to Public Inspection

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

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

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

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

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

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

Name of the organization Christus Spohn Health System Corporation	Employer identification number 74-1109836
--	---

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

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

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		16,282
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i			16,282
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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
TRANSFORMATION OF CARE	FORM 990, SCHEDULE C, PART I-A, PART I-B, LINE 4, PART I-C, LINE 5, PART II-A AND PART II-B, LINE 1 CHRISTUS SPOHN LEADERSHIP MET WITH LOCAL COUNTY OFFICIALS ON ISSUES RELATING TO THE DELIVERY OF HEALTHCARE AND THE INDIGENT CARE PROGRAM IN NUECES COUNTY
LOBBYING DESCRIPTION	FORM 990, SCHEDULE C, PART II-B, LINES 1D AND 1G At the state level, had direct contact with members of the Texas Legislature and their respective staff through emails, letters, telephone calls and meetings on issues related to Medicaid reimbursement, access to healthcare and state funding for safety net providers, graduate medical education, trauma network and services, 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, healthcare reform proposals, quality program implementation, rural hospitals, remote medical technology, 340b drug program, children's health issues, CHIP reauthorization, rural health program reauthorization, and healthcare for veterans. TOTAL - 64 EXECUTIVE HOURS CHRISTUS SPOHN HEALTH SYSTEM CORPORATION DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDED JUNE 30, 2018

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134104589

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Christus Spohn Health System Corporation

Employer identification number
74-1109836

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

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

4

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

5

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

6

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

7

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

8

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

9

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

10

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

Part III

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

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		26,335,868		26,335,868
b Buildings		467,942,707	303,130,826	164,811,881
c Leasehold improvements		15,979,275	13,803,919	2,175,356
d Equipment		429,201,602	190,745,386	238,456,216
e Other		11,064,601	1,734,365	9,330,236
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				441,109,557

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO CHRISTUS HEALTH BOND FUND	130,502,061
CAPITAL LEASE	34,446,873
OTHER LIABILITIES	2,281,136
STATE SALES TAX PAYABLE	573
DUE TO RELATED ENTITIES	4,168,784
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	171,399,427

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: 74-1109836
Name: Christus Spohn Health System Corporation

Supplemental Information

Return Reference	Explanation
CASH - NON-BEARING INTEREST	FORM 990, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SY STEM 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 OR GANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990

Supplemental Information	
Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER ASC 740	FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2018 AND 2017

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Christus Spohn Health System Corporation

Employer identification number
74-1109836

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		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
3b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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	
4	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	Yes	
5a	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	
5b	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5c	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
6a	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?		
6b	Did the organization prepare a community benefit report during the tax year?	Yes	
6c	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)			125,992,794		125,992,794	18 150 %
b Medicaid (from Worksheet 3, column a)			101,116,715	68,623,583	32,493,132	4 680 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,026,382	10,585,212		0 %
d Total Financial Assistance and Means-Tested Government Programs			236,135,891	79,208,795	158,485,926	22 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	26	74,141	1,650,872		1,650,872	0 240 %
f Health professions education (from Worksheet 5)	5	10,194	457,832		457,832	0 070 %
g Subsidized health services (from Worksheet 6)	12	2,687	620,906		620,906	0 090 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	43	87,022	2,729,610		2,729,610	0 400 %
k Total. Add lines 7d and 7j	43	87,022	238,865,501	79,208,795	161,215,536	23 230 %

Part II

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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	6		93,558		93,558	0 010 %
8 Workforce development	3	262	37,318		37,318	0 010 %
9 Other						
10 Total	9	262	130,876		130,876	0 020 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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.

109,658,980

670,084

136,937,695

131,225,003

5,712,692

Cost accounting system

Cost to charge ratio

Other

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

9a

Yes

9b

Yes

1

Yes

2

3

4

5

136,937,695

6

131,225,003

7

5,712,692

</

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)

		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
	See Additional Data Table										

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)

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):** _____

16

Community Health Needs Assessment

	Yes	No
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?	1	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	2	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)	3 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>16</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	5 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	6a 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	6b 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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Schedule H, Part V, Section C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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 <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
b <input 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 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) <u>SEE SCH H, PART V, SEC C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SEC C</u>			
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	No
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?	19	No
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)		
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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes
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)		

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
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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? 3

Name and address	Type of Facility (describe)
1 CORPUS CHRISTI SURGICARE LTD 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001	OUTPATIENT SURGERY CENTER
2 SHORELINE SURGERY CENTER LLP 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001	OUTPATIENT SURGERY CENTER
3 COASTAL BEND PET SCAN LTD 3226 REID DRIVE CORPUS CHRISTI, TX 78404	RADIOLOGY, IMAGING AND X-RAY CLINIC
4	
5	
6	
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
SCHEDULE H, 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
SCHEDULE H, 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
SCHEDULE H, PART I, LINE 7B	UNREIMBURSED MEDICAID CHRISTUS SPOHN HEALTH SYSTEM CORPORATION REINVESTS ALL SURPLUS FUNDS BACK IN TO THE COMMUNITIES WE SERVE THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$803,942,343 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$109,658,980 THIS LEAVES A TOTAL EXPENSE OF \$694,283,363 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, 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 34 40% WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7I	<p>CASH AND IN-KIND CONTRIBUTIONS CHRISTUS SPOHN HEALTH SYSTEM CORPORATION MADE OVER \$0 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2018 THIS 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 \$172,653 WERE DISTRIBUTED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS SPOHN HEALTH SYSTEM CORPORATION THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS SPOHN HEALTH SYSTEM CORPORATION SERVES THE CHRISTUS FUND GRANTS SUPPORT WORTHY CAUSES THAT BUILD COLLABORATION AND IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(I)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	<p>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 7C RATIO OF PATIENT CARE COSTS 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 7G SUBSIDIZED HEALTH SERVICES COST IS AT FMV SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES 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 DURING FY 2018, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE PATIENTS WE SERVE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES ARE IMPROVING ACCESS TO HEALTH SERVICES AND BUILDING COLLABORATIVE RELATIONSHIPS WITH OTHER ORGANIZATIONS SEEKING TO ADDRESS CHRONIC CONDITIONS THAT DISPROPORTIONATELY IMPACT THE POOR AND UNDERSERVED THE INDIGENT CARE HEALTH PROGRAM IS A LIMITED BENEFIT PLAN, ADMINISTERED BY CHRISTUS SPOHN HEALTH SYSTEM IN WHICH CERTAIN MEDICAL SERVICES ARE COVERED FOR ELIGIBLE COUNTY RECIPIENTS ELIGIBILITY ENTITLES QUALIFIED RESIDENTS WITHIN NUECES COUNTY TO RECEIVE HEALTH CARE SERVICES WHILE RESIDING WITHIN THE COUNTY INCLUDING MAJOR MEDICAL EXPENSES, HOSPITALIZATION AND SURGERIES, AND ROUTINE MEDICAL EXPENSES, OFFICE VISITS, ANNUAL EXAMS AND DURABLE MEDICAL EQUIPMENT, ALL SUBJECT TO CO-PAYMENTS CHRISTUS SPOHN COMMUNITY OUTREACH REMAINS A COMMITTED PARTNER WITH PHYSICIANS AND RECIPIENTS OF CARE TO PROVIDE ACCESS TO AFFORDABLE, QUALITY HEALTH CARE, AND WE ARE A COLLABORATIVE PARTNER COORDINATING CARE WITH OUR PHYSICIANS, FAMILY HEALTH CENTERS, AND HOSPITALS SEEKING SOLUTIONS TO IMPROVE THE HEALTH OF THOSE IN OUR COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 1	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, 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
SCHEDULE H, 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 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, 2018, 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 0 6% 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 THE 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, 2018 THUS, THE ORGANIZATION ESTIMATES THAT ONLY 3 73% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2018 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>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	The Medical Center uses Medicare cost report methodology, which apportions routine costs (room and board) based on Medicare or Medicaid days to total days and apportions ancillary costs based on program charges to total charges

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9	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
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT IN 2016, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION PARTICIPATED IN A COMMUNITY NEEDS ASSESSMENT OF THE 19-COUNTY SERVICE AREA LARGELY CONSTITUTING THE COASTAL BEND REGION OF TEXAS (14 OF WHICH FALL WITHIN CHRISTUS SPOHN'S PRIMARY SERVICE AREA) THE PARTICIPANTS INCLUDED CHRISTUS SPOHN HEALTH SYSTEM CORPORATION, DRISCOLL CHILDREN'S HOSPITAL, DRISCOLL CHILDREN'S HEALTH PLAN, CORPUS CHRISTI MEDICAL CENTER, CITIZENS MEDICAL CENTER, CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT, NUECES COUNTY HEALTH DEPARTMENT, NUECES COUNTY MEDICAL SOCIETY, UNITED WAY OF THE COASTAL BEND, FQHC RURAL COMMUNITY ACTION CORPORATION OF SOUTH TEXAS, DELMAR COLLEGE, DUBUIS HEALTH SYSTEM, SAN PATRICIO COUNTY HEALTH DEPARTMENT AND TEXAS A&M UNIVERSITY AT CORPUS CHRISTI AN ONGOING COASTAL BEND COMMUNITY NEEDS TASK FORCE WAS FORMED BY THE PARTICIPANTS OF THE 2010 COMMUNITY NEEDS ASSESSMENT TO ADDRESS THE ONGOING HEALTH NEEDS OF THE REGION IN 2012, THE TASK FORCE WAS EXPANDED TO BEGIN WORK ON THE 2013 COASTAL BEND HEALTH NEEDS ASSESSMENT AND CONTINUES TO ENSURE THAT THE CHRISTUS SPOHN COMMUNITY HEALTH IMPLEMENTATION PLAN ACCURATELY REFLECTS THE NEEDS OF THE COMMUNITY, DEVELOPS ACTION PLANS IN COLLABORATION WITH KEY STAKEHOLDERS TO ADDRESS THOSE NEEDS, AND IS COMMUNITY OWNED CHRISTUS SPOHN HEALTH SYSTEM CORPORATION BOARD MEMBERS REVIEWED AND APPROVED THE ACTION PLANS DEVELOPED BY THE TASK FORCE THE TASK FORCE IS COMMITTED TO CONTINUED WORK RELATED TO THE COMMUNITY HEALTH NEEDS OF THE COASTAL BEND REGION FOR THE LONG-TERM</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS SPOHN HEALTH SYSTEM 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
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION CHRISTUS SPOHN HEALTH SYSTEM CORPORATION IS LOCATED ALONG THE LOWER TEXAS COASTAL AREA (OFTEN CALLED THE COASTAL BEND), AND ITS SERVICE AREA INCLUDES A 14-COUNTY AREA WITH A POPULATION OF MORE THAN 611,996 INDIVIDUALS. OVERALL, POPULATION GROWTH HAS INCREASED BY 2.2% IN THE REGION. THE POPULATION BY AGE IS ALLOCATED AS FOLLOWS: 0-18(25.1%), 19-64(60.7%), 65+(14.2%). POPULATION GROWTH IS EXPECTED THROUGHOUT THE REGION. FLAT GROWTH IS EXPECTED IN THE PEDIATRIC AGE RANGE, A MODEST INCREASE IN THE 19-64 AGE RANGE, AND THERE IS A LARGE GROWTH PROJECTION IN THE POPULATION AGE RANGE OF 65 YEARS OF AGE OR OLDER. THE REGION IS COMPRISED OF 61.4% HISPANICS, 32.1% CAUCASIAN, 3.7% AFRICAN AMERICAN, AND 1.4% ASIAN/PACIFIC ISLANDER AND 1.3% AMERICAN INDIAN AND OTHER. APPROXIMATELY 7.6% OF HOUSEHOLDS IN THE REGION LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IN THE REGION BEING APPROXIMATELY \$42,197. INSURANCE ESTIMATES INDICATE THAT 41.2% PERCENT OF HOUSEHOLDS IN THE REGION ARE ON MEDICARE OR MEDICAID, WHILE 19.3% ARE UNINSURED. LOOKING AT THE REGION'S DEMOGRAPHICS AND THE "HEALTHY PEOPLE 2010 HEALTH STATUS INDICATORS" RELATIVE TO OTHER COUNTIES ACROSS THE COUNTRY, THE FOLLOWING HEALTH INDICATORS APPEAR "UNFAVORABLE" RELATIVE TO PEER COUNTIES: PREMATURE BIRTH WEIGHTS, BIRTHS BY UNMARRIED TEENS, HISPANIC INFANT MORTALITY IN RURAL AREAS, OBESITY, DIABETES, STROKE, CORONARY HEART DISEASE, COLON CANCER, AND BREAST CANCER. IN ADDITION TO THE SIX FACILITIES THAT COMPRISE CHRISTUS SPOHN HEALTH SYSTEM CORPORATION, THERE ARE FIVE OTHER HOSPITALS IN THE REGION: CORPUS CHRISTI MEDICAL CENTER'S THREE CAMPUSES (BAY AREA HOSPITAL, HEART HOSPITAL, BAYVIEW BEHAVIORAL AND DOCTOR'S REGIONAL HOSPITAL) WHICH ARE FOR-PROFIT ENTITIES OWNED BY HCA, DRISCOLL CHILDREN'S HOSPITAL, A NONPROFIT HOSPITAL, AND COASTAL BEND SURGICAL HOSPITAL, A FOR-PROFIT SURGICAL HOSPITAL.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH CHRISTUS SPOHN HEALTH SYSTEM INCLUDES 3 CAMPUSES IN CORPUS CHRISTI 584-BED SHORELINE CAMPUS, 314-BED MEMORIAL CAMPUS, AND 153-BED SOUTH CAMPUS AS WELL AS 3 RURAL HOSPITALS KINGSVILLE (SPOHN KLEBERG WITH 96 BEDS), ALICE (SPOHN ALICE WITH 135 BEDS), AND BEEVILLE (SPOHN BEEVILLE WITH 69 BEDS) CHRISTUS SPOHN COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY HEALTH CARE SERVICES FOR ALL, ESPECIALLY VULNERABLE AND UNDERSERVED POPULATIONS CHRISTUS SPOHNS OTHER HEALTH CARE FACILITIES INCLUDE INVESTMENTS IN TWO AMBULATORY SURGERY CENTERS (CORPUS CHRISTI SURGICARE, LTD AND SHORELINE SURGERY CENTER, LLP), AND COASTAL BEND PET SCAN, LTD IN FY 2018, CHRISTUS SPOHN WAS PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS, INCLUDING 171,926 VISITS TO ITS EMERGENCY DEPARTMENTS, 8,899 INPATIENT SURGERY PROCEDURES, 9,997 OUTPATIENT SURGERY PROCEDURES, 35,446 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE, AND 506,910 PATIENTS WHO RECEIVED OUTPATIENT CARE AT ITS FACILITIES CHRISTUS SPOHN ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, OFFERING CONVENIENT LOCATIONS FOR PRIMARY CARE THROUGH THE CHRISTUS SPOHN FAMILY HEALTH CENTERS AND A CAREVAN MOBILE OUTREACH CLINIC IN ADDITION, CHRISTUS SPOHN COLLABORATES WITH THE TEN FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S) IN ITS REGION AND OTHER NONPROFIT HEALTH CLINICS IN THE AREA THAT ARE COMMITTED TO CREATING GREATER ACCESS TO PRIMARY CARE ACTIVITIES UNDERTAKEN BY CHRISTUS SPOHN HEALTH SYSTEM CORPORATION TO IMPROVE ACCESS TO HEALTH SERVICES, ENHANCE PUBLIC HEALTH AND ADVANCE KNOWLEDGE INCLUDE (1) AGREEMENTS WITH 3 PRIMARY CARE PHYSICIANS AND 8 MID-LEVEL PROVIDERS IN THE 4 CHRISTUS SPOHN FAMILY HEALTH CENTERS CHRISTUS SPOHN AIDS IN THE RECRUITING OF PHYSICIANS WHO ULTIMATELY CONTRACT WITH CHRISTUS PROVIDER NETWORK, WHICH IN TURN CONTRACTS WITH CHRISTUS SPOHN TO PROVIDE THE PHYSICIAN SERVICES IN THE CHRISTUS SPOHN FAMILY HEALTH CENTERS MOST OF THE CLIENTS WHO RECEIVE PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT ARE UNINSURED OR RECEIVE COVERAGE FROM MEDICAID/CHIP/NUECES COUNTY HOSPITAL DISTRICT (2) IMPLEMENTATION OF THE COMMUNITY HEALTH WORKER AND CARE MANAGEMENT CONCEPT AT ALL CHRISTUS SPOHN FAMILY HEALTH CENTERS ESTABLISHED A WORKING NETWORK TO PROVIDE CONTINUITY OF CARE FOR THE INDIGENT AND UNDERSERVED FROM PRIMARY CARE SERVICES TO IN-PATIENT AND AMBULATORY SERVICES THIS PROGRAM ASSISTS PATIENTS IN MANAGING THEIR CHRONIC ILLNESS, PREVENTING OVER-UTILIZATION OF THE EMERGENCY DEPARTMENT, AND AVOIDING PREVENTABLE HOSPITALIZATIONS (3) THE CHRISTUS SPOHN CAREVAN IS A MOBILE CLINIC THAT DELIVERS OB AND WOMEN'S SERVICES (INCLUDING PRE-NATAL CARE, PAP SMEARS, LABORATORY AND ULTRA-SOUND TESTING, ANNUAL EXAMS, AND REFERRALS FOR FREE MAMMOGRAMS AND PRE-NATAL CARE) TO THE REGION'S UNINSURED WOMEN THIS PREVENTATIVE AND WELLNESS CARE HELPS WITH EARLY DETECTION THAT OTHERWISE MIGHT RESULT IN MORE SERIOUS HEALTH ISSUES REQUIRING HOSPITALIZATION IN THE FUTURE THE CAREVAN ALSO PROVIDES HEALTH SCREENING, IMMUNIZATIONS, HEALTH EDUCATION, AND COUNSELING TO VULNERABLE AND UNDERSERVED POPULATIONS THROUGHOUT THE COMMUNITY IN FY 2018 THE CAREVAN HAD OVER 995 ENCOUNTERS WITH WOMEN AND OTHER VULNERABLE POPULATIONS (4) THE DR. HECTOR P GARCIA MEMORIAL FAMILY HEALTH CENTER IS LOCATED ON THE GROUNDS OF CHRISTUS SPOHN'S MEMORIAL HOSPITAL IT PROVIDES EDUCATION TO COASTAL BEND RESIDENTS ON NIGHTS AND WEEKENDS, OFFERS SPECIALTY CLINICS, LABORATORY SERVICES, AND IMAGING SERVICES, A PHARMACY WITH WALK-IN AND DRIVE-THROUGH ACCESS, AND A QUICK CARE WALK-IN CLINIC FEATURING 24-HOUR ACCESS THURSDAY THROUGH SUNDAY (5) THE CHRISTUS SPOHN FAMILY MEDICINE ACADEMIC CENTER CLINIC IS LOCATED WITHIN WALKING DISTANCE FROM CHRISTUS SPOHN'S MEMORIAL HOSPITAL FAMILY MEDICINE RESIDENTS FROM TEXAS A&M UNIVERSITY WORK ALONGSIDE THE ATTENDING PHYSICIANS OF CHRISTUS PROVIDER NETWORK TO PROVIDE CARE TO THE UNDERSERVED AND UNINSURED POPULATION OF THE COASTAL BEND AN AVERAGE OF 100-120 PATIENTS ARE SEEN ON A DAILY BASIS MOST OF THESE PATIENTS HAVE MEDICAID COVERAGE OR LACK INSURANCE ALTOGETHER (6) IN ADDITION TO THESE CLINICS, THERE ARE 4 CHRISTUS SPOHN FAMILY HEALTH CENTERS EACH OF THE FOUR FAMILY HEALTH CENTER CLINICS CARES FOR OUR NUECES COUNTY HOSPITAL DISTRICT PATIENTS AS WELL AS PATIENTS WITH OTHER PAYOR SOURCES THE LOCATIONS ARE LISTED BELOW CHRISTUS SPOHN FAMILY HEALTH CENTER NORTHSIDE 1406 MARTIN LUTHER KING DRIVE, CORPUS CHRISTI, TX 78401 CHRISTUS SPOHN FAMILY HEALTH CENTER PADRE ISLAND 14202 S PADRE ISLAND DRIVE, CORPUS CHRISTI, TX 78418 CHRISTUS SPOHN FAMILY HEALTH CENTER ROBSTOWN 1038 TEXAS YES BLVD, ROBSTOWN, TX 78380 CHRISTUS SPOHN FAMILY HEALTH CENTER WESTSIDE 4617 GREENWOOD DRIVE, CORPUS CHRISTI, TX 78416 (7) SPECIALTY CLINICS ARE LOCATED IN THE HECTOR P GARCIA MEMORIAL FAMILY HEALTH CENTER THESE CLINICS EXIST FOR FOLLOW UP CARE AND SPECIALTY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>CARE PHYSICIANS/PROVIDERS OFFER A CENTRALIZED AREA FOR EASY ACCESS TO CARDIOVASCULAR, NE UROLOGY, NEPHROLOGY, ORTHOPEDIC, GYNECOLOGICAL, AND PLASTIC SURGERY CARE ALSO, CONTRACTS WITH OFF CAMPUS PROVIDERS ENSURE OTHER SPECIALTY MEDICAL SERVICES ARE AVAILABLE FOR THOSE VULNERABLE PEOPLE WHO WOULD NORMALLY NOT BE ABLE TO ACCESS SPECIALTY CARE OUTSIDE OF THIS TYPE OF CONTROLLED SETTING (8) THE REVAMPING OF THE NUECES COUNTY HEALTH DEPARTMENT'S (NC HD) INDIGENT CARE PROGRAM HAS PROVIDED A REORGANIZATION OF SERVICES, ONE KEY GOAL OF WHICH IS TO ROUTE ELIGIBLE PARTICIPANTS TO THE APPROPRIATE SETTINGS THE FOLLOWING PROGRAMS ARE INCLUDED (A) UM/CM PLAN, (B) PRE-APPROVAL OF SERVICES WITH VERIFICATION OF MEDICAL NECES SITY AND A TIE-IN TO THE CARE MANAGEMENT PROGRAM, (C) AN EMPANELMENT OF CLIENTS INTO A MED ICAL HOME CONCEPT, (D) TARGET OF POPULATIONS, I E , DIABETIC PATIENTS WITH A1C'S GREATER T HAN 10, INTO FULL SERVICE TRACK, (E) WEEKLY MULTIDISCIPLINARY DIABETIC CLINIC TO MEET TARG ET POPULATION'S NEED, (F) PHARMACEUTICAL CASE MANAGEMENT, (G) PREFERRED PROVIDER LIST WITH CM/UM MANAGEMENT, AND (H) MEDICAL DIRECTOR FOR INDIGENT CARE PLAN (9) CHRISTUS SPOHN HOS PITAL CORPUS CHRISTI MEMORIAL IS THE DESIGNATED CONTRACT PROVIDER WITH NUECES COUNTY BEHAV IORAL HEALTH CENTER OF NUECES COUNTY (BHCNC) IT PROVIDES PSYCHIATRIC ONSITE TRIAGE AS PAR T OF ITS CONTRACTUAL RELATIONSHIPS WITH BHCNC THIS PROVIDES AN ALTERNATIVE FOR PATIENTS W HO WOULD NORMALLY UTILIZE THE EMERGENCY DEPARTMENT AS A FIRST RESORT (10) CHRISTUS SPOHN HEALTH SYSTEM CORPORATION HAS RURAL HEALTH CLINICS IN BEEVILLE AND FREER PROVIDING SERVICE S TO THE UNINSURED, UNDERINSURED, AND BROADER COMMUNITY CHRISTUS SPOHN FAMILY HEALTH CENT ER-FREER PROVIDES PRIMARY CARE AS WELL AS BEHAVIORAL HEALTH SERVICES THROUGH A COLLABORATI VE RELATIONSHIP TO THIS UNDERSERVED AND RURAL COMMUNITY THE NURSE PRACTITIONERS, NURSES, AND OFFICE STAFF IN THESE CLINICS ARE EMPLOYED BY CHRISTUS SPOHN HEALTH SYSTEM CORPORATION (11) CHRISTUS SPOHN HEALTH SYSTEM HOSPITALS IN ALICE, BEEVILLE, AND KLEBERG COLLABORATE WITH THE COMMUNITY ACTION CORPORATION OF SOUTH TEXAS' FQHC IN ITS RESPECTIVE AREAS THESE CLINICS PROVIDE PRIMARY CARE TO UNINSURED AND UNDER INSURED PATIENTS THIS PREVENTS PATIEN TS FROM UTILIZING THE HOSPITAL EMERGENCY DEPARTMENTS AS THEIR MEDICAL HOME (12) CHRISTUS SPOHN HEALTH SYSTEM CONTINUES INITIATIVES WITH THE COASTAL BEND RURAL HEALTH PARTNERSHIP A ND MENTAL HEALTH PROVIDERS TO HELP KEEP PSYCHIATRIC PATIENTS OUT OF THE EMERGENCY DEPARTME NT (13) IN CONJUNCTION WITH MISSION OF MERCY, A NATIONAL NONPROFIT ORGANIZATION, CHRISTUS SPOHN HEALTH SYSTEM PROVIDES FREE PRIMARY CARE TO UNINSURED PATIENTS ITS 5 LOCATIONS (CO RPUS CHRISTI AND RURAL AREAS) ARE OPEN ONE DAY PER WEEK AND ARE STAFFED BY VOLUNTEER PHYSI CIANS AND NURSES CHRISTUS SPOHN HEALTH PROVIDES LAB WORK, DIABETES EDUCATION, AND FLU VAC CINATIONs TO PATIENTS AT NO CHARGE IN ADDITION, THE CHRISTUS SPOHN CAREVAN REFERS UNINSUR ED PATIENTS WHO NEED PRIMARY CARE TO MISSION OF MERCY LIKEWISE, MISSION OF MERCY REFERS W OMEN NEEDING A MAMMOGRAM OR PRE-NATAL CARE TO THE CHRISTUS SPOHN HEALTH SYSTEM CORPORATION CAREVAN MOBILE UNIT (14) DIABETES EDUCATION IS PROVIDED THROUGH DIABETES SELF-MANAGEMENT TRAINING CLASSES THESE CLASSES ARE OFFERED AT THE HECTOR P GARCIA MEMORIAL FAMILY HEALTH CENTER THROUGH THE TEXAS A&M COASTAL BEND HEALTH EDUCATION CENTER (CBHEC) DIABETES SUPPO RT GROUPS, SELF-MANAGEMENT TRAINING CLASSES, AND ADDITIONAL DIABETES RESOURCES ARE OFFERED THROUGH TEXAS A&M CBHEC IN VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY CHRISTUS SPOHN WOR KS IN CONJUNCTION WITH TEXAS A&M CBHEC TO HOST DIABETES HEALTH FAIRS THROUGHOUT THE COASTA L BEND CHRISTUS SPOHN HOUSES A CERTIFIED DIABETES EDUCATOR AT THE HECTOR P GARCIA MEMORIA L FAMILY HEALTH CENTER TO PROVIDE ON-SITE EDUCATION AND REFERRALS TO PATIENTS IN IMMEDIATE NEED COMMUNITY BENEFIT REPORT CHRISTUS SPOHN IS COMMITTED TO BUILDING HEALTHIER COMMUNIT IES AND WILL CONTINUE TO COLLABORATE WIT</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT TX

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 74-1109836
Name: Christus Spohn Health System 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 SPOHN HOSPITAL SHORELINE 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 WWW CHRISTUSSPOHN.ORG 000398	X	X					X		IP SNF & REHAB UNIT, IP & OP PHYSICAL THERAPY	A
2	CHRISTUS SPOHN HOSPITAL MEMORIAL 2606 HOSPITAL BLVD CORPUS CHRISTI, TX 78405 WWW CHRISTUSSPOHN.ORG 000398	X	X		X			X		OP PHYSICIAN CLINICS PSYCHIATRY UNIT	A
3	CHRISTUS SPOHN HOSPITAL SOUTH 5950 SARATOGA BLVD CORPUS CHRISTI, TX 78414 WWW CHRISTUSSPOHN.ORG 000398	X	X					X			A
4	CHRISTUS SPOHN HOSPITAL ALICE 2500 MAIN STREET ALICE, TX 78332 WWW CHRISTUSSPOHN.ORG 006894	X	X					X		OP PHYSICIAN CLINICS PSYCHIATRY UNIT	A
5	CHRISTUS SPOHN HOSPITAL KLEBERG 1311 EAST GENERAL CAVAZOS BLVD KINGSVILLE, TX 78363 WWW CHRISTUSSPOHN.ORG 000216	X	X					X		OUTPATIENT PHYSICAL THERAPY	A

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 SPOHN HOSPITAL BEEVILLE 1500 EAST HOUSTON HIGHWAY BEEVILLE, TX 78102 WWW.CHRISTUSSPOHN.ORG 000429	X	X					X		OP PHYSICIAN CLINICS	A

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 3e	CHRISTUS Spohn Health System, as part of its Community Health Needs Assessment and Community Health Implementation Plan, committed to address the following health needs identified in its community: Access to care and use of the emergency room for primary care, preventable hospitalizations, prevalence of chronic conditions, lack of health literacy, and women's health issues. AT THIS TIME, CHRISTUS SPOHN DOES NOT HAVE THE FINANCIAL RESOURCES TO FURTHER INVEST IN SERVICES THAT ADDRESS BEHAVIORAL HEALTH AND OBESITY IN THE COASTAL BEND AREA. ALTHOUGH NOT DIRECTLY ADDRESSED IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN, THE EXPANSION OF PRIMARY CARE, OUR EFFORTS TO IMPROVE HEALTH LITERACY, AND CONTINUED COMMUNITY OUTREACH SHOULD HAVE A SIGNIFICANT IMPACT ON BOTH OF THESE IDENTIFIED NEEDS (BEHAVIORAL HEALTH, OBESITY) IN OUR COMMUNITY. WE BELIEVE THAT THROUGH OUR CONTINUED COMMUNITY COLLABORATION WITH A DIVERSE GROUP OF PROVIDERS AND ENGAGED COMMUNITY LEADERS WE WILL CONTINUE TO IDENTIFY AREAS WHERE WE CAN WORK TOGETHER TO PROVIDE RESOURCES, HEALTH INFORMATION, AND ACCESS TO CARE TO IMPROVE THE HEALTH AND WELLNESS OF OUR COMMUNITY. CHRISTUS SPOHN UTILIZES COMMUNITY HEALTH WORKERS, REGISTERED NURSE HEALTH COACHES, HEALTH FAIRS, HEALTH EDUCATION SESSIONS, AND THE HECTOR P. GARCIA CLINIC TO ADDRESS ACCESS TO CARE NEEDS, CHRONIC CONDITION PREVALENCE NEEDS, AND PREVENTABLE HOSPITALIZATIONS. BEHAVIORAL HEALTH NEEDS ARE BEING ADDRESSED WITH HOSPITAL RESOURCES AND IN COLLABORATION WITH COMMUNITY RESOURCES. SCHEDULE H, PART V, SECTION B, LINE 5 CHRISTUS SPOHN HEALTH SYSTEM, IN COLLABORATION WITH ALL REGIONAL HOSPITALS IN THE COASTAL BEND AREA, AND FACILITATED BY FACULTY AT TAMU-CC, CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT. THE FINDINGS OF THE ASSESSMENT GUIDE OUTREACH EFFORTS AND INTENTIONAL COLLABORATION WITH COMMUNITY STAKEHOLDERS TO IMPROVE HEALTH STATUS FOR THOSE IN THE COASTAL BEND REGION (ESPECIALLY FOR THOSE WHO ARE UNDERSERVED). THE TASK FORCE THAT CREATED THE FIRST NEEDS ASSESSMENT ALMOST A DECADE AGO CONTINUES TO WORK TOGETHER TO CONDUCT THE REQUIRED TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT UPDATES AS WELL AS TO ADDRESS SPECIFIC UNMET HEALTH NEEDS IN THE COMMUNITY. IN ADDITION TO THE INFORMATION GATHERED FROM A COMMUNITY SURVEY, FEEDBACK WAS SOLICITED THROUGH AN ON-LINE SURVEY OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS WHICH INCLUDED PHYSICIANS, NURSE PRACTITIONERS AND OTHER HEALTH CARE PROFESSIONALS, AND TARGETED INTERVIEWS WITH HEALTH CARE AND SOCIAL SERVICES PROVIDERS. IN ADDITION, -FIRST LOOK- DISCUSSIONS WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS, AND LOCAL HEALTH SYSTEM LEADERS WHICH INCLUDED REPRESENTATIVES FROM COASTAL BEND CENTER FOR INDEPENDENT LIVING, UNITED WAY, TRANSPORTATION COORDINATION NETWORK, ADULT PROTECTIVE SERVICES, CHRISTUS SPOHN CANCER CENTER, TEXAS A&M COASTAL BEND HEALTH EDUCATION CENTER AND NUECES COUNTY HEALTH DEPARTMENT WERE HELD IN NUECES AND VICTORIA COUNTIES TO REVIEW THE DATA AND BEGIN TO PRIORITIZE THE TOP HEALTH NEEDS.

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 3e	EEDS OF THE REGION ONE SIGNIFICANT DEVELOPMENT FROM THE TASK FORCE HAS BEEN THE ESTABLISHMENT AND MAINTENANCE OF A WEBSITE (HTTP //COASTALBENDHEALTHFINDER COM/) TO ASSIST COASTAL BEND RESIDENTS IN THE NAVIGATION OF AN INCREASINGLY COMPLICATED HEALTH CARE DELIVERY SYSTEM THE WEBSITE AIMS TO PROVIDE INFORMATION PERTAINING TO ACCESS TO CARE, PREVENTABLE HOSPITALIZATIONS, WOMENS HEALTH, AND HEALTH LITERACY THE TASK FORCE WILL CONTINUE TO FUNCTION IN THIS CAPACITY AND COLLABORATE ON IMPACTFUL INITIATIVES WHENEVER POSSIBLE

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 6A & 6B	CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES AND OTHER ORGANIZATIONS the 2016 Community Health Needs Assessment was initiated by CHRISTUS Spohn Health System, Citizen's Medical Center, Corpus Christi Medical Center, DeTar Health Care System, and Driscoll Children's Hospital In Fiscal Year 2016, CHRISTUS Spohn Health System Corporation participated in a Community Health Needs Assessment of the 18-County Service Area largely constituting the Coastal Bend Region of Texas (14 of which fall within CHRISTUS Spohn's primary service area) The participants included Corpus Christi Independent School District, Nueces County Health Department, Nueces County Medical Society, Nueces County Hospital District, United Way of the Coastal Bend, FQHC Rural Community Action Corporation of South Texas, San Patricio County Health Department and Texas A&M University - Corpus Christi

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 7A	<p>THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTPS //WWW CHRISTUSHEALTH ORG/ABOUT/DONATE/COMMUNITY-HEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-AND-IMPLEMENTATION-PLAN Schedule H, Part V, Section B, Line 7B The community health needs assessment can be found at the following website http //www coastalbendhealthfinder com/about/finalreport pdf Schedule H, Part V, Section B, Line 10A The hospital facility' s most recent adopted implementation strategy is posted on the following website https // www christushealth org/about/donate/community-health/community-health-needs-assessment-and-implementation-plan Schedule H, Part V, Section B, Line 11 Significant Needs Addressed and Not Addressed CHRISTUS Spohn Health System, as part of its Community Health Needs Assessment and Community Health Implementation Plan, committed to address the following health needs identified in its community: Access to care and use of the emergency room for primary care, preventable hospitalizations, prevalence of chronic conditions, lack of health literacy, and women's health issues. AT THIS TIME, CHRISTUS SPOHN DOES NOT HAVE THE FINANCIAL RESOURCES TO FURTHER INVEST IN SERVICES THAT ADDRESS BEHAVIORAL HEALTH AND OBESITY IN THE COASTAL BEND. ALTHOUGH NOT DIRECTLY ADDRESSED IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN, THE EXPANSION OF PRIMARY CARE, OUR EFFORTS TO IMPROVE HEALTH LITERACY, AND CONTINUED COMMUNITY OUTREACH SHOULD HAVE A SIGNIFICANT IMPACT ON BOTH OF THESE IDENTIFIED NEEDS (BEHAVIORAL HEALTH, OBESITY) IN OUR COMMUNITY. WE BELIEVE THAT THROUGH OUR CONTINUED COMMUNITY COLLABORATION WITH A DIVERSE GROUP OF PROVIDERS AND ENGAGED COMMUNITY LEADERS WE WILL CONTINUE TO IDENTIFY AREAS WHERE WE CAN WORK TOGETHER TO PROVIDE RESOURCES, HEALTH INFORMATION, AND ACCESS TO CARE TO IMPROVE THE HEALTH AND WELLNESS OF OUR COMMUNITY. CHRISTUS SPOHN UTILIZES COMMUNITY HEALTH WORKERS, REGISTERED NURSE HEALTH COACHES, HEALTH FAIRS, HEALTH EDUCATION SESSIONS, AND THE HECTOR P. GARCIA CLINIC TO ADDRESS ACCESS TO CARE NEEDS, CHRONIC CONDITION PREVALENCE NEEDS, AND PREVENTABLE HOSPITALIZATIONS. BEHAVIORAL HEALTH NEEDS ARE BEING ADDRESSED WITH HOSPITAL RESOURCES AND IN COLLABORATION WITH COMMUNITY RESOURCES. SCHEDULE H, PART V, SECTION B, LINE 13 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 200% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS WHO WERE UNINSURED AND ABOVE 200% OF THE FEDERAL POVERTY GUIDELINES WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS. PATIENTS WHO WERE UNINSURED AND BETWEEN 200% AND 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN \$100. SCHEDULE H, PART V, SECTION B, LINE 15E FAP APPLICATION FORM'</p>

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 7A	S METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HO SPITAL 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 ELIGIBILI TY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPEC TIVE DATES OF SERVICE ONLY IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT P ROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE A PPLICATION PROCESS SCHEDULE H, PART V, SECTION B, LINES 16A-16C THE FAP, FAP APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT HTTPS //WWW CHRISTUSHE ALTH ORG/PATIENT-RESOURCES/FINANCIAL- ASSISTANCE

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 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 (THE SIGNS DID NOT SPECIFICALLY REFERENCE THE POLICY (FAP), WHICH IS WHY THE HOSPITAL DID NOT SELECT "YES" IN RESPONSE TO LINE 16F) 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 FINANCIAL COUNSELORS ALSO PUBLICIZED THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING ONE-ON-ONE VISITS WITH PATIENTS THE HOSPITAL ATTEMPTED TO PROVIDE ALL UNINSURED PATIENTS WITH FINANCIAL COUNSELING SPENDING TIME FACE-TO-FACE WITH PATIENTS ALLOWED COUNSELORS TO FACILITATE THE APPLICATION PROCESS FOR PATIENTS WHO OTHERWISE MIGHT NOT HAVE SOUGHT ASSISTANCE COUNSELORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 17	DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS SCHEDULE H, PART V, SECTION B, LINE 20E NOTIFICATION OF FINANCIAL ASSISTANCE POLICY 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 22D	DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED 70% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), 50% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 201% TO 300% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 200% FPL) FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Spohn Health System Corporation

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
74-1109836

Part I

General Information on Grants and Assistance

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

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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

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) Indigent Assistance	800	1,251,418			
(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 CHRISTUS HEALTH SYSTEM AFFILIATES SERVE 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

Additional Data

Software ID:
Software Version:
EIN: 74-1109836
Name: Christus Spohn Health System Corporation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTUS Spohn Health System Dev FNDN 600 Elizabeth St Corpus Christi, TX 78404	74-1906005	501(C)(3)	1,574,661				Program support & purchase of capital assets/equipment
American Heart Association 500 North Shoreline Corpus Christi, TX 78401	13-5613797	501(C)(3)	87,500				Support Cardio

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 4101 S Alameda St Corpus Christi, TX 78411	13-1788491	501(C)(3)	19,500				Support Cancer
Stars Scholarship Fund 3900 N McColl McAllen, TX 78501	43-1977563	501(C)(3)	7,500				Emerald Sponsorships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	81-3423895	501c(3)	5,500				Queens of hearts sponsorships
United Corpus Christi Chamber of Commerce 602 N Staples Corpus Christi, TX 78401	81-3423895	501(c)(6)	5,500				Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

74-1109836

Name of the organization
Christus Spohn Health System Corporation

Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <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 indemnification 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 indemnification 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 indemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a Yes</td> <td></td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b Yes</td> <td></td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	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		
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									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

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

See Additional Data Table**Schedule J (Form 990) 2017**

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	SCHEDULE J, PART I, LINE 1A, COMPANION TRAVEL TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS
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. OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS.
RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION	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 PAYMENT	SCHEDULE J, PART I, LINE 4A UNDER THE SEVERANCE PLAN, ALL OR A PORTION OF THE BASE SALARY OF A PARTICIPATING EXECUTIVE WILL CONTINUE TO BE PAID TO THE EXECUTIVE FOR A LIMITED PERIOD OF TIME IF THE EXECUTIVE'S EMPLOYMENT WITH CHRISTUS AND ITS AFFILIATES IS INVOLUNTARILY TERMINATED. PAMELA S. ROBERTSON RECEIVED \$134,431 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. PAMELA L. BROWER RECEIVED \$173,017 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. ERIKA LOCHNER RECEIVED \$48,402 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. JENNIFER GENTRY RECEIVED \$48,170 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. CYNTHIA CARSON RECEIVED \$48,331 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. KELLY ELKINS RECEIVED \$73,527 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017. PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. SCHEDULE J, PART I, LINE 4B AND FORM 990, SCHEDULE J PART II, COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990. JENNIFER GENTRY RECEIVED \$1,770 DURING CALENDAR YEAR 2017 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET.
SUPPLEMENTAL COMPENSATION INFORMATION	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. SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2017.
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II THE BONUS AND INCENTIVE COMPENSATION REPORTED AS RELATED COMPENSATION WAS PAID TO THE FOLLOWING PERSONS BY CHRISTUS HEALTH, A RELATED ORGANIZATION OF THE FILING ENTITY: DAVID LEMONTE, RICHARD MORIN, MARGOT RIOS, MARK CASANOVA, MARIA CHAPA, REBECCA RIOS, KAREN BONNER, OSBERT BLOW, DOMINIC DOMINGUEZ, JENNIFER GENTRY, LISA COX, BRIAN CONNOR, JUSTIN DOSS, STEVEN KING, WRAY BORLAND, DANNY HARDMAN, STEVEN KAZANJIAN, JOHN KIGHT, THOMAS MCKINNEY AND GENIFER RUCKER.
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.

Additional Data

Software ID:
Software Version:
EIN: 74-1109836
Name: Christus Spohn Health System 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 LeMonte President Spohn Kleberg	(i)	0	0	0	0	0	0	0
	(ii)	281,422	14,230	100	33,005	23,962	352,719	0
1Richard Morin VP Ops Memorial-Shoreline	(i)	0	0	0	0	0	0	0
	(ii)	197,772	10,320	0	25,434	24,210	257,736	0
2Margot Rios CNO Spohn Alice	(i)	0	0	0	0	0	0	0
	(ii)	221,484	9,881	295	27,505	12,645	271,810	0
3Pamela S Robertson DIR /Pres /CEO (Term 7/2016)	(i)	0	0	0	0	0	0	0
	(ii)	299,364	0	136,780	19,520	0	455,664	0
4Pamela L Brower Treasurer/CFO (Term 8/2016)	(i)	0	0	0	0	0	0	0
	(ii)	127,678	0	176,060	5,016	0	308,754	0
5Mark W Casanova President Spohn South Hospital	(i)	0	0	0	0	0	0	0
	(ii)	252,701	12,423	150	30,908	23,384	319,566	0
6Maria Chapa Chief Clinical Trans Officer	(i)	0	0	0	0	0	0	0
	(ii)	497,404	26,808	12,545	67,045	10,559	614,361	0
7Rebecca B Rios VP Finance	(i)	0	0	0	0	0	0	0
	(ii)	193,775	10,659	0	21,340	36,067	261,841	0
8Karen Bonner VP for Philanthropy	(i)	0	0	0	0	0	0	0
	(ii)	201,375	8,941	0	8,357	17,511	236,184	0
9Osbert Blow CMO	(i)	0	0	0	0	0	0	0
	(ii)	426,829	27,615	70,000	82,093	23,384	629,921	0
10DOMINIC DOMINGUEZ SVP GROUP OPS	(i)	0	0	0	0	0	0	0
	(ii)	608,959	160,792	700	124,221	16,241	910,913	0
11JENNIFER GENTRY CNO Shoreline (Term 10/2017)	(i)	0	0	0	0	0	0	0
	(ii)	335,441	16,232	55,394	3,995	8,670	419,732	1,770
12JUSTIN DOSS PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	483,841	108,815	400	81,886	23,384	698,326	0
13LISA COX CNO SPOHN HOSPITAL - SOUTH	(i)	0	0	0	0	0	0	0
	(ii)	176,129	9,970	370	0	20,933	207,402	0
14SHAH ISLAM MD DIRECTOR (Term 12/2017)	(i)	170,530	4,853	21,570	0	0	196,953	0
	(ii)	0	0	0	0	0	0	0
15STEVEN KING Treasurer/CFO	(i)	0	0	0	0	0	0	0
	(ii)	337,962	74,009	0	52,669	24,026	488,666	0
16JENNIFER SHEALY MEDICAL PHYSICIST	(i)	211,010	50	50	14,037	23,303	248,450	0
	(ii)	0	0	0	0	0	0	0
17BRIAN CONNOR PRES SPOHN HOSP(Term 1/2018)	(i)	0	0	0	0	0	0	0
	(ii)	311,205	56,454	4,923	0	0	372,582	0
18ERIKA LOCHNER CNO SPOHN Hos -SOUTH (11/2017)	(i)	140,107	4,190	48,778	9,151	14,978	217,204	0
	(ii)	0	0	0	0	0	0	0
19DEBORAH D ALLEN PHARMACY DIRECTOR	(i)	169,770	15,583	200	5,890	21,936	213,379	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CYNTHIA G CARSON REHABILITATION DIR (11/2017)	(i)	133,485	350	48,877	8,610	252	191,574	0
	(ii)	0	0	0	0	0	0	0
1RAYMOND B ACEBO VP - MEDICAL AFFAIRS	(i)	177,750	4,415	150	0	0	182,315	0
	(ii)	0	0	0	0	0	0	0
2Wray Borland VP Operations	(i)	0	0	0	0	0	0	0
	(ii)	122,078	14,049	6,000	0	11,333	153,460	0
3Danny Hardman Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	183,690	15,350	5,140	0	211	204,391	0
4Stephen Kazanjian VP Mission Integration	(i)	0	0	0	0	0	0	0
	(ii)	169,820	9,782	0	24,522	23,391	227,515	0
5John Kight VP, Nursing Operations	(i)	0	0	0	0	0	0	0
	(ii)	163,075	6,818	0	0	0	169,893	0
6Thomas Mckinney President (eff 4/2018)	(i)	0	0	0	0	0	0	0
	(ii)	177,135	52,333	300	26,572	24,110	280,450	0
7Genifer Rucker President	(i)	0	0	0	0	0	0	0
	(ii)	163,513	15,350	6,323	0	12,598	197,784	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Christus Spohn Health System Corporation

Employer identification number
74-1109836

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GULF SHORE ANESTHESIA ASSOCIATES	BRENT HAGEMEISTER BRD MBR	92,166	SEE SUPPLEMENTAL INFORMATION		No
(2) KIDNEY SPECIALISTS OF SOUTH TEXAS	BRENT HAGEMEISTER BRD MBR	85,755	SEE SUPPLEMENTAL INFORMATION		No
(3) Urban Engineering	Karen Urbam BRD MBR	1,625	SEE SUPPLEMENTAL INFORMATION		No
(4) RADIOLOGY IMAGING OF SOUTH TEXAS	ANTHONY HEIN, MD BRD MBR	1,576,298	SEE SUPPLEMENTAL INFORMATION		No
(5) REEL Visual	PamELA Robertson BRD MBR	22,264	SEE SUPPLEMENTAL INFORMATION		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV 1) FEES OF \$92,166 WERE PAID TO GULF SHORE ANESTHESIA ASSOCIATES FOR SERVICES PROVIDED BY DR BRENT HAGEMEISTER OR HIS GROUP OF ANESTHESIOLOGISTS DR HAGEMEISTER ALSO OWNS SHARES IN TRUE MEDICAL IMAGING WHICH ALSO DOES BUSINESS WITH CHRISTUS SPOHN 2) FEES OF \$85,755 WERE PAID TO KIDNEY SPECIALISTS OF SOUTH TEXAS FOR THEIR SERVICES DR HAGEMEISTER'S WIFE IS A MEMBER OF THIS GROUP 3) FEES OF \$1,625 WERE PAID TO URBAN ENGINEERING KAREN URBAN'S STEPSON CHIP URBAN IS PARTNER AT URBAN ENGINEERING 4) FEES OF \$1,576,298 WERE PAID TO RADIOLOGY & IMAGING OF SOUTH TEXAS FOR THEIR SERVICES ANTHONY HEIN, M D IS A PARTNER WITHIN THE GROUP 5) FEES OF \$22,264 WERE PAID TO REEL VISUAL PAMELA ROBERTSON'S DAUGHTER AND SON-IN-LAW ARE THE OWNERS OF REEL VISUAL

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493134104589
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization Christus Spohn Health System Corporation		Employer identification number 74-1109836	

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>FORM 990, PART I, LINE C CHRISTUS SPOHN FAMILY HEALTH CENTER - BEEVILLE CHRISTUS SPOHN FAMILY HEALTH CENTER - NORTHSIDE CHRISTUS SPOHN FAMILY HEALTH CENTER - PADRE ISLAND CHRISTUS SPOHN FAMILY HEALTH CENTER - ROBSTOWN CHRISTUS SPOHN FAMILY HEALTH CENTER - WESTSIDE CHRISTUS SPOHN HEART INSTITUTE CHRISTUS SPOHN HEALTH SYSTEM CHRISTUS SPOHN HOSPITAL ALICE CHRISTUS SPOHN HOSPITAL BEEVILLE CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI - MEMORIAL CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI - SHORELINE CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI - SOUTH CHRISTUS SPOHN HOSPITAL KLEBURG CHRISTUS SPOHN MEDICAL CLINIC - BEEVILLE CHRISTUS SPOHN MEMORIAL QUICK CARE CHRISTUS SPOHN WOUND CARE & HYPERBARIC CLINIC DESCRIPTION OF OTHER PROGRAMS SERVICES FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR A BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT IN FY 2018, THE CHRISTUS SPOHN CAREVAN MOBILE CLINIC DELIVERED OB AND WOMEN'S SERVICES TO THE REGION'S UNINSURED WOMEN INCLUDING PRE-NATAL CARE, PAP SMEARS, LABORATORY AND ULTRA-SOUND TESTING, ANNUAL EXAMS, AND REFERRALS FOR FREE MAMMOGRAMS AND PRE-NATAL CARE THIS PREVENTATIVE AND WELLNESS CARE HELPS WITH EARLY DETECTION THAT OTHERWISE MIGHT RESULT IN MORE SERIOUS HEALTH ISSUES REQUIRING HOSPITALIZATION IN THE FUTURE THE CAREVAN ALSO PROVIDES HEALTH SCREENING, IMMUNIZATIONS, HEALTH EDUCATION AND COUNSELING TO VULNERABLE AND UNDERSERVED POPULATIONS IN THE COMMUNITY IN ADDITION, PATIENT NAVIGATORS ASSIST PATIENTS IN NEED OF PRIMARY CARE BY FACILITATING INTEGRATION INTO THE CHRISTUS SPOHN FAMILY HEALTH CENTERS AND PRIMARY CARE PROVIDER CLINICS INCLUDING AREA FQHC'S IN FY 2018 THE CAREVAN HAD 1,567 ENCOUNTERS WITH WOMEN AND OTHER VULNERABLE MEMBERS OF THE COMMUNITY CHRISTUS HEALTH ALSO USED CASH DONATIONS TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, AND MANY OTHER EQUALLY WORTHWHILE ENDEAVORS DURING FY 2018, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE PATIENTS WE SERVE IN FY 2018, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION CONTINUED ITS PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE PROVIDERS CALLED THE COASTAL BEND COMMUNITY NEEDS TASK FORCE ITS GOAL IS TO STRATEGICALLY ADDRESS THE COMMUNITY NEEDS IDENTIFIED THROUGH THE 2013 COASTAL BEND HEALTH NEEDS ASSESSMENT CHRISTUS SPOHN HEALTH SYSTEM'S IMPLEMENTATION PLAN BEGINS WITH ADDRESSING THE SURVEYED HEALTH NEEDS OF THE COMMUNITY THE OVERARCHING CONCERNS IDENTIFIED IN THE ASSESSMENT FOCUS UPON EXPANSION OF PRIMARY CARE, CHRONIC DISEASE MANAGEMENT, BETTER ACCESS TO BEHAVIORAL HEALTHCARE SERVICES PROVIDING MORE AC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	CESSIBLE VENUES OF CARE SHOULD REDUCE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT AND AV OIDABLE HOSPITALIZATIONS ONGOING COLLABORATION AMONG TASK FORCE MEMBERS AND OTHER HEALTH RELATED STAKEHOLDERS IN THE COMMUNITY WILL CREATE AVENUES TO IMPROVE OVERALL HEALTH LITERA CY CHRISTUS SPOHN HEALTH SYSTEM CORPORATION CONTINUES TO SUPPORT THE COASTAL BEND COMMUNI TY NEEDS TASK FORCE'S WEB BASED HEALTH INFORMATION CLEARINGHOUSE, WHICH AMONG OTHER RESOUR CES, PROVIDES A LINK TO THE CURRENT NEEDS ASSESSMENT WWW COASTALBENDHEALTHFINDER COM IN P ARTNERSHIP WITH THE FIRST FRIDAY PROGRAM, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION PERFORM ED OVER 41 FREE MAMMOGRAMS IN FY 2018 TO ASSIST PERSONS WHO WOULD NOT ORDINARILY HAVE ACCE SS TO MAMMOGRAMS FOR EARLY DETECTION OF BREAST CANCER

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND HERITAGE, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS FOR HOMELESS SHELTERS, TRANSPORTATION SERVICES, AND A VARIETY OF OTHER SOCIAL SERVICES. CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLE'S LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. DURING FY 2018, THE TOTAL GRANT MONEY DISTRIBUTED BY CHRISTUS HEALTH TO THE SPOHN REGION WAS \$172,653.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, SECTION A, 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
CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	<p>FORM 990, PART VI, SECTION A, 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 AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO) 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 AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION, APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL U</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	SE 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 DESIGNAT ED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATI ON, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNAT ED MINISTRY PROPERTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, 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 REVIEW Review OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2019 VIA A WEB PORTAL POLLING TOOL BY THE 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, SECTION B, LINE 12C AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE 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, SECTION B, LINES 15A & 15B THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS SPOHN HEALTH SYSTEM 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, SECTION C, LINE 18 CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF ITS 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, SECTION C, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 PENSION LIABILITY/EXPENSE \$ 115,054,787 GRANTS \$ 795,369 CONTRIBUTED CAPITAL \$ (112,696) TEMPORARILY RESTRICTED CONTRIBUTIONS \$ (1,063,485) UNRESTRICTED CONTRIBUTIONS - NET \$ 4,598 EQUITY ADJUSTMENT - UNCONSOLIDATED SUBS \$ 5,439,062 PENSION FUNDING \$ (114,558,561) TRANSFER OF NET ASSETS BETWEEN ENTITIES \$ (7,852,659) ----- TOTAL \$(2,293,585)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEMBERSHIP AGREEMENT EXPENSE TOTAL FEES 91247922

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL SERVICES TOTAL FEES 26160839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 17634998

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OCCUPANCY RELATED SERVICES TOTAL FEES 10767785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE SERVICES TOTAL FEES 9042074

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 10350640

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 2547889

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 908768

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LICENSE/SUBSCRIPTION FEES TOTAL FEES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Spohn Health System Corporation

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
74-1109836

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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2616328	HLTH PLAN ADM	TX	SPHSC	C CORP	173,027	2,413,150	100 000 %	Yes	
(2) SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2322574	Rental	TX	SPHSC	C CORP	946,601	15,028,990	100 000 %	Yes	
(3) CHRISTUS Muguerza SAPI de CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N L 64060 MX	HLTHCARE SVC	MX	CH	C corp				Yes	
(4) EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 KY1-1102 GRAND CAYMAN CJ 98-0407545	INSURANCE	CJ	CH	C CORP				Yes	
(5) LTACH Condominium Unit Owners Assoc 600 Elizabeth Street Corpus Christi, TX 78404 47-2404808	building assoc	TX	SPHSC	c corp	0	0	100 000 %	Yes	
(6) CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE IRVING, TX 75038 47-4618648	ACO	LA	CH	C CORP				Yes	
(7) CHRISTUS CONNECTED CARE NETWORK 919 HIDDEN RIDGE DR Irving, TX 75038 47-3403356	SPT HLTH SVCS	TX	ch	C Corp				Yes	

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 74-1109836
Name: Christus Spohn Health System 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	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SUPT HLTH SVC	TX	501(c)(3)	10	NA		No
2830 CALDER STREET BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
1700 W Loop South STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	12 - TYPE I	CH	Yes	
1700 W LOOP SOUTH STE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPT HLTH SVC	TX	501(c)(3)	12 - Type I	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1906005	SUPT HLTH SVC	TX	501(c)(3)	7	SPHSC	Yes	
600 ELIZABETH ST CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(c)(4)		SPHSC	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-2798043	SUPT HLTH SVC	TX	501(C)(3)	12 - TYPE I	CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(C)(4)		CH	Yes	
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	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1315 doctors drive tyler, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(C)(3)	12, type II	CH	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(c)(3)	12, type II	CH	Yes	

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
919 HIDDEN RIDGE IRVING, TX 75038 82-2109465	HLTHCARE SVCS	TX	501(C)(3)	12, TYPE II	CH	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
SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2616328	HLTH PLAN ADM	TX	SPHSC	C CORP	173,027	2,413,150	100 000 %	Yes	
SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2322574	Rental	TX	SPHSC	C CORP	946,601	15,028,990	100 000 %	Yes	
CHRISTUS Muguerza SAPI de CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N L 64060 MX	HLTHCARE SVC	MX	CH	C corp				Yes	
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 KY1-1102 GRAND CAYMAN CJ 98-0407545	INSURANCE	CJ	CH	C CORP				Yes	
LTACH Condominium Unit Owners Assoc 600 Elizabeth Street Corpus Christi, TX 78404 47-2404808	building assoc	TX	SPHSC	c corp	0	0	100 000 %	Yes	
CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE IRVING, TX 75038 47-4618648	ACO	LA	CH	C CORP				Yes	
CHRISTUS CONNECTED CARE NETWORK 919 HIDDEN RIDGE DR Irving, TX 75038 47-3403356	SPT HLTH SVCS	TX	ch	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	j	891,828	ACCRUAL
CH WILKINSON	l	9,467,782	ACCRUAL
CH WILKINSON	m	9,471,129	ACCRUAL
CH WILKINSON	q	888,762	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	l	426,350	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	m	270,000	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	o	247,972	ACCRUAL
CHRISTUS HEALTH PLAN	l	502,073	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	l	600,169	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	o	1,394,300	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	p	310,995	ACCRUAL
Christus Spohn health System Development Fdn	b	1,574,661	ACCRUAL
Christus Spohn health System Development Fdn	c	12,509,630	ACCRUAL
Christus Spohn health System Development Fdn	o	558,472	ACCRUAL
Christus Spohn health System Development Fdn	q	95,054	ACCRUAL
SANTA ROSA FAMILY HEALTH CENTER	o	65,000	ACCRUAL
SPOHN HEALTH NETWORK	A(I)	156	ACCRUAL
SPOHN INVESTMENT CORPORATION	A(I)	209	ACCRUAL