



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

CHRISTUS SPOHN HEALTH SYSTEM IS PART OF CHRISTUS HEALTH, FORMED IN 1999 TO STRENGTHEN THE 155-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.

**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.

<b>4a</b>	(Code: ) (Expenses \$ 319,440,284 including grants of \$ 0 ) (Revenue \$ 392,601,441 )
See Additional Data	

<b>4b</b>	(Code: ) (Expenses \$ 321,521,216 including grants of \$ 0 ) (Revenue \$ 267,412,085 )
See Additional Data	

<b>4c</b>	(Code: ) (Expenses \$ 119,154,101 including grants of \$ 0 ) (Revenue \$ 148,287,008 )
See Additional Data	

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$ 2,792,866 including grants of \$ 999,815 ) (Revenue \$ 0 )
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<b>4e</b>	<b>Total program service expenses</b> ▶	762,908,467
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	Yes
<b>24a</b>	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 . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	Yes
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	Yes
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	213
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	13	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>10b</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	
<b>11a</b>	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>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>12c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>15b</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).		
<b>16a</b>	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>16b</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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,038,927	8,602,057	1,844,939

**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 ▶ 274

		Yes	No
3	Did the organization list any <b>former</b> 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)	(B)	(C)
Name and business address	Description of services	Compensation
CARE INTEGRATED BEHAVIORAL, PO BOX 272000 CORPUS CHRISTI, TX 78427	MEDICAL SERVICES	3,881,300
COASTAL BEND BLOOD CENTER, 209 N Padre Island Dr CORPUS CHRISTI, TX 78406	MEDICAL SERVICES	2,302,538
BEECROFT CONSTRUCTION LTD, 2222 Laredo St CORPUS CHRISTI, TX 78405	CONSTRUCTION SVCS	2,124,292
GJERSET AND LORENZ LLP, 2801 Via Fortuna Ste 500 AUSTIN, TX 78746	LEGAL SERVICES	1,506,438
IKON SPINE LLC, 6101 W Courtyard Dr Bldg1 Ste 210 AUSTIN, TX 78730	MEDICAL SERVICES	1,251,808

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 37</p>	
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<b>Part VIII Statement of Revenue</b>											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>									
	<b>b</b> Membership dues . . .	<b>1b</b>									
	<b>c</b> Fundraising events . . .	<b>1c</b>	0								
	<b>d</b> Related organizations	<b>1d</b>	10,247								
	<b>e</b> Government grants (contributions)	<b>1e</b>	955,370								
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,223,098								
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	0								
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶					2,188,715					
<b>Program Service Revenue</b>			<b>Business Code</b>								
	<b>2a</b> NET PATIENT SERVICE REVENUE		621990	777,886,015	777,862,134	23,881	0				
	<b>b</b> RETAIL PHARMACY REVENUE		446110	73,129	73,129	0	0				
	<b>c</b> RENT-EXEMPT FUNCTION		531120	4,289,169	4,289,169	0	0				
	<b>d</b> CORPORATE SERVICE		900099	25,623,882	25,623,882	0	0				
	<b>e</b> All other program service revenue		900099	428,339	428,339	0	0				
	<b>f</b> All other program service revenue.										
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶		808,300,534								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,575,012				1,575,012			
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶			0							
	<b>5</b> Royalties . . . . . ▶			0							
		(i) Real	(ii) Personal								
	<b>6a</b> Gross rents	<b>6a</b>									
	<b>b</b> Less: rental expenses	<b>6b</b>									
	<b>c</b> Rental income or (loss)	<b>6c</b>	0	0							
	<b>d</b> Net rental income or (loss) . . . . . ▶			0							
		(i) Securities	(ii) Other								
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>		40,515							
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		168,905							
	<b>c</b> Gain or (loss)	<b>7c</b>		-128,390							
	<b>d</b> Net gain or (loss) . . . . . ▶			-128,390				-128,390			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .										
		<b>8a</b>	0								
	<b>b</b> Less: direct expenses . . . . .										
		<b>8b</b>	0								
	<b>c</b> Net income or (loss) from fundraising events . . . ▶			0							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .										
		<b>9a</b>	0								
<b>b</b> Less: direct expenses . . . . .											
	<b>9b</b>	0									
<b>c</b> Net income or (loss) from gaming activities . . . ▶			0								
<b>10a</b> Gross sales of inventory, less returns and allowances . . .											
	<b>10a</b>	0									
<b>b</b> Less: cost of goods sold . . .											
	<b>10b</b>	0									
<b>c</b> Net income or (loss) from sales of inventory . . . ▶			0								
Miscellaneous Revenue		<b>Business Code</b>									
<b>11a</b> GENERAL MERCHANDISE REVENUE		900099	32,492	0	0	32,492					
<b>b</b> FOOD SERVICE REVENUE		722320	10,625	0	0	10,625					
<b>c</b>											
<b>d</b> All other revenue . . . . .											
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		43,117									
<b>12 Total revenue.</b> See instructions . . . . . ▶			811,978,988	808,276,653	23,881	1,489,739					

Form 990 (2019)

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	999,815	999,815		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0	0	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	88,914	80,231	8,683	0
<b>7</b> Other salaries and wages . . . . .	197,376,776	178,102,055	19,274,721	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	30,020,794	25,191,486	4,869,064	-39,756
<b>10</b> Payroll taxes . . . . .	13,872,201	12,751,049	1,083,500	37,652
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	105,814	11,729	94,085	0
<b>b</b> Legal . . . . .	2,878,128	4,585	2,873,543	0
<b>c</b> Accounting . . . . .	0	0	0	0
<b>d</b> Lobbying . . . . .	6,279	0	6,279	0
<b>e</b> Professional fundraising services. See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,889,201	88,521,117	11,368,084	0
<b>12</b> Advertising and promotion . . . . .	2,284,518	-372,877	2,657,395	0
<b>13</b> Office expenses . . . . .	97,248,017	93,590,484	3,656,342	1,191
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	8,981,040	8,069,878	911,162	0
<b>17</b> Travel . . . . .	770,613	331,008	436,724	2,881
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	387,573	302,965	84,608	0
<b>20</b> Interest . . . . .	19,980,632	19,901,401	79,231	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	32,585,651	31,259,345	1,326,306	0
<b>23</b> Insurance . . . . .	10,556,635	10,553,805	2,830	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	129,144,061	128,273,145	870,773	143
<b>b</b> PROV. UNCOLLECTIBLE ACCT	80,292,132	80,292,132	0	0
<b>c</b> RECRUITMENT/PLACEMENT FEE	45,767	68,601	-22,834	0
<b>d</b> DUES & MEMBERSHIP	89,966,826	84,826,694	5,140,132	0
<b>e</b> All other expenses	818,428	149,819	668,259	350
<b>25</b> Total functional expenses. Add lines 1 through 24e	818,299,815	762,908,467	55,388,887	2,461
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		187,682,687	<b>1</b>	9,748,577	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		122,471,377	<b>4</b>	73,791,252	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	102,339,255	
	<b>8</b>	Inventories for sale or use . . . . .		19,122,068	<b>8</b>	19,784,217	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		787,098	<b>9</b>	2,463,982	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,033,814,118			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	505,052,410	525,170,747	<b>10c</b>	528,761,708
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		21,058,758	<b>13</b>	6,891,188	
	<b>14</b>	Intangible assets . . . . .		699,484	<b>14</b>	1,234,336	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		30,792,381	<b>15</b>	28,044,494	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		907,784,600	<b>16</b>	773,059,009		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		39,792,160	<b>17</b>	32,901,940	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		458,307	<b>19</b>	73,249,780	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		3,830,664	<b>23</b>	1	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	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		154,548,320	<b>25</b>	50,624,515	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		198,629,451	<b>26</b>	156,776,236	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		709,115,878	<b>27</b>	616,243,127	
	<b>28</b>	Net assets with donor restrictions . . . . .		39,271	<b>28</b>	39,646	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		709,155,149	<b>32</b>	616,282,773	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		907,784,600	<b>33</b>	773,059,009		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	811,978,988
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	818,299,815
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,320,827
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	709,155,149
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	-22,609,732
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-63,941,817
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	616,282,773

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1109836

**Name:** CHRISTUS SPOHN HEALTH SYSTEM CORPORATION

Form 990 (2019)

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

COMMITMENT TO BENEFITTING OUR COMMUNITIES CHRISTUS SPOHN HEALTH SYSTEM IS PART OF CHRISTUS HEALTH, FORMED IN 1999 TO STRENGTHEN THE 155-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 787-BED SHORELINE CAMPUS, THE 100-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. BY COLLABORATING WITH NON-PROFIT ORGANIZATIONS, FQHC'S, LOCAL BUSINESSES, CHURCHES, AND GRASSROOT ORGANIZERS, CHRISTUS SPOHN HEALTH SYSTEM STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES. THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE ASSISTED US IN CREATING A RESPONSE 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. 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 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 OFFERS VARIOUS 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 ORGANIZATIONS IN THE COASTAL BEND AREA THAT ARE COMMITTED TO CREATING GREATER ACCESS TO PRIMARY CARE. AS ONE EXAMPLE, CHRISTUS SPOHN HEALTH SYSTEM CORPORATION PROVIDED FREE LAB WORK 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.

**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", 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 300 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT. UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 300 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.

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**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.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>					
(Code: )	(Expenses \$	2,538,475	including grants of \$	490,376 )	(Revenue \$ 0 )
Poor & Underserved					
(Code: )	(Expenses \$	254,391	including grants of \$	0 )	(Revenue \$ 0 )
Broader community					



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$ 0	including grants of \$ 509,439	) (Revenue \$ 0 )
Additional grants			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dominic Dominguez ..... SVP Group OPs	20.0 ..... 20.0				X			0	1,198,136	181,273
Justin Doss ..... Former Director/President	0.0 ..... 0.0						X	0	927,372	226,095
Osbert Blow ..... President / CMO	40.0 ..... 0.0			X				0	821,576	227,102
Maria Estela Chapa ..... Chief Clinical Trans Officer	40.0 ..... 0.0				X			0	802,254	184,604
Steven King ..... Dir./Treasurer/CFO(Term 12/19)	40.0 ..... 0.0	X		X				0	568,571	57,254
Reginald Allen ..... Shoreline COO (Eff. 1/20)	40.0 ..... 0.0				X			0	471,677	94,598
David Lemonte ..... President Spohn Kleberg	40.0 ..... 0.0				X			0	481,385	61,389
Mark W Casanova ..... Pres. Spohn South	40.0 ..... 0.0				X			0	388,009	102,469
Thomas McKinney ..... Pres Spohn Kleberg (Term 2/20)	40.0 ..... 0.0				X			0	326,112	116,952
Rebecca B Rios ..... VP Fin. (Interim CFO 11/19)	40.0 ..... 0.0				X			0	291,901	112,938

**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			
Richard Morin	40.0									
VP Ops Memorial-Shoreline	0.0				X			0	276,076	82,711
Margot Rios	40.0									
CNO Spohn Alice	0.0				X			0	265,648	85,302
Karen Bonner	40.0									
VP for Philanthropy	0.0				X			0	260,123	62,725
stephen Kazanjian	40.0									
VP Mission Integration	0.0				X			0	256,807	64,051
SANDRIA GEORGE	40.0					X		272,111	0	9,735
Director Cardiology	0.0									
Genifer Rucker	40.0									
Pres. Spohn Beeville	0.0				X			0	239,901	18,981
Lisa Cox	40.0									
Spohn South CNO (Term. 8/19)	0.0				X			0	252,861	5,469
Laura Garcia	40.0									
Spohn South CNO (Eff. 8/19)	0.0				X			0	213,297	33,111
LaNell Scott	40.0									
VP Perioper. Ops (Eff. 11/19)	0.0				X			0	224,649	14,074
Wray Borland	40.0									
VP Operations (Term. 9/19)	0.0				X			0	220,553	13,051

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			
CYNTHIA C CUIEL ..... RN House Supervisor	40.0 ..... 0.0					X		188,445	0	33,051
DEBORAH D ALLEN ..... Dir. Pharmacy	40.0 ..... 0.0					X		188,297	0	24,102
WEISHUENN YOUNG ..... Clinical Pharmacist	40.0 ..... 0.0					X		192,966	0	19,043
TERESA R CARDENAS ..... Dir. Business Development	40.0 ..... 0.0					X		197,108	0	10,444
Danny Hardman ..... Former COO (Term 5/19)	0.0 ..... 0.0						X	0	115,149	4,415
W Aaron Tucker DO ..... Director (Term 12/19)	1.0 ..... 0.0	X						0	100,475	4,701
Laura Martinez ..... Dir./Corporate Secretary	40.0 ..... 0.0						X	74,763	0	14,151
Srikanth Damaraju MD ..... Director	1.0 ..... 0.0	X						0	13,500	0
Anthony LaMantia ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
David Engel ..... 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			
Dr Kelly Miller ..... Director	1.0 ..... 0.0	X						0	0	0
Gabe Guerra ..... Director	1.0 ..... 0.0	X						0	0	0
Govind Nadkarni ..... Director	1.0 ..... 0.0	X						0	0	0
Jesus Garza ..... Director/Chair	1.0 ..... 0.0	X		X				0	0	0
Kirby Townsend ..... Director	1.0 ..... 0.0	X						0	0	0
Linda Walker ..... Director	1.0 ..... 0.0	X						0	0	0
Patricia Canales Bell ..... Director	1.0 ..... 0.0	X						0	0	0
Rachel Canales ..... Director	1.0 ..... 0.0	X						0	0	0
Robert Bosquez II ..... Director	1.0 ..... 0.0	X						0	0	0
Sister Mary Ann McKeogh ..... Director	1.0 ..... 0.0	X						0	0	0



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> 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>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 74-1109836  
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)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**  
▶**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization CHRISTUS 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.**

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

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	▶ \$
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		6,279
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			6,279
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

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

**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 and staff of the executive branch, and Members of the Texas Legislature and their respective staff through emails, letters, telephone calls, virtual meetings and meetings on issues related to Medicaid reimbursement, access to health care and state funding for safety net providers, emergency preparedness, COVID-19, graduate medical education, trauma network and services, local provider participation funds, opioid abuse, the Public Information Act, maternal health, children's health issues, behavioral health, Medicaid managed care, prescription drugs costs, pharmacy and prescribing authority, rural hospitals, physician relations, surprise billing, foster care reform, and the 1115 waiver program. At the federal level, had direct contact with members and staff through emails, letters, telephone calls and meetings to discuss issues related to safety-net providers, access to care, health care reform proposals, quality program implementation, rural hospitals, remote medical technology, 340B Drug Pricing Program, COVID-19 antibody testing, Medicare advanced payments, bond issuers, value-based payment models, foreign health care workers, children's health issues, the ACE Kids Act, CHGME, Medicaid, rural health program reauthorization, health care for veterans, COVID-19, CARES Funding, liability reform, the Federal Bureau of Prisons and Veterans Affairs unreimbursed claims. Total - 26 Executive Hours/2 Administrative Hours CHRISTUS SPOHN HEALTH SYSTEM CORPORATION DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDED JUNE 30, 2020.

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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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .	26,335,868		26,335,868
b	Buildings . . . . .	753,338,315	318,586,844	434,751,471
c	Leasehold improvements	20,811,304	14,729,528	6,081,776
d	Equipment . . . . .	221,592,508	168,714,942	52,877,566
e	Other . . . . .	11,736,123	3,021,096	8,715,027
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			528,761,708

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
(2) OTHER LONG TERM LIABILITIES	44,509,738
(3) CAPITAL LEASE	6,114,756
(4) SALES TAX PAYABLE	21
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	50,624,515

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.

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

**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.

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

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

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

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 . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %  b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <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 %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  6a Did the organization prepare a community benefit report during the tax year? . . . . .  b If "Yes," did the organization make it available to the public? . . . . .  Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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) . . . . .			105,490,608		105,490,608	14.290 %
b Medicaid (from Worksheet 3, column a) . . . . .			118,555,128	159,913,989		
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			224,045,736	159,913,989	105,490,608	14.290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .	9	54,896	1,655,862	0	1,655,862	0.220 %
f Health professions education (from Worksheet 5) . . . . .	3	0	144,032	0	144,032	0.020 %
g Subsidized health services (from Worksheet 6) . . . . .	12	2,148	493,295	0	493,295	0.070 %
h Research (from Worksheet 7) . . . . .		0	0	0	0	
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	1	0	490,376	0	490,376	0.070 %
j Total. Other Benefits . . . . .	25	57,044	2,783,565	0	2,783,565	0.380 %
k Total. Add lines 7d and 7j . . . . .	25	57,044	226,829,301	159,913,989	108,274,173	14.670 %



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	1		69,373		69,373	0.010 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	1		69,373		69,373	0.010 %

**Part IIII Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	80,292,132	
<b>3</b> 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. . . . .	<b>3</b>	495,356	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	150,922,244	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	141,803,298	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	9,118,946	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> CSUSP SURG CTR LP	AMBULATORY SURGERY CENTER	49.99 %		50.01 %
<b>2</b> CORPUS CH SURGICARE	AMBULATORY SURGERY CENTER	30.09 %		39.82 %
<b>3</b> SHORELINE SURGERY CT	AMBULATORY SURGERY CENTER	25.05 %		49.89 %
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> 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>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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:			
<b>13</b>	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:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SCH. H, PART V, SEC. C		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SCH. H, PART V, SEC. C		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SCH. H, PART V, SEC. C		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>22</b>		
<b>23</b>		No
<b>24</b>		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, 20a, 20b, 20c, 20d, 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? 2

Name and address	Type of Facility (describe)
<b>1</b> CORPUS CHRISTI SURGICARE LTD 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001	OUTPATIENT SURGERY CENTER
<b>2</b> SHORELINE SURGERY CENTER LLP 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001	OUTPATIENT SURGERY CENTER
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**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 \$818,299,815. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$80,292,132. THIS LEAVES A TOTAL EXPENSE OF \$738,007,683 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 30.73% 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 CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2020. 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. IN FISCAL YEAR 2020, CHRISTUS FUND GRANTS WERE PROVIDED TO TWO NONPROFIT ORGANIZATIONS AMOUNTING TO \$113,500. THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH NEEDS OF THE COMMUNITY THAT CHRISTUS SPOHN HEALTH SYSTEM CORPORATION SERVES. 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 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</p> <p>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 2020, 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 NUECES 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, MEDICATIONS, AND DURABLE MEDICAL EQUIPMENT, ALL SUBJECT TO CO-PAYMENTS. CHRISTUS SPOHN COMMUNITY OUTREACH REMAINS COMMITTED TO PROVIDING THE COMMUNITY WITH ACCESS TO AFFORDABLE, QUALITY HEALTH CARE BY COLLABORATING WITH PHYSICIANS, SPOHN FAMILY HEALTH CENTERS, HOSPITALS, AND VARIOUS LOCAL ORGANIZATIONS TO SEEK SOLUTIONS TO IMPROVE THEIR HEALTH AND WELLBEING.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 1	<p>BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15. THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE. THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE. MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL. ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE.</p>



# 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, 2020, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT .62% 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, 2020. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 3.73% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2020 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.</p>

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 CHRISTUS SPOHN HEALTH SYSTEM IS A NON-PROFIT, CATHOLIC INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES FIVE ACUTE CARE HOSPITALS IN FOUR COUNTIES IN THE COASTAL BEND REGION. CHRISTUS SPOHN HEALTH SYSTEM'S DEDICATED STAFF PROVIDES SPECIALTY CARE TAILORED TO THE INDIVIDUAL NEEDS OF EVERY PATIENT, AIMING TO DELIVER HIGH-QUALITY SERVICES WITH EXCELLENT CLINICAL OUTCOMES. CHRISTUS SPOHN HEALTH SYSTEM WORKS CLOSELY WITH THE LOCAL COMMUNITY TO ENSURE REGIONAL HEALTH NEEDS ARE IDENTIFIED AND INCORPORATED INTO SYSTEM-WIDE PLANNING AND STRATEGY. TO THIS END, CHRISTUS SPOHN HEALTH SYSTEM COMMISSIONED TEXAS HEALTH INSTITUTE TO CONDUCT AND PRODUCE ITS 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), AS REQUIRED BY LAW TO BE PERFORMED ONCE EVERY THREE YEARS AS A CONDITION OF 501(C)(3) TAX-EXEMPT STATUS. IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THI STAFF AND CHRISTUS SPOHN HEALTH SYSTEM COMMUNITY STAKEHOLDERS ANALYZED OVER 40 DIFFERENT INDICATORS OF HEALTH NEEDS BASED ON DEMOGRAPHICS AND SOCIOECONOMIC TRENDS; MEASURES OF PHYSICAL, BEHAVIORAL, SOCIAL, AND EMOTIONAL HEALTH; AND RISK FACTORS AND BEHAVIORS THAT PROMOTE HEALTH OR PRODUCE SICKNESS. THE LATTER PROVIDED INSIGHT INTO SOCIAL DETERMINANTS OF HEALTH OPERATING IN THE REPORT AREA, SUCH AS TRANSPORTATION, AND FOOD INSECURITY. REPORT FINDINGS COMBINE SECONDARY ANALYSIS FROM PUBLICLY AVAILABLE DATA SOURCES, HOSPITAL UTILIZATION DATA AND INPUT FROM THOSE WITH CLOSE KNOWLEDGE OF THE LOCAL PUBLIC HEALTH AND HEALTH CARE SYSTEMS TO PRESENT A COMPREHENSIVE OVERVIEW OF UNMET HEALTH NEEDS IN THE REGION. THE VOICE OF THE COMMUNITY GUIDED THE NEEDS ASSESSMENT PROCESS THROUGHOUT THE LIFE OF THE PROJECT, ENSURING THE DATA AND ANALYSES REMAINED GROUNDED IN LOCAL CONTEXT. FOCUS GROUP AND NEEDS PRIORITIZATION MEETINGS ENSURED INPUT FROM LOW INCOME AND MINORITY COMMUNITIES AND STAKEHOLDERS REPRESENTING THOSE COMMUNITIES. THROUGH AN ITERATIVE PROCESS OF COMMUNITY DEBRIEFING AND REFINEMENT OF FINDINGS, A FINAL LIST OF FIVE PRIORITIZED HEALTH CONCERNS WERE DEVELOPED (BEHAVIORAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLENCE, TRUST IN COMMUNITY RESOURCES AND SYSTEMS BY VULNERABLE POPULATIONS, AND UNNECESSARY USE OF THE EMERGENCY ROOM). THIS PRIORITY LIST OF HEALTH NEEDS AND THE DATA COMPILED IN SUPPORT OF THE SELECTION LAYS THE FOUNDATION FOR CHRISTUS SPOHN HEALTH SYSTEM TO REMAIN AN ACTIVE, INFORMED PARTNER IN POPULATION HEALTH IN THE REGION FOR YEARS TO COME.</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>

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), WHICH INCLUDES A 14-COUNTY AREA WITH A POPULATION OF MORE THAN 600,000 INDIVIDUALS. WHILE CHRISTUS SPOHN'S SERVICE AREA IS VAST, IT HAS HOSPITALS STRATEGICALLY LOCATED IN FOUR DIFFERENT COASTAL BEND COUNTIES: BEE, JIM WELLS, KLEBERG, AND NUECES. THESE FOUR COUNTIES CONSIST OF A TOTAL POPULATION OF 465,734 RESIDENTS, THE COMMUNITY INFORMATION FOR THE FOUR HOSPITAL COUNTIES REFLECT THE COMMUNITIES OF THE COASTAL BEND REGION WHILE REPRESENTING THE BULK OF INDIVIDUALS USING CHRISTUS SPOHN'S SERVICES. JUST OVER 75% OF THE FOUR COUNTY POPULATION RESIDES IN NUECES COUNTY. SEVENTY-EIGHT PERCENT OF RESIDENTS IN THE FOUR COUNTIES LIVE IN NUECES COUNTY, WHICH IS THE ONLY URBAN COUNTY, WHILE THE REMAINING 22% LIVE IN THE REMAINING RURAL COUNTIES. THIS MIRRORS THE URBAN-RURAL BREAKDOWN OF TEXAS POPULATION STATEWIDE. THE POPULATION WITHIN THE FOUR COUNTY AREA HAD A POPULATION CHANGE OF 4.7% FROM YEARS 2010 TO 2017. INDIVIDUALS BETWEEN AGE 18 AND 64 (WORKING-AGED ADULTS) CONSTITUTE 61% OF THE TOTAL POPULATION. OF THE REMAINING POPULATION, 14% ARE AGES 65 AND OLDER, 18% ARE SCHOOL AGE CHILDREN, AND 7% ARE IN INFANCY OR EARLY CHILDHOOD. OVERALL, THE POPULATION AGES 65 AND OLDER ARE SLIGHTLY HIGHER THAN THAT OF THE POPULATION OF TEXAS (12%). COMPARED TO TEXAS, THE POPULATION IN FOUR HOSPITAL COUNTIES HAVE A HIGHER PROPORTION OF HISPANIC RESIDENTS. THE HISPANIC/LATINO PROPORTION IN THE AREA IS 64%, COMPARED TO 39% OF TEXANS AND 17% OF US CITIZENS. THE ASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDER AND NATIVE AMERICAN/ALASKA NATIVE CATEGORIES EACH COMPRISE LESS THAN 2% OF THE AREA'S POPULATION. THE AREA'S POPULATION IS ALMOST EVENLY DISTRIBUTED BY GENDER (50% MALE, 50% FEMALE), MIRRORING THE GENDER DISTRIBUTION OF TEXAS AND THE US. CONSOLIDATED MEDIAN INCOME DATA FOR FOUR COUNTY AREA IS NOT AVAILABLE, BUT COUNTY-LEVEL DATA SHOWS THAT NUECES COUNTY HAS A MEDIAN ANNUAL FAMILY INCOME JUST OVER \$14,000 HIGHER THAN BEE COUNTY (\$61,273 COMPARED TO \$47,234). FOR ALL FOUR COUNTIES, THE INCOME LEVEL IS LOWER THAN TEXAS' MEDIAN FAMILY INCOME (\$64,585). POVERTY IS WIDESPREAD IN THE AREA, WITH 40% OF RESIDENTS ACROSS THE FOUR COUNTIES EARNING ANNUAL INCOMES AT OR BELOW 200% FPL. BEE COUNTY AND JIM WELLS COUNTY HAVE EVEN HIGHER POVERTY AT 47% AND 48%, RESPECTIVELY. ACCORDING TO 2019 FEDERAL GUIDELINES, 200% FPL CORRESPONDS TO AN INCOME OF \$51,500 PER YEAR FOR A FAMILY OF FOUR. SPANISH-SPEAKING POPULATIONS HAVE HIGHER POVERTY RATES THAN ENGLISH-SPEAKING POPULATIONS FOR THE AREA (16% VERSUS 19%). THE POVERTY WITHIN THE ENGLISH-SPEAKING POPULATION MIRROR THE TEXAS AND US POVERTY LEVELS. WHEREAS, THE POVERTY WITHIN THE SPANISH-SPEAKING POPULATION IS LOWER THAN THE TEXAS AND US POVERTY LEVELS (19%, 24%, 23%). HIGH SCHOOL GRADUATION RATE IS ON PAR WITH TEXAS FOR THE FOUR COUNTY AREA AS A WHOLE. HOWEVER, WHEN BROKEN DOWN BY COUNTY, BEE COUNTY AND JIM WELLS COUNTY HAVE A HIGHER PERCENTAGE OF THE POPULATION THAT HAVE NOT COMPLETED HIGH SCHOOL AT 29% AND 27%, RESPECTIVELY. ALSO, COLLEGE GRADUATION IS SIGNIFICANTLY LOWER THAN TEXAS AT 26% VERSUS 35%, RESPECTIVELY. COMPARED TO TEXAS, THE FOUR COUNTY AREA'S UNEMPLOYMENT RATE IS SIMILAR WHILE FOOD INSECURITY IS SLIGHTLY LOWER. ELEVEN PERCENT OF THE FOUR COUNTY AREA RESIDENTS EXPERIENCE FOOD INSECURITY (I.E., UNCERTAINTY ABOUT WHETHER THEY WILL BE ABLE TO GET ENOUGH NUTRITIOUS FOOD AT SOME POINT DURING THE YEAR) COMPARED TO ABOUT 15% OF TEXAS RESIDENTS. AT 18%, THE RATE OF UNINSURED IN THE REPORT AREA IS THE SAME AS TEXAS' RATE OF UNINSURED. LESS THAN 1% OF ELDERLY ADULTS IN THE AREA ARE UNINSURED DUE TO THE AVAILABILITY OF MEDICARE COVERAGE FOR THE AGE GROUP. IN CONTRAST, 1 IN 4 WORKING-AGE ADULTS IN THE REPORT AREA ARE UNINSURED AND APPROXIMATELY 1 IN 10 CHILDREN LIVING IN THE REPORT AREA ARE UNINSURED. AT THE TIME OF THIS WRITING, TEXAS REMAINS AMONG THE 14 STATES THAT HAVE DECLINED TO EXPAND MEDICAID. SCHEDULE H, PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH CHRISTUS SPOHN COLLABORATES WITH COMMUNITY ORGANIZATIONS, CHURCHES, BUSINESSES, SOCIAL SERVICE ORGANIZATIONS, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY HEALTH CARE SERVICES FOR ALL, ESPECIALLY VULNERABLE AND UNDERSERVED POPULATIONS. ACTIVITIES UNDERTAKEN BY CHRISTUS SPOHN TO PROMOTE HEALTH AND WELLNESS OF THE COMMUNITY INCLUDE: 1. CHRISTUS SPOHN HEALTH SYSTEM HAS ESTABLISHED HEALTH CARE FACILITIES ACROSS FOUR CITIES AND FOUR COUNTIES IN THE COASTAL BEND IN ORDER TO PROVIDE ACCESS TO HEALTH CARE SERVICES TO AS MANY PEOPLE AS POSSIBLE. THESE FACILITIES INCLUDE THREE HOSPITAL CAMPUSES IN CORPUS CHRISTI: 787-BED SHORELINE CAMPUS, 100-BED MEMORIAL CAMPUS, AND 153-BED SOUTH CAMPUS. AS WELL AS THREE RURAL HOSPITALS: KINGSVILLE (SPOHN KLEBERG WITH 96 BEDS), ALICE (SPOHN ALICE WITH 135 BEDS), AND BEEVILLE (SPOHN BEEVILLE WITH 69 BEDS). 2. CHRISTUS SPOHN'S OTHER HEALTH CARE</p>



Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>FACILITIES INCLUDE INVESTMENTS IN TWO AMBULATORY SURGERY CENTERS (CORPUS CHRISTI SURGICARE , LTD. AND SHORELINE SURGERY CENTER, L.L.P.) 3. CHRISTUS SPOHN OFFERS CONVENIENT LOCATIONS FOR PRIMARY CARE THROUGH THE CHRISTUS SPOHN FAMILY HEALTH CENTERS AND A CAREVAN MOBILE OU TREACH CLINIC. 4. CHRISTUS SPOHN COLLABORATES WITH THE FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S) IN ITS REGION AND OTHER NONPROFIT HEALTH CLINICS IN THE AREA THAT ARE COMMITTED T O CREATING GREATER ACCESS TO PRIMARY CARE. 5. CHRISTUS SPOHN AIDS IN THE RECRUITING OF PHY SICIANS WHO ULTIMATELY CONTRACT WITH CHRISTUS PROVIDER NETWORK, WHICH IN TURN CONTRACTS WI TH CHRISTUS SPOHN TO PROVIDE THE PHYSICIAN SERVICES IN THE CHRISTUS SPOHN FAMILY HEALTH CE NTERS. MOST OF THE CLIENTS WHO RECEIVE PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT ARE UNI NSURED OR RECEIVE COVERAGE FROM MEDICAID/CHIP/NUECES COUNTY HOSPITAL DISTRICT. 6. IMPLEMEN TATION OF THE COMMUNITY HEALTH WORKER AND CARE MANAGEMENT CONCEPT AT ALL CHRISTUS SPOHN FA MILY HEALTH CENTERS ESTABLISHES A WORKING IN-HOUSE NETWORK TO PROVIDE CONTINUITY OF CARE F OR THE INDIGENT AND UNDERSERVED FROM PRIMARY CARE SERVICES TO IN-PATIENT AND AMBULATORY SE RVICES. THIS PROGRAM ASSISTS PATIENTS IN MANAGING THEIR CHRONIC ILLNESS, PROVIDING PATIENT EDUCATION, PROVIDING ASSISTANCE IN OBTAINING COMMUNITY BASED RESOURCES, PREVENTING UNNECE SSARY USE OF THE EMERGENCY DEPARTMENT, AND AVOIDING PREVENTABLE HOSPITALIZATIONS. 7. THE C HRISTUS SPOHN CAREVAN IS A MOBILE CLINIC THAT DELIVERS OB AND WOMEN'S SERVICES 4 DAYS A WE EK (INCLUDING PRE-NATAL CARE, PAP SMEARS, LABORATORY AND ULTRA-SOUND TESTING, ANNUAL EXAMS , AND REFERRALS FOR FREE MAMMOGRAMS AND PRE-NATAL CARE) TO UNINSURED WOMEN. THIS PREVENTAT IVE AND WELLNESS CARE HELPS WITH EARLY DETECTION THAT OTHERWISE MIGHT RESULT IN MORE SERIO US HEALTH ISSUES REQUIRING HOSPITALIZATION. IN FY 2020, THE CARE VAN PROVIDED CARE TO OVER 900 PATIENTS THROUGHOUT THE COASTAL BEND. 8. WHEN NOT IN USE FOR WOMEN'S SERVICES, THE CA REVAN IS SERVING THE COASTAL BEND THROUGH PROVIDING HEALTH SCREENINGS, IMMUNIZATIONS, HEAL TH EDUCATION, AND COUNSELING TO VULNERABLE AND UNDERSERVED POPULATIONS THROUGHOUT THE COMM UNITY. 9. THE DR. HECTOR P GARCIA MEMORIAL FAMILY HEALTH CENTER IS AN ENTIRE HEALTH CARE C OMPLEX 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 SE RVICES, AND IMAGING SERVICES TO INSURED AND UNINSURED PATIENTS; A FULL PHARMACY WITH WALK- IN ACCESS; AND A QUICK CARE WALK-IN CLINIC OPERATING 9AM TO 9PM MONDAY THROUGH SATURDAY AN D 11AM TO 5PM ON SUNDAY. 10. THE CHRISTUS SPOHN FAMILY MEDICINE ACADEMIC CENTER CLINIC IS LOCATED WITHIN WALKING DISTANCE FROM CHRISTUS SPOHN'S MEMORIAL HOSPITAL. FAMILY MEDICINE R ESIDENTS A TEXAS A&amp;M AFFILIATED RESIDENCY PROGRAM WORK ALONGSIDE THE ATTENDING PHYSICIANS OF CHRISTUS PROVIDER NETWORK TO PROVIDE CARE TO THE UNDERSERVED AND UNINSURED POPULATION O F THE COASTAL BEND. AN AVERAGE OF 100-120 PATIENTS ARE SEEN ON A DAILY BASIS IN THE CLINIC . MOST OF THESE PATIENTS HAVE MEDICAID COVERAGE OR LACK INSURANCE ALTOGETHER. 11. IN ADDIT ION TO THE FAMILY MEDICINE ACADEMIC CENTER CLINIC AND THE WALK-IN QUICK CARE CLINIC, CHRIS TUS SPOHN HAS TWO FAMILY HEALTH CENTERS LOCATED IN THE GREATER CORPUS CHRISTI AREA. EACH O F THE FAMILY HEALTH CENTER CLINICS CARES FOR NUECES COUNTY HOSPITAL DISTRICT PATIENTS AS W ELL AS PATIENTS WITH OTHER PAYOR SOURCES. THE LOCATIONS ARE LISTED BELOW: a. CHRISTUS SPOH N FAMILY HEALTH CENTER - ROBSTOWN 1038 TEXAS YES BLVD, ROBSTOWN, TX 78380 b. CHRISTUS SPOH N FAMILY HEALTH CENTER - WESTSIDE 4617 GREENWOOD DRIVE, CORPUS CHRISTI, TX 78416 12. SPECI ALTY CLINICS ARE LOCATED IN THE HECTOR P GARCIA MEMORIAL FAMILY HEALTH CENTER. THESE CLINI CS EXIST FOR FOLLOW UP CARE AND SPECIALTY CARE. PHYSICIANS/PROVIDERS OFFER A CENTRALIZED A REA FOR EASY ACCESS TO CARDIOVASCULAR, NEUROLOGY, NEPHROLOGY, ORTHOPEDIC, GYNECOLOGICAL, A ND PLASTIC SURGERY CARE. ALSO, CONTRACTS</p>

# 990 Schedule H, Supplemental Information

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

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			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	OP Physician Clinics PSYCHIATRY UNIT ER ROOM & Spec. Hosp	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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>6</b>		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: BEHAVIORAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLENCE, TRUST IN COMMUNITY RESOURCES AND SYSTEMS BY VULNERABLE POPULATIONS, AND UNNECESSARY USE OF THE EMERGENCY ROOM. IN AN EFFORT TO MAXIMIZE RESOURCES AVAILABLE FOR THE PRIORITY AREAS LISTED ABOVE, LEADERS AND STAFF AT CSHS DETERMINED THAT THE FOLLOWING ISSUES WOULD NOT BE EXPLICITLY INCLUDED IN THEIR COMMUNITY HEALTH IMPROVEMENT PLAN AT THIS TIME: DIABETES, OBESITY, PHYSICIAN RECRUITMENT AND RETENTION, AND TRANSPORTATION IN THE COASTAL BEND. WHILE THE NEEDS PRIORITIZATION COMMITTEE STRESSED THAT THESE NEEDS REMAIN PRESSING, THEY WERE NOT RANKED HIGH ENOUGH FOR INCLUSION IN THE FINAL PRIORITY LIST BECAUSE COMMITTEE MEMBERS EITHER (A) DID NOT FEEL CSHS WAS OPTIMALLY POSITIONED TO ADDRESS THE NEED IN AN IMPACTFUL WAY OR (B) PERCEIVED A RELATIVE ABUNDANCE OF CAPACITY AND RESOURCES ALREADY BEING DIRECTED AT THE NEED. WE BELIEVE THAT THROUGH OUR CONTINUED COMMUNITY COLLABORATION WITH A DIVERSE GROUP OF PROVIDERS, ORGANIZATIONS, AND ENGAGED COMMUNITY LEADERS WE WILL CONTINUE TO IDENTIFY AREAS WHERE WE CAN WORK TOGETHER TO IMPROVE THE HEALTH AND WELLNESS OF THE COASTAL BEND. ALTHOUGH NOT DIRECTLY ADDRESSED IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN, OUR EFFORTS TO ADDRESS BEHAVIORAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLENCE, TRUST IN COMMUNITY RESOURCES AND SYSTEMS BY VULNERABLE POPULATIONS, AND UNNECESSARY USE OF THE EMERGENCY ROOM SHOULD HAVE A SIGNIFICANT IMPACT ON THE ADDITIONAL IDENTIFIED NEEDS OF DIABETES AND OBESITY IN OUR COMMUNITY. SCHEDULE H, PART V, SECTION B, LINE 5 CHRISTUS SPOHN HEALTH SYSTEM DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS IN THE COMMUNITY INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY TEXAS HEALTH INSTITUTE WHO TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY BY PREFORMING ONE-ON-ONE KEY INFORMANT INTERVIEWS, FOCUS GROUP MEETINGS, AND A FINAL NEEDS PRIORITIZATION MEETING. NURSES, COMMUNITY HEALTH WORKERS, PROFESSORS, GRASSROOT ORGANIZERS, SOCIAL SERVICE PROVIDERS, FQHC'S, HEALTHCARE PROFESSIONALS, AND FAITH-BASED PROFESSIONALS PROVIDED INPUT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE INTERVIEWS AND MEETINGS INCLUDED REPRESENTATIVES FROM COASTAL BEND CENTER FOR INDEPENDENT LIVING, CHRISTUS SPOHN, AMISTAD COMMUNITY HEALTH CENTER, TEXAS A&M COASTAL BEND HEALTH EDUCATION CENTER, COASTAL BEND NEIGHBORHOOD EMPOWERMENT, DRISCOLL HEALTH PLAN, METHODIST HEALTHCARE MINISTRIES, METRO MINISTRIES, SOUTH COASTAL AREA HEALTH EDUCATION CENTER, AND TEXAS A&M AGRILIFE EXTENSION.

**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 COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND AT THE FOLLOWING WEBSITE: <a href="https://www.christushealth.org/-/media/files/homepage/giving-back/chna/christusspohnhealthneedsassessment2019.ashx?la=en">https://www.christushealth.org/-/media/files/homepage/giving-back/chna/christusspohnhealthneedsassessment2019.ashx?la=en</a> Schedule H, Part V, Section B, Line 10A THE HOSPITAL FACILITY'S MOST RE CENTLY ADOPTED IMPLEMENTATION STRATEGY IS POSTED ON THE FOLLOWING WEBSITE: <a href="https://www.christushealth.org/-/media/about/system/christus-spohn-chip-2019.ashx?la=en">https://www.christushealth.org/-/media/about/system/christus-spohn-chip-2019.ashx?la=en</a> Schedule H, Part V, Section B, Line 11</p> <p>SIGNIFICANT NEEDS ADDRESSED AND NOT ADDRESSED CHRISTUS SPOHN HEALTH SYSTEM, AS PART OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMLEMNTATI ON PLAN, COMMITTED TO ADDRESS THE FOLLOWING HEALTH NEEDS IDENTIFIED IN ITS COMMUNITY: BEHA VIORAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLENCE, TRUST IN COMMUNITY RESOU RCES AND SYSTEMS BY VULNERABLE POPULATIONS, AND UNNECESSARY USE OF THE EMERGENCY ROOM. CHR ISTUS SPOHN HEALTH SYSTEM IS ADDRESSING BEHAVIORAL HEALTH BY SUPPORTING THE NUCES COUNTY OPIOID TASK FORCE INITIATIVE, SUSTAINING AND ENHANCING COLLABORTAIONS AND REFERRAL RELATIO NSHIPS WITH LOCAL BEHAVIORAL HEALTH SERVICE PROVIDERS, AND SUSTAINING INTERNAL BEHAVIORAL HEALTH SERVICES CHRISTUS SPOHN HEALTH SYSTEM IS ADDRESSING AFFORDABLE HOUSING BY SUPPORTIN G LOCAL ORGANIZATIONS THAT ARE WORKING TOWARDS AFFORDABLE HOUSING SOLUTIONS AND SUPPORTING EFFORTS AND ORGANIZATIONS THAT ARE WORKING TO PROVIDE AFFORDABLE HOUSING, SHELTER, AND/OR RESOURCES TO THE HOMELESS IN OUR AREA. CHRISTUS SPOHN HEALTH SYSTEM IS ADDRESSING COMMUNI TY AND FAMILY VIOLENCE BY SUSTAINING AND CONTINUING TO ENHANCE RELATIONSHIPS WITH LOCAL OR GANIZATIONS THAT PROVIDE SERVICES TO VICTIMS OF VIOLENCE AND ABUSE AND/OR THAT PROVIDE EDU CATION AND RESROUCES RELATED TO ADDRESS COMMUNITY AND FAMILY VIOLENCE. CHRISTUS SPOHN HEAL TH SYSTEM IS ADDRESSING LACK OF TRUST IN COMMUNITY RESOURCES AND SYSTEMS BY CONTINUING TO OFFER AND EXPAND OUTREACH SERVICES THROUGHOUT OUR COMMUNITY THROUGH OUR COMMUNITY HEALTH D EVELOPMENT DEPARTMENT AND OUR COMMUNITY OUTREACH DEPARTMENT. ADDITIONALLY, SPOHN IS ADDRESS SING THIS NEED BY INCREASING COMMUNITY UNDERSTANDING OF HEALTH, AWARENESS OF AVAILABLE RES OURCES, AND NAVIGATION OF BENEFITS AND/OR THE HEALTHCARE SYSTEM. SPOHN IS ADDRESSING HIGH EMERGENCY ROOM USE BY IMPROVING ACCESS TO APPROPRIATE CARE ALTERNATIVES AND CONTINUING TO OFFER EXPANDED SERVICES AT CHRISTUS SPOHN FAMILY HEALTH CENTERS. IN AN EFFORT TO MAXIMIZE RESOURCES AVAILABLE FOR THE PRIORITY AREAS LISTED ABOVE, CHRISTUS SPOHN DETERMINED THAT TH E FOLLOWING ISSUES WOULD NOT BE EXPLICITLY INCLUDED IN THEIR COMMUNITY HEALTH IMPROVEMENT PLAN AT THIS TIME: DIABETES, OBESITY, PHYSICIAN RECRUITMENT AND RETENTION, AND TRANSPORTAT ION IN THE COASTAL BEND. WHILE THE NEEDS PRIORITIZATION COMMITTEE STRESSED THAT THESE NEED S REMAIN PRESSING, THEY WERE NOT RANKED HIGH ENOUGH FOR INCLUSION IN THE FINAL PRIORITY LI ST BECAUSE COMMITTEE MEMBERS EITHER (A) DID NOT FEEL CHRISTUS SPOHN WAS OPTIMALLY POSITION ED TO ADDRESS THE NEED IN AN I</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	IMPACTFUL WAY, OR (B) PERCEIVED A RELATIVE ABUNDANCE OF CAPACITY AND RESOURCES ALREADY BEIN G DIRECTED AT THE NEED. WE BELIEVE THAT THROUGH OUR CONTINUED COMMUNITY COLLABORATION WITH A DIVERSE GROUP OF PROVIDERS, ORGANIZATIONS, AND ENGAGED COMMUNITY LEADERS WE WILL CONTIN UE TO IDENTIFY AREAS WHERE WE CAN WORK TOGETHER TO IMPROVE THE HEALTH AND WELLNESS OF THE COASTAL BEND. ALTHOUGH NOT DIRECTLY ADDRESSED IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN, OUR EFFORTS TO ADDRESS BEHAVIORAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLEN CE, TRUST IN COMMUNITY RESOURCES AND SYSTEMS BY VULNERABLE POPULATIONS, AND UNNECESSARY US E OF THE EMERGENCY ROOM SHOULD HAVE A SIGNIFICANT IMPACT ON THE ADDITIONAL IDENTIFIED NEED S OF DIABETES AND OBESITY IN OUR COMMUNITY. SCHEDULE H, PART V, SECTION B, LINE 13H DETERM INATION 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 P OLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL, PATIENTS W HO WERE BELOW 200% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS WHO WERE UNI NSURED AND ABOVE 200% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH A MOUNTS 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 AMOUN TS LESS THAN AGB. SCHEDULE H, PART V, SECTION B, LINE 15E FAP APPLICATION FORM'S METHOD FO R APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PA TIENTS. THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHI C DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S I NCOME, ASSETS, AND LIQUIDITY. PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PRO CESS. WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIG HEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. SCHEDULE H, PART V, SECTION B, LINES 16A-16C THE FAP, FAP APPLICATION, AND THE PL AIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT: <a href="https://www.christushealth.org/patient-resources/financial-assistance">HTTPS://WWW.CHRISTUSHEALTH.ORG/PA TIENT-RESOURCES/FINANCIAL-ASSISTANCE</a>

**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 A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT <a href="http://WWW.CHRISTUSHEALTH.ORG/CHARITYCARE">WWW.CHRISTUSHEALTH.ORG/CHARITYCARE</a> . 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 18F THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS. SCHEDULE H, PART V, SECTION B, LINE 20E 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. WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22B	DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/20 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE. THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST. VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS. ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN 45% OF CHARGES FOR THE RELEVANT SERVICE LINE. PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED NO MORE THAN THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL) OR RECEIVED FREE CARE (FOR INCOMES AT OR BELOW 300% OF THE FPL). FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE.

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION

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) CHRISTUS SPOHN HEALTH SYSTEM DEV FNDN 600 ELIZABETH ST CORPUS CHRISTI, TX 78401	74-1906005	501(c)(3)	999,815				GENERAL SUPPORT

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization CHRISTUS SPOHN HEALTH SYSTEM CORPORATION		Employer identification number 74-1109836

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		<b>2</b> Yes	
<b>3</b> 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.			
<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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	No
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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.

[illegible]

**Part III Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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 THE FOLLOWING RECEIVED SEVERANCE PAYMENTS DURING 2019: LISA COX RECEIVED \$72,860 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 MARIA E. CHAPA RECEIVED \$66,788 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 JUSTIN DOSS RECEIVED \$400,160 AS A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WRAY BORLAND RECEIVED \$44,074 OF SEVERANCE PAYMENT DURING CALENDAR YEAR 2019.
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. Payment from a supplemental nonqualified retirement plan Schedule J, Part I, Line 4b Dominic Dominguez received \$86,128 during the calendar year 2019 under a supplemental nonqualified retirement plan. Justin Doss RECEIVED \$25,651 DURING THE CALENDAR YEAR 2019 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. Steven King RECEIVED \$20,559 DURING THE CALENDAR YEAR 2019 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. Reginald Allen RECEIVED \$17,034 DURING THE CALENDAR YEAR 2019 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. David Lemonte RECEIVED \$24,589 DURING THE CALENDAR YEAR 2019 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. Mark W. Casanova RECEIVED \$23,382 DURING THE CALENDAR YEAR 2019 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.
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 2019.
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, LISA COX, STEVEN KING, GENIFER RUCKER, LANELL SCOTT, LAURA GARCIA, REGINALD ALLEN, THOMAS MCKINNEY.
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				
1Laura Martinez Dir./Corporate Secretary	(i)	66,826	7,812	125	11,964	2,187	88,914	0
	(ii)	0	0	0	0	0	0	0
1Rebecca B Rios VP Fin. (Interim CFO 11/19)	(i)				0	0	0	0
	(ii)	221,444	69,786	671	85,160	27,778	404,839	0
2Steven King Dir./Treasurer/CFO(Term 12/19)	(i)				0	0	0	0
	(ii)	382,793	164,594	21,184	32,098	25,156	625,825	0
3SANDRIA GEORGE Director Cardiology	(i)	200,445	25,584	46,082	9,735	0	281,846	0
	(ii)	0	0	0	0	0	0	0
4TERESA R CARDENAS Dir. Business Development	(i)	160,509	36,599	0	3,482	6,962	207,552	0
	(ii)	0	0	0	0	0	0	0
5WEISHUENN YOUNG Clinical Pharmacist	(i)	179,793	0	13,173	5,928	13,115	212,009	0
	(ii)	0	0	0	0	0	0	0
6CYNTHIA C CURIEL RN House Supervisor	(i)	168,640	0	19,805	31,493	1,558	221,496	0
	(ii)	0	0	0	0	0	0	0
7DEBORAH D ALLEN Dir. Pharmacy	(i)	167,149	17,930	3,218	7,111	16,991	212,399	0
	(ii)	0	0	0	0	0	0	0
8David Lemonte President Spohn Kleberg	(i)	0	0	0	0	0	0	0
	(ii)	340,733	115,316	25,336	51,367	10,022	542,774	0
9Dominic Dominguez SVP Group OPs	(i)	0	0	0	0	0	0	0
	(ii)	692,831	370,892	134,413	172,407	8,866	1,379,409	0
10Genifer Rucker Pres. Spohn Beeville	(i)	0	0	0	0	0	0	0
	(ii)	177,630	62,271	0	8,757	10,224	258,882	0
11Karen Bonner VP for Philanthropy	(i)	0	0	0	0	0	0	0
	(ii)	201,526	56,249	2,348	42,846	19,879	322,848	0
12LaNell Scott VP Perioper. Ops (Eff. 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	170,567	54,082	0	9,193	4,881	238,723	0
13Laura Garcia Spohn South CNO (Eff. 8/19)	(i)	0	0	0	0	0	0	0
	(ii)	183,680	29,366	251	30,755	2,356	246,408	0
14Lisa Cox Spohn South CNO (Term. 8/19)	(i)	0	0	0	0	0	0	0
	(ii)	112,484	62,987	77,390	0	5,469	258,330	0
15Margot Rios CNO Spohn Alice	(i)	0	0	0	0	0	0	0
	(ii)	176,360	61,178	28,110	68,829	16,473	350,950	0
16Maria Estela Chapa Chief Clinical Trans Officer	(i)	0	0	0	0	0	0	0
	(ii)	488,858	176,251	137,145	175,283	9,321	986,858	0
17Mark W Casanova Pres. Spohn South	(i)	0	0	0	0	0	0	0
	(ii)	271,523	93,104	23,382	90,498	11,971	490,478	0
18Osbert Blow President / CMO	(i)	0	0	0	0	0	0	0
	(ii)	574,683	232,760	14,133	212,570	14,532	1,048,678	0
19Reginald Allen Shoreline COO (Eff. 1/20)	(i)	0	0	0	0	0	0	0
	(ii)	281,138	128,422	62,117	77,933	16,665	566,275	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				
<b>21</b> Richard Morin VP Ops Memorial-Shoreline	(i)	0	0	0	0	0	0	0
	(ii)	190,947	66,941	18,188	69,317	13,394	358,787	0
<b>1</b> Thomas McKinney Pres Spohn Kleberg (Term 2/20)	(i)	0	0	0	0	0	0	0
	(ii)	241,629	76,312	8,171	101,806	15,146	443,064	0
<b>2</b> Justin Doss Former Director/President	(i)	0	0	0	0	0	0	0
	(ii)	323,852	161,442	442,078	208,647	17,448	1,153,467	0
<b>3</b> Stephen Kazanjian VP Mission Integration	(i)	0	0	0	0	0	0	0
	(ii)	177,626	61,755	17,426	39,367	24,684	320,858	0
<b>4</b> Danny Hardman Former COO (Term 5/19)	(i)	0	0	0	0	0	0	0
	(ii)	115,105	0	44	4,111	304	119,564	0
<b>5</b> Wray Borland VP Operations (Term. 9/19)	(i)	0	0	0	0	0	0	0
	(ii)	116,180	55,962	48,411	5,260	7,791	233,604	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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the 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) SRIKANTH DAMARAJU	INDEPENDENT CONTRACTOR	13,500	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 \$13,500 WERE PAID TO SRIKANTH DAMARAJU FOR HIS SERVICES. SRIKANTH DAMARAJU IS ON THE BOARD OF DIRECTORS OF CHRISTUS SPOHN.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493132050111
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
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 CANCER CENTER - ALICE CHRISTUS SPOHN CANCER CENTER - CALALLEN CHRISTUS SPOHN CANCER CENTER - SHORELINE CHRISTUS SPOHN DR. HECTOR P. GARCIA M EMORIAL FAMILY HEALTH CENTER CHRISTUS SPOHN FAMILY HEALTH CENTER - BEEVILLE CHRISTUS SPOHN FAMILY HEALTH CENTER - FREER 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 KLEBERG CHRISTUS SPOHN MEDICAL CLINIC - BEEVILLE CHRISTUS SPOHN MEMORIAL QUICK CARE CHRISTUS SPOHN NEUROSCIENCES CENTER CHRISTUS SPOHN WOUND CARE &amp; HYPERBARIC CLINIC FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR A BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS DEDICATED TO COMMUNITY HEALTH IMPROVEMENT SERVICES. THIS CATEGORY OF COMMUNITY BENEFIT INCLUDES ACTIVITIES CARRIED OUT TO IMPROVE COMMUNITY HEALTH, WHICH EXTEND BEYOND DIRECT PATIENT CARE SERVICES. CHRISTUS SPOHN'S COMMUNITY HEALTH DEVELOPMENT DEPARTMENT CONSTITUTES A MAJORITY OF THIS CATEGORY'S EXPENSE. THE COMMUNITY HEALTH DEVELOPMENT DEPARTMENT IS COMPRISED OF COMMUNITY HEALTH WORKERS AND REGISTERED NURSE NAVIGATORS THAT DEDICATE 100% OF THEIR TIME TO PROVIDING EDUCATION TO, IMPROVING ACCESS FOR, AND REDUCING BARRIERS FOR THE VULNERABLE, UNDERSERVED, UNINSURED, AND UNDERINSURED POPULATION. IN FISCAL YEAR 2020, THIS GROUP OF ASSOCIATES HELPED MORE THAN 3,000 UNIQUE INDIVIDUALS ESTABLISH WITH PHYSICIANS, KEEP FOLLOW UP APPOINTMENTS, OBTAIN NEEDED MEDICATIONS AND MEDICAL EQUIPMENT, OBTAIN TRANSPORTATION, OBTAIN REFERRALS TO NEEDED SERVICES, ACQUIRE KNOWLEDGE AND COACHING ON HOW TO IMPROVE THEIR HEALTH AND/OR MANAGE THEIR CHRONIC DISEASE(S), AND COUNTLESS OTHER ENDEAVORS. IN FY 2020, 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, 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 SCREENINGS, IMMUNIZATIONS, AND HEALTH EDUCATION TO VULNERABLE AND UNDERSERVED POPULATIONS IN THE COMMUNITY. IN FY 2020 THE CAREVAN HAD OVER 900 ENCOUNTERS WITH WOMEN AND OTHER VULNERABLE MEMBERS OF THE COMMUNITY. CHRISTUS SPOHN AWARDED GRANTS TO LOCAL ORGANIZATIONS THROUGH THE CHRISTUS FUND PROGRAM. GRANTS WERE AWARDED TO ADDRESS COMMUNITY NEEDS IDENTIFIED THROUGH THE LAST ITERATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
DOING BUSINESS AS	<p>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. IN FY20, THE CHRISTUS FUND DISPERSED GRANTS INTO LOCAL ORGANIZATIONS THAT ACTIVELY ADDRESS MENTAL HEALTH, AFFORDABLE HOUSING, COMMUNITY AND FAMILY VIOLENCE, VULNERABLE POPULATIONS AND TRUST, OR HIGH EMERGENCY ROOM USE. ADVOCACY FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH AND AUGMENT GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE PATIENTS WE SERVE. THESE EFFORTS TAKE PLACE AT THE STATE AND NATIONAL LEVEL THROUGH CHRISTUS HEALTH. CLINICAL EDUCATION THROUGH ITS ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM. EACH YEAR SPOHN ACCEPTS 5-6 STUDENTS THAT PARTICIPATE IN A YEAR LONG CLASSROOM AND HANDS-ON EDUCATION PROGRAM THROUGHOUT OUR FACILITIES. SPOHN EMPLOYS A CERTIFIED CLINICAL PASTORAL EDUCATOR THAT OVERSEES THE PROGRAM AND STUDENTS AND ITS CHAPLAINS ACT AS PROFESSIONAL MENTORS TO THE STUDENTS THROUGHOUT THE YEAR LONG PROGRAM. ENROLLMENT ASSISTANCE TO THE COMMUNITY. ELIGIBILITY VENDORS ASSIST COMMUNITY MEMBERS WITH ENROLLMENT IN PUBLIC PROGRAMS TO INCREASE ACCESS TO QUALITY HEALTHCARE SERVICES. THEY PROVIDE EDUCATION AND ENROLLMENT ASSISTANCE TO THE UNINSURED POPULATION IDENTIFIED AT THE HOSPITAL. PROGRAM SERVICE ACCOMPLISHMENTS 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, MEALS FOR HOMELESS SHELTERS, TRANSPORTATION SERVICES, AND A VARIETY OF OTHER SOCIAL SERVICES.</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 2021 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, 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 &amp; 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. CASH-NON-BEARING INTEREST FORM 990, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM. THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS. EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY. CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING. CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 INTERCOMPANY \$(63,883,734) CASH MANAGEMENT SYSTEM ADJUSTMENT \$1,038,350 RESTRICTED NET ASSETS \$1,239 RESTRICTED CONTRIBUTIONS \$(864) OTHER \$(1,030,990) DONATIONS \$(65,817) ROUNDING \$(1) ----- TOTAL \$(63,941,817)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS & MAINTENANCE SERVICES TOTAL FEES:31751166



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:43745486

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION SERVICES TOTAL FEES:5399511

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:17644232

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:1348806

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493132050111	
SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.			OMB No. 1545-0047
					2019
					Open to Public Inspection
Name of the organization CHRISTUS SPOHN HEALTH SYSTEM CORPORATION				Employer identification number 74-1109836	

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
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(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
<b>(1)</b> SPOHN HEALTH NETWORK 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2616328	HLTH PLAN ADM	TX	SPHSC	C CORP	216,616	2,797,852	100.000 %	Yes	
<b>(2)</b> SPOHN INVESTMENT CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-2322574	Rental	TX	SPHSC	C CORP	1,007,681	13,859,382	100.000 %	Yes	
<b>(3)</b> CHRISTUS Muguerza SAPI de CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N.L. 64060 MX	HLTHCARE SVC	MX	CH	C corp				Yes	
<b>(4)</b> EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 KY1-1102 GRAND CAYMAN CJ 98-0407545	INSURANCE	CJ	CH	C CORP				Yes	
<b>(5)</b> LTACH Condominium Unit Owners Assoc 600 Elizabeth Street Corpus Christi, TX 78404 47-2404808	building asso	TX	SPHSC	c corp	0	0	100.000 %	Yes	
<b>(6)</b> CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE IRVING, TX 75038 47-4618648	ACO	LA	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?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2019

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).

Return Reference	Explanation

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	
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	
919 HIDDEN RIDGE DR IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(C)(3)	3	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	

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						Yes	No
919 HIDDEN RIDGE IRVING, TX 75038 82-2109465	HLTHCARE SVCS	TX	501(C)(3)	12, TYPE II	CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 47-3403356	SPT HLTH SVCS	TX	501(C)(4)		CH	Yes	
1315 Doctors Drive TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	CTMFHS	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
C H WILKINSON PHYSICIAN NETWORK	A(IV)	654,666	Accrual
C H WILKINSON PHYSICIAN NETWORK	J	672,040	Accrual
C H WILKINSON PHYSICIAN NETWORK	L	24,595,509	Accrual
C H WILKINSON PHYSICIAN NETWORK	M	12,530,569	Accrual
C H WILKINSON PHYSICIAN NETWORK	P	377,023	Accrual
CHRISTUS HEALTH PLAN	L	2,586,664	Accrual
CHRISTUS HEALTH PLAN	M	1,293,332	Accrual
CHRISTUS HEALTH PLAN	P	57,465	Accrual
CHRISTUS HEALTH PLAN	Q	57,465	Accrual
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	L	1,472,931	Accrual
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	M	749,718	Accrual
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	O	1,277,299	Accrual
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	P	606,339	Accrual
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	Q	288,612	Accrual
CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	B	999,815	Accrual
CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	O	458,071	Accrual
CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	P	88,197	Accrual
CHRISTUS SPOHN HEALTH SYSTEM DEVELOPMENT FDN	Q	177,394	Accrual
DEDICATED SYSTEM SUPPORT INC	L	482,503	Accrual
DEDICATED SYSTEM SUPPORT INC	M	482,503	Accrual
DEDICATED SYSTEM SUPPORT INC	O	206,786	Accrual
SPOHN HEALTH NETWORK	O	581,397	Accrual
SPOHN HEALTH NETWORK	P	88,413	Accrual
SPOHN HEALTH NETWORK	Q	174,444	Accrual
SPOHN INVESTMENT CORPORATION	A(IV)	183,391	Accrual

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SPOHN INVESTMENT CORPORATION	K	194,899	Accrual
SPOHN INVESTMENT CORPORATION	L	595,221	Accrual
SPOHN INVESTMENT CORPORATION	M	113,684	Accrual
SPOHN INVESTMENT CORPORATION	P	317,495	Accrual
SPOHN INVESTMENT CORPORATION	Q	149,509	Accrual