

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2017
Open to Public Inspection

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

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

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

1906

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 20 18; B Check if applicable; C Name of organization C.H. WILKINSON PHYSICIAN NETWORK; D Employer identification number 76-0422435; E Telephone number (469) 282-2525; F Name and address of principal officer: BOB KARL; G Gross receipts \$ 128,147,475.; H(a) Is this a group return for subordinates? Yes X No; H(b) Are all subordinates included? Yes No; I Tax-exempt status X 501(c)(3); J Website: WWW.CHRISTUSHEALTH.ORG/CHRISTUSPHYSICIANGROUP; K Form of organization X Corporation; L Year of formation 1993; M State of legal domicile TX

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership, revenue (Total revenue 118,950,526), expenses (Total expenses 170,397,402), and net assets (Total assets 15,889,794).

RECEIVED
MAY 21 2019
OGDEN, UT
IRS-OSC

Part II Signature Block

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

Signature block section with fields for Sign Here, Signature of officer (Bob Karl), Date (5/13/2019), Type or print name and title (CFO).

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

SCANNED JUL 30 2019

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission  
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

4a (Code \_\_\_\_\_) (Expenses \$ 114,006,472 including grants of \$ 0 ) (Revenue \$ 107,001,677 )  
ATTACHMENT 2

4b (Code \_\_\_\_\_) (Expenses \$ 23,559,942 including grants of \$ 0 ) (Revenue \$ 13,393,453 )  
ATTACHMENT 3

4c (Code \_\_\_\_\_) (Expenses \$ 8,521,090 including grants of \$ 0 ) (Revenue \$ 4,844,105 )  
ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5  
(Expenses \$ 250,408 including grants of \$ 17,535 ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses 146,337,912.

ABDJLOR  
76-0422435

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational structure.

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII 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.

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

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

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

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

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) PETER MILDER, M.D.<br>DIRECTOR                        | 20.00<br>20.00   | X  |                       |         |              |                              | 359,525. | 0.   | 16,854.   |   |
| (2) DAVID ENGLEKING, M.D.<br>DIRECTOR (THRU 12/2017)      | 20.00<br>20.00   | X  |                       |         |              |                              | 0.       | 285,604.   | 17,905.   |   |
| (3) MARISA EMMONS, M.D.<br>VICE CHAIR                     | 28.00<br>12.00   | X  |                       | X       |              |                              | 317,307. | 0.   | 9,334.  |   |
| (4) B. TARL HAMISCH, D.O.<br>DIRECTOR                     | 20.00<br>20.00   | X  |                       |         |              |                              | 176,186. | 0.   | 28,989.   |   |
| (5) JAMES BOOKER, M.D.<br>DIRECTOR (THRU 12/2017)         | 4.00<br>36.00  | X  |                       |         |              |                              | 310,077. | 0.   | 18,673.   |   |
| (6) LINDA RAY, M.D.<br>CHAIR                              | 28.00<br>12.00   | X  |                       | X       |              |                              | 326,011. | 0.   | 14,672.   |   |
| (7) TIMOTHY HAMAN, M.D.<br>EX-OFFICIO DIR (AS OF 06/2017) | 1.00<br>39.00  | X  |                       |         |              |                              | 0.       | 328,650.   | 29,555.   |   |
| (8) PETER PLANTES, M.D.<br>PRESIDENT/CEO (THRU 07/2017)   | 40.00<br>0.  |  |                       | X       |              |                              | 0.       | 1,574,221.   | 8,795.  |   |
| (9) ROBERT KARL<br>TREASURER/CFO                          | 40.00<br>0.  |  |                       | X       |              |                              | 0.       | 428,906.   | 77,809.   |   |
| (10) MURIEL CARMICHAEL<br>SECRETARY (THRU 11/2017)        | 0.<br>0.   |  |                       | X       |              |                              | 0.       | 75,853.  | 6,537.  |   |
| (11) SHELLY LARUE<br>SECRETARY (THRU 11/2017)             | 1.00<br>39.00  |  |                       | X       |              |                              | 0.       | 50,932.  | 24,134.   |   |
| (12) NANCY VIDAD<br>SECRETARY (AS OF 06/2018)             | 1.00<br>39.00  |  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (13) NATASHA HUSSAIN<br>SECRETARY (11/2017-02/2018)       | 1.00<br>39.00  |  |                       | X       |              |                              | 0.       | 3,932.   | 0.  |   |
| (14) JASON MARKHAM<br>CAO                                 | 40.00<br>0.  |  |                       | X       |              |                              | 0.       | 526,890.   | 97,802.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) JESSICA ARGUIJO<br>CDO                                   | 40.00<br>0.  |   |                       |         | X            |                              |        | 0.   | 421,834.  | 65,727.   |
| ( 16) WILLIAM AARON TUCKER, M.D.<br>PHYSICIAN                  | 40.00<br>0.  |   |                       |         |              | X                            |        | 703,899.   | 0.  | 31,484.   |
| ( 17) TODD M. WEISS, M.D.<br>PHYSICIAN                         | 40.00<br>0.  |   |                       |         |              | X                            |        | 756,819.   | 0.  | 20,854.   |
| ( 18) TIMOTHY LYDA, M.D.<br>PHYSICIAN                          | 40.00<br>0.  |   |                       |         |              | X                            |        | 998,309.   | 0.  | 31,491.   |
| ( 19) XAVIER MOUSSET, M.D.<br>PHYSICIAN                        | 40.00<br>0.  |   |                       |         |              | X                            |        | 713,629.   | 0.  | 24,766.   |
| ( 20) SHANTAN G. REDDY, M.D.<br>PHYSICIAN                      | 40.00<br>0.  |   |                       |         |              | X                            |        | 1,333,563.   | 0.  | 31,499.   |
| ( 21) SUSAN KEMP, M.D.<br>DIRECTOR (THRU 11/2016)              | 0.<br>40.00  |   |                       |         |              |                              | X      | 204,173.   | 0.  | 20,127.   |
| ( 22) GEORGE MICHAEL FINLEY<br>VP/CMO (LIST THRU FY2020)       | 0.<br>40.00  |   |                       |         |              |                              | X      | 0.   | 544,639.  | 92,278.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 1,489,106.   | 3,274,988.  | 351,059.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 4,710,392.   | 966,473.  | 318,226.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 6,199,498.   | 4,241,461.  | 669,285.  |

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 ► 173

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | X   |    |
| 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? If "Yes," complete Schedule J for such individual | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 6                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 23



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--|---|---------------------------|--|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts                | 1a Federated campaigns . . . . .  |                           |  |   |  |
|  | b Membership dues . . . . .   |                           |  |   |  |
|  | c Fundraising events . . . . .  |                           |  |   |  |
|  | d Related organizations . . . . .   | 2,853,187                 |  |   |  |
|  | e Government grants (contributions) . . . . .   |                           |  |   |  |
|  | f All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   |                           |  |   |  |
|  | g Noncash contributions included in lines 1a-1f \$ _____  |                           |  |   |  |
|  | <b>h Total. Add lines 1a-1f . . . . .</b>   | <b>2,853,187</b>          |  |   |  |
| Program Service Revenue  | 2a NET PATIENT SERVICE REVENUE  | 41,322,491                | 41,322,491   |   |  |
|  | b RENT FROM EXEMPT PURPOSES   | 113,369                   | 113,369  |   |  |
|  | c MSA SERVICES  | 28,461,856                | 28,461,856   |   |  |
|  | d MANAGEMENT FEE REVENUE  | 54,044,519                | 54,044,519   |   |  |
|  | e OTHER INCOME FROM OUTSIDE SOURCES   | 1,297,000                 | 1,297,000  |   |  |
|  | f All other program service revenue . . . . .   |                           |  |   |  |
|  | <b>g Total. Add lines 2a-2f . . . . .</b>   | <b>125,239,235</b>        |  |   |  |
| Other Revenue  | 3 Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   | 2,615                     |  |   | 2,615  |
|  | 4 Income from investment of tax-exempt bond proceeds . . . . .  | 0                         |  |   |  |
|  | 5 Royalties . . . . .   | 0                         |  |   |  |
|  |   | (i) Real (ii) Personal    |  |   |  |
|  | 6a Gross rents . . . . .  |                           |  |   |  |
|  | b Less rental expenses . . . . .  |                           |  |   |  |
|  | c Rental income or (loss) . . . . .   |                           |  |   |  |
|  | d Net rental income or (loss) . . . . .   | 0                         |  |   |  |
|  | 7a Gross amount from sales of<br>assets other than inventory  | (i) Securities (ii) Other |  |   |  |
|  |   |                           | 52,438   |   |  |
|  | b Less cost or other basis<br>and sales expenses . . . . .  |                           | 73,027   |   |  |
|  | c Gain or (loss) . . . . .  |                           | -20,589  |   |  |
|  | d Net gain or (loss) . . . . .  |                           | -20,589  |   | -20,589  |
|  | 8a Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                         |  |   |  |
|  | b Less direct expenses . . . . .  | b                         |  |   |  |
| c Net income or (loss) from fundraising events . . . . .                 |   | 0                         |  |   |  |
| 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . . | a   |                           |  |   |  |
| b Less direct expenses . . . . .   | b   |                           |  |   |  |
| c Net income or (loss) from gaming activities . . . . .                  |   | 0                         |  |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . .   | a   |                           |  |   |  |
| b Less cost of goods sold . . . . .                                      | b   |                           |  |   |  |
| c Net income or (loss) from sales of inventory . . . . .                 |   | 0                         |  |   |  |
| Miscellaneous Revenue  |   | Business Code             |  |   |  |
| 11a _____  |   |                           |  |   |  |
| b _____  |   |                           |  |   |  |
| c _____  |   |                           |  |   |  |
| d All other revenue . . . . .  |   |                           |  |   |  |
| <b>e Total. Add lines 11a-11d . . . . .</b>                              |   | <b>0</b>                  |  |   |  |
| <b>12 Total revenue. See instructions . . . . .</b>                      |   | <b>128,074,448</b>        | <b>125,239,235</b>                                 |   | <b>-17,974</b>   |

**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  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .  | 16,900.               | 16,900.                         |  |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .   | 635.                  | 635.                            |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,577,629.            | 1,406,342.                      | 171,287.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 484,524.              | 431,918.                        | 52,606.                                |                             |
| 7 Other salaries and wages . . . . .   | 94,941,778.           | 84,633,698.                     | 10,308,080.                            |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 795,488.              | 636,875.                        | 158,613.                               |                             |
| 9 Other employee benefits . . . . .  | 5,034,558.            | 4,042,831.                      | 991,727.                               |                             |
| 10 Payroll taxes . . . . .   | 3,336,918.            | 2,695,861.                      | 641,057.                               |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 18,299.               |                                 | 18,299.                                |                             |
| c Accounting . . . . .   | 0.                    |                                 |  |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17.  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). <b>ATCH 7</b>  | 40,537,468.           | 35,485,087.                     | 5,052,381.                             |                             |
| 12 Advertising and promotion . . . . .   | 81,499.               | 68,734.                         | 12,765.                                |                             |
| 13 Office expenses . . . . .   | 1,840,409.            | 1,672,257.                      | 168,152.                               |                             |
| 14 Information technology . . . . .  | 1,699,511.            | 1,358,844.                      | 340,667.                               |                             |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 5,810,922.            | 5,685,788.                      | 125,134.                               |                             |
| 17 Travel . . . . .  | 834,258.              | 113,983.                        | 720,275.                               |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 273,947.              | 157,747.                        | 116,200.                               |                             |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 979,771.              | 630,244.                        | 349,527.                               |                             |
| 23 Insurance . . . . .   | 1,787,611.            | 1,474,834.                      | 312,777.                               |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                       |                                 |  |                             |
| a BAD DEBT EXPENSE   | 1,901,044.            | 1,901,044.                      |  |                             |
| b CLINICAL EXPENSES  | 3,029,090.            | 3,016,648.                      | 12,442.                                |                             |
| c DUES/SUBSCRIPTIONS   | 384,373.              | 295,063.                        | 89,310.                                |                             |
| d LICENSE / INSPECTION FEES  | 384,603.              | 265,531.                        | 119,072.                               |                             |
| e All other expenses   | 499,106.              | 347,048.                        | 152,058.                               |                             |
| 25 Total functional expenses Add lines 1 through 24e   | 166,250,341.          | 146,337,912.                    | 19,912,429.                            |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .  | 3,434,755.               | <b>1</b>    | 2,182,495.         |
|   | <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 . . . . .   | 2,140,020.               | <b>4</b>    | 1,665,552.         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L . . . . .  | 0.                       | <b>5</b>    | 0.                 |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0.                       | <b>6</b>    | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 6,154,782.               | <b>7</b>    | 10,331,004.        |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0.                       | <b>8</b>    | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 1,655,371.               | <b>9</b>    | 1,057,136.         |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 10,695,616.   |             |                    |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 8,422,420.    |             |                    |
|   |   | 2,504,866.               | <b>10c</b>  | 2,273,196.         |
|   | <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 . . . . .  | 0.                       | <b>13</b>   | 0.                 |
|   | <b>14</b> Intangible assets . . . . .   | 0.                       | <b>14</b>   | 0.                 |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                         | 0.  | <b>15</b>                | 17,117,816. |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 15,889,794.   | <b>16</b>                | 34,627,199. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 11,276,699.              | <b>17</b>   | 11,433,224.        |
|   | <b>18</b> Grants payable . . . . .  | 0.                       | <b>18</b>   | 0.                 |
|   | <b>19</b> Deferred revenue . . . . .  | 0.                       | <b>19</b>   | 0.                 |
|   | <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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0.                       | <b>22</b>   | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0.                       | <b>23</b>   | 0.                 |
|   | <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 . . . . .  | 331,653,306.             | <b>25</b>   | 8,992,425.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 342,930,005.             | <b>26</b>   | 20,425,649.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | -327,040,211.            | <b>27</b>   | 14,201,550.        |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0.                       | <b>28</b>   | 0.                 |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 0.                       | <b>29</b>   | 0.                 |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .  |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | -327,040,211.   | <b>33</b>                | 14,201,550. |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 15,889,794.   | <b>34</b>                | 34,627,199. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |   |    |               |
|----|---|----|---------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 128,074,448.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 166,250,341.  |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | -38,175,893.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | -327,040,211. |
| 5  | Net unrealized gains (losses) on investments  | 5  | 0.            |
| 6  | Donated services and use of facilities  | 6  | 0.            |
| 7  | Investment expenses   | 7  | 0.            |
| 8  | Prior period adjustments  | 8  | 0.            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 379,417,654.  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,201,550.   |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? . . . . .<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | 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  | X   |    |
| 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? . . . . .   |     | X  |
| 3b | 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   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **C.H. WILKINSON PHYSICIAN NETWORK**

Employer identification number

SEE SCHEDULE O

76-0422435

**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 **section 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 |   |   |
| ATTACHMENT 1                       |          |   |   |    |   |   |
| (A)                                |          | 10  |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    | 146,337,911.                                      |   |

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

Schedule A (Form 990 or 990-EZ) 2017

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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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2016 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2017 If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2016 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

| Section D - Distributions                               |   | Current Year                |  |   |
|---|---|-----------------------------|--|---|
| 1   | Amounts paid to supported organizations to accomplish exempt purposes   |                             |  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                               |                             |  |   |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations   |                             |  |   |
| 4   | Amounts paid to acquire exempt-use assets   |                             |  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)   |                             |  |   |
| 6   | Other distributions (describe in Part VI) See instructions  |                             |  |   |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6  |                             |  |   |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions                            |                             |  |   |
| 9   | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 10  | Line 8 amount divided by Line 9 amount  |                             |  |   |
| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1   | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2017   |                             |  |   |
| a   | .   |                             |  |   |
| b   | From 2013 . . . . .   |                             |  |   |
| c   | From 2014 . . . . .   |                             |  |   |
| d   | From 2015 . . . . .   |                             |  |   |
| e   | From 2016 . . . . .   |                             |  |   |
| f   | Total of lines 3a through e   |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2017 distributable amount  |                             |  |   |
| i   | Carryover from 2012 not applied (see instructions)  |                             |  |   |
| j   | Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4   | Distributions for 2017 from Section D, line 7 \$  |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2017 distributable amount  |                             |  |   |
| c   | Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions |                             |  |   |
| 6   | Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2018</b> Add lines 3j and 4c   |                             |  |   |
| 8   | Breakdown of line 7   |                             |  |   |
| a   | Excess from 2013 . . . . .  |                             |  |   |
| b   | Excess from 2014 . . . . .  |                             |  |   |
| c   | Excess from 2015 . . . . .  |                             |  |   |
| d   | Excess from 2016 . . . . .  |                             |  |   |
| e   | Excess from 2017 . . . . .  |                             |  |   |

**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 )

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

C.H. WILKINSON PHYSICIAN NETWORK SUPPORTS THE ACTIVITIES OF ITS PARENT, CHRISTUS HEALTH - A 509(A)(2) ORGANIZATION. THE FILING ORGANIZATION HAS THE REQUISITE COMMONALITY OF MANAGEMENT AND CONTROL AS REQUIRED BY THE LANGUAGE OF SECTION 1.509(A)-4(E) UNDER THE OPERATIONAL TEST OF THE REGULATIONS.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN   | (III) TYPE OF ORGANIZATION |  | (IV)<br>YES NO | (V) AMOUNT OF SUPPORT | (VI) OTHER SUPPORT AMOUNT |
|------------------------------------|------------|----------------------------|--|----------------|-----------------------|---------------------------|
|                                    |            |                            |  |                |                       |                           |
| CHRISTUS HEALTH                    | 76-0590551 | 10                         |  | X              | 146,337,911           | 0                         |
| TOTAL AMOUNT OF SUPPORT            |            |                            |  |                | <u>146,337,911</u>    | <u>0</u>                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK

Employer identification number

SEE SCHEDULE O

76-0422435

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 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

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 line 3a(ii), are the related organizations listed as required on Schedule R?

- 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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

**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<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>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) _____  |                |   |
| <b>Total</b> (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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) _____  |                |   |
| (2) _____  |                |   |
| (3) _____  |                |   |
| (4) _____  |                |   |
| (5) _____  |                |   |
| (6) _____  |                |   |
| (7) _____  |                |   |
| (8) _____  |                |   |
| (9) _____  |                |   |
| <b>Total</b> (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) DUE FROM RELATED ORGANIZATIONS  | 17,117,816.    |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ► | 17,117,816.    |

**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  |                |
| (2) DEFERRED LEASE INCENTIVE  | 194,087.       |
| (3) DUE TO RELATED ORGS   | 8,798,338.     |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ► | 8,992,425.     |

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 1                                    |           |           |  |
|          | <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 1                                       |           |           |  |
|          | <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

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**Part XIII Supplemental Information** (continued)

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.

UNCERTAIN TAX POSITIONS UNDER ASC 740

FORM 990, SCHEDULE D, PART X LINE 2

PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO

MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2018 AND 2017

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
SEE SCHEDULE O

C.H. WILKINSON PHYSICIAN NETWORK

Employer identification number  
76-0422435

**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"/> Travel for companions   |           |    |
| <input type="checkbox"/> Tax indemnification and gross-up payments   |           |    |
| <input type="checkbox"/> Discretionary spending account  |           |    |
| <input type="checkbox"/> Housing allowance or residence for personal use   |           |    |
| <input type="checkbox"/> Payments for business use of personal residence   |           |    |
| <input type="checkbox"/> Health or social club dues or initiation fees   |           |    |
| <input type="checkbox"/> Personal services (such as, 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> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .  | <b>2</b>  |    |
| <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"/> Independent compensation consultant   |           |    |
| <input type="checkbox"/> Form 990 of other organizations   |           |    |
| <input type="checkbox"/> Written employment contract   |           |    |
| <input type="checkbox"/> Compensation survey or study  |           |    |
| <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> | X  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .   | <b>4b</b> | X  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .  | <b>4c</b> | X  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |    |
| <b>Only section 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> | X  |
| <b>b</b> Any related organization? . . . . .   | <b>5b</b> | X  |
| 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> | X  |
| <b>b</b> Any related organization? . . . . .   | <b>6b</b> | X  |
| 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 on lines 5 and 6? If "Yes," describe in Part III. . . . .  | <b>7</b>  | X  |
| <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>  | X  |
| <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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

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

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

| (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 |  |                         |                                 |   |
| 1 WILLIAM AARON TUCKER, M.D.<br>PHYSICIAN                | (i) 646,460.<br>(ii) 0.<br>(iii) 0.                | 1,639.                              | 55,800.                             | 8,100.   | 23,384.                 | 735,383.                        |   |
| 2 PETER MILDER, M.D.<br>DIRECTOR                         | (i) 352,105.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 7,420.                              | 8,100.   | 8,754.                  | 376,379.                        |   |
| 3 DAVID ENGLEKING, M.D.<br>DIRECTOR (THRU 12/2017)       | (i) 215,049.<br>(ii) 60,105.<br>(iii) 0.           | 0.                                  | 10,450.                             | 1,709.   | 16,196.                 | 303,509.                        |   |
| 4 MARISA EMMONS, M.D.<br>VICE CHAIR                      | (i) 200,486.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 116,821.                            | 8,239.   | 1,095.                  | 326,641.                        |   |
| 5 B. TARL HAMISCH, D.O.<br>DIRECTOR                      | (i) 170,500.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 5,686.                              | 5,553.   | 23,436.                 | 205,175.                        |   |
| 6 PETER PLANTES, M.D.<br>PRESIDENT/CEO (THRU 07/2017)    | (i) 1,047,210.<br>(ii) 342,214.<br>(iii) 0.        | 0.                                  | 184,797.                            | 8,795.   | 0.                      | 1,583,016.                      |   |
| 7 ROBERT KARL<br>TREASURER/CFO                           | (i) 322,572.<br>(ii) 103,537.<br>(iii) 2,797.      | 0.                                  | 2,797.                              | 55,391.  | 22,418.                 | 506,715.                        |   |
| 8 JAMES BOOKER, M.D.<br>DIRECTOR (THRU 12/2017)          | (i) 297,341.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 12,736.                             | 8,100.   | 10,573.                 | 328,750.                        |   |
| 9 SUSAN KEMP, M.D.<br>DIRECTOR (THRU 11/2016)            | (i) 185,876.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 18,297.                             | 3,880.   | 16,247.                 | 224,300.                        |   |
| 10 JASON MARKHAM<br>CAO                                  | (i) 359,985.<br>(ii) 165,029.<br>(iii) 0.          | 0.                                  | 1,876.                              | 74,411.  | 23,391.                 | 624,692.                        |   |
| 11 JESSICA ARGUIJO<br>CDO                                | (i) 317,774.<br>(ii) 104,060.<br>(iii) 47,500.     | 0.                                  | 0.                                  | 50,457.  | 15,270.                 | 487,561.                        |   |
| 12 TODD M. WEISS, M.D.<br>PHYSICIAN                      | (i) 625,605.<br>(ii) 83,714.<br>(iii) 0.           | 0.                                  | 0.                                  | 0.   | 20,854.                 | 777,673.                        |   |
| 13 LINDA RAY, M.D.<br>CHAIR                              | (i) 178,615.<br>(ii) 0.<br>(iii) 0.                | 0.                                  | 147,396.                            | 8,100.   | 6,572.                  | 340,683.                        |   |
| 14 GEORGE MICHAEL FINLEY<br>VP/CMO (LIST THRU FY2020)    | (i) 414,211.<br>(ii) 0.<br>(iii) 0.                | 130,428.                            | 0.                                  | 74,462.  | 17,816.                 | 636,917.                        |   |
| 15 TIMOTHY HAMAN, M.D.<br>EX-OFFICIO DIR (AS OF 06/2017) | (i) 265,653.<br>(ii) 663,309.<br>(iii) 0.          | 61,372.                             | 1,625.                              | 5,119.   | 24,436.                 | 358,205.                        |   |
| 16 TIMOTHY LYDA, M.D.<br>PHYSICIAN                       | (i) 0.<br>(ii) 0.<br>(iii) 0.                      | 0.                                  | 335,000.                            | 8,100.   | 23,391.                 | 1,029,800.                      |   |

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

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

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

| (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 |  |                         |                                 |   |
| 1 XAVIER MOUSSET, M.D.<br>PHYSICIAN   | (i)  | 705,724.                            | 0.                                  | 7,905.   | 16,666.                 | 738,395.                        |   |
|                                       | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 2 SHANTAN G. REDDY, M.D.<br>PHYSICIAN | (i)  | 1,327,488.                          | 0.                                  | 6,075.   | 23,399.                 | 1,365,062.                      |   |
|                                       | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 3                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 4                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 5                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 6                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 8                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9                                     | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16                                    | (i)  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii)   |                                     |                                     |  |                         |                                 |   |

**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

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, PART VII, QUESTION 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 AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS. PETER MILDER MD RECEIVED NO COMPENSATION AS DIRECTOR. HE IS EMPLOYED BY C.H. WILKINSON PHYSICIAN NETWORK AND COMPENSATION REPORTED IS FOR HIS WORK IN THE CLINICS OWNED AND/OR OPERATED BY C.H. WILKINSON PHYSICIAN NETWORK. TIME SERVED AS DIRECTORS AVERAGES FOUR HOURS OR LESS PER WEEK.

RELATED ORG DETERMINATION OF PRESIDENT/CEO'S COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 3

THE FILING ORGANIZATION'S PRESIDENT/CEO 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

**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

ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING PRESIDENT/CEO COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S PRESIDENT/CEO. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS A BI-ANNUAL COMPENSATION SURVEY.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, 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.

**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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS

FORM 990, SCHEDULE J, PART I, LINE 4B AND SCHEDULE J, PART II, COLUMN (F)

COMPENSATION REPORTED AS DEFERRED IN A PRIOR YEAR CHRISTUS PEDIATRIC

PHYSICIAN GROUP. NO ONE RECEIVED ANY COMPENSATION DURING CALENDAR YEAR

2017 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II

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

PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR

COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL

EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

**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

SUPPLEMENTAL COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART II, COLUMN B(II)

BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED

IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2017.

SEVERANCE OR CHANGE OF CONTROL PAYMENTS

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

THE FOLLOWING EMPLOYEE RECEIVED SEVERANCE PAYMENTS:

PETER PLANTES, M.D. \$78,953



**SCHEDULE L**  
(Form 990 or 990-EZ)

**Transactions With Interested Persons**

OMB No 1545-0047

**2017**

**Open To Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK

Employer identification number

SEE SCHEDULE O

76-0422435

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

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

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

| 1     | (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 |     |
|       |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    | Yes |
| (1)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (2)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (3)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (4)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (5)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (6)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (7)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (8)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (9)   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| (10)  |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |     |
| Total |                               |                                    |                     |                                       |      |                               | ▶ \$            |                 |    |                                     |    |                        |    |     |

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

| 1    | (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 |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)  |                               |   |                          |                        |                           |
| (2)  |                               |   |                          |                        |                           |
| (3)  |                               |   |                          |                        |                           |
| (4)  |                               |   |                          |                        |                           |
| (5)  |                               |   |                          |                        |                           |
| (6)  |                               |   |                          |                        |                           |
| (7)  |                               |   |                          |                        |                           |
| (8)  |                               |   |                          |                        |                           |
| (9)  |                               |   |                          |                        |                           |
| (10) |                               |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2017

**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) DWIGHT TOUPS              |   |                           | SEE SUPPLEMENTAL INFORMATION   |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

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

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV WAGES OF \$260,224 WERE PAID TO DR. DWIGHT TOUPS,  
 HUSBAND OF DR. RAY, FOR SERVICES TO C.H. WILKINSON DURING FY2018.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

|  |                                  |  |
|--|----------------------------------|--|
| Name of the organization<br>SEE SCHEDULE O | C.H. WILKINSON PHYSICIAN NETWORK | Employer identification number<br>76-0422435 |
|--|----------------------------------|--|

DOING BUSINESS AS

FORM 990, PAGE 1, ITEM C

DOING BUSINESS AS C.H. WILKINSON PHYSICIAN NETWORK OPERATES UNDER THE

FOLLOWING NAMES:

CHRISTUS FAMILY MEDICINE-HOPE

CHRISTUS MEDICAL GROUP

CHRISTUS PHYSICIAN GROUP

CHRISTUS CABRINI GROUP PRACTICE

CHRISTUS CABRINI GROUP PRACTICE MARKSVILLE FAMILY CARE CENTER

CHRISTUS FAMILY MEDICINE CENTER-PINEVILLE

CHRISTUS HOSPICE AND PALLIATIVE CARE ST. FRANCES CABRINI

CHRISTUS LOUISIANA ATHLETIC CLUB-ALEXANDRIA

CHRISTUS LOUISIANA ATHLETIC CLUB-LOUISIANA COLLEGE

CHRISTUS MATERNAL FETAL MEDICINE SHREVEPORT-BOSSIER

CHRISTUS MEDICAL GROUP INTERNAL MEDICINE ASSOCIATES

CHRISTUS PHYSICIAN GROUP

CHRISTUS PHYSICIAN NETWORK SHREVEPORT-BOSSIER

CHRISTUS PRIMARY CARE AND MULTISPECIALTY GROUP LAKE CHARLES

CHRISTUS PRIMARY CARE-ALEXANDRIA

CHRISTUS PRIMARY CARE-SOUTH BOSSIER

CHRISTUS PRIMARY CARE ASSOCIATES SHREVEPORT BOSSIER

CHRISTUS PRIMARY CARE PARTNERS SHREVEPORT BOSSIER

CHRISTUS SCHUMPERT GROUP PRACTICE

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
SEE SCHEDULE O

Employer identification number  
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CHRISTUS SCHUMPERT GROUP PRACTICE PEDIATRIC ASSOCIATES  
 CHRISTUS SCHUMPERT GROUP PRACTICE PRIMARY CARE ASSOCIATES  
 CHRISTUS ST. PATRICK MEDICAL GROUP CARDIOLOGY ASSOCIATES  
 CHRISTUS ST. PATRICK MEDICAL GROUP INTERNAL MEDICINE ASSOCIATES  
 CHRISTUS ST. PATRICK MEDICAL GROUP PEDIATRIC AND INTERNAL MEDICINE CLINIC  
 CHRISTUS ST. PATRICK MEDICAL GROUP PRIEN LAKE MEDICAL CLINIC  
 CHRISTUS SURGICAL GROUP LAKES CHARLES  
 CHRISTUS BEAUMONT ADULT MEDICINE  
 CHRISTUS CARDIOVASCULAR AND THORACIC SURGERY  
 CHRISTUS CLINIC MANAGEMENT SERVICES  
 CHRISTUS COASTAL BEND FAMILY MEDICINE  
 CHRISTUS ELITE ORTHOPEDICS OF CORPUS CHRISTI  
 CHRISTUS FAMILY HEALTH CENTER-NORTHSIDE  
 CHRISTUS FAMILY HEALTH CENTER-ROBSTOWN  
 CHRISTUS FAMILY HEALTH CENTER-WESTSIDE  
 CHRISTUS FAMILY MEDICINE-BABCOCK ROAD  
 CHRISTUS FAMILY MEDICINE-BOERNE  
 CHRISTUS FAMILY MEDICINE-BULVERDE  
 CHRISTUS FAMILY MEDICINE-GROVES  
 CHRISTUS FAMILY MEDICINE-LUMBERTON  
 CHRISTUS FAMILY MEDICINE-MID COUNTY  
 CHRISTUS FAMILY MEDICINE-NEW BRAUNFELS  
 CHRISTUS FAMILY MEDICINE-PORT ARTHUR  
 CHRISTUS FAMILY MEDICINE-PORT NECHES  
 CHRISTUS FAMILY MEDICINE ACADEMIC CENTER-CENTRAL

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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CHRISTUS FAMILY MEDICINE ACADEMIC CENTER-SOUTH  
CHRISTUS FAMILY MEDICINE NORTH NEW BRAUNFELS  
CHRISTUS FAMILY MEDICINE SHAVANO PARK  
CHRISTUS GEORGE WEST FAMILY MEDICAL CLINIC  
CHRISTUS GYNECOLOGY SPECIALISTS  
CHRISTUS HEALTH CLINIC - IRVING  
CHRISTUS HEALTHY LIVING MOBILE CLINICS  
CHRISTUS INTERNAL MEDICINE ASSOCIATES-ALICE  
CHRISTUS JASPER MEMORIAL MEDICAL GROUP  
CHRISTUS JASPER MEMORIAL MEDICAL GROUP SURGICAL ASSOCIATES  
CHRISTUS MATERNAL FETAL MEDICINE  
CHRISTUS MEDICAL GROUP  
CHRISTUS MEDICAL GROUP SOUTHEAST TEXAS BARIATRIC CENTER  
CHRISTUS MEDICAL GROUP-BEEVILLE SURGERY GROUP  
CHRISTUS MEDICAL GROUP-FAMILY MEDICINE CENTER MID-COUNTY  
CHRISTUS MEDICAL GROUP-MULTI-SPECIALTY CLINIC  
CHRISTUS MEDICAL GROUP-POINT OF LIGHT CLINIC  
CHRISTUS NEW BRAUNFELS SURGICAL ASSOCIATES  
CHRISTUS OBSTETRICS AND GYNECOLOGY ASSOCIATES-ALICE  
CHRISTUS OBSTETRICS AND GYNECOLOGY ASSOCIATES-KINGSVILLE  
CHRISTUS ORTHOPEDIC TRAUMA ASSOCIATES  
CHRISTUS PHYSICIAN GROUP  
CHRISTUS POINT OF LIGHT CLINIC  
CHRISTUS PREVENTATIVE MEDICINE OF SOUTHEAST TEXAS  
CHRISTUS PROVIDER NETWORK

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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CHRISTUS PULMONARY AND SLEEP MEDICINE-TEXARKANA  
CHRISTUS QUICK CARE NEW BOSTON  
CHRISTUS RADIOLOGY ONCOLOGY  
CHRISTUS SANTA ROSA EMERGENCY CENTER NEW BRAUNFELS  
CHRISTUS SANTA ROSA MEDICAL GROUP  
CHRISTUS SANTA ROSA MEDICAL GROUP ALAMO HEIGHTS FAMILY MEDICINE  
CHRISTUS SANTA ROSA MEDICAL GROUP CARDIOLOGY CONSULTANTS  
CHRISTUS SANTA ROSA MEDICAL GROUP CARDIOVASCULAR ASSOCIATES  
CHRISTUS SANTA ROSA MEDICAL GROUP EXPRESS CARE - ALAMO HEIGHTS  
CHRISTUS SANTA ROSA MEDICAL GROUP FAMILY MEDICINE - BULVERDE  
CHRISTUS SANTA ROSA MEDICAL GROUP FAMILY MEDICINE - MEDICAL CENTER  
CHRISTUS SANTA ROSA MEDICAL GROUP FAMILY MEDICINE - WESTOVER HILLS  
CHRISTUS SANTA ROSA MEDICAL GROUP LONESTAR NEUROSURGERY  
CHRISTUS SANTA ROSA MEDICAL GROUP NEW BRAUNFELS SURGICAL ASSOCIATES  
CHRISTUS SANTA ROSA MEDICAL GROUP PEDIATRIC ENT  
CHRISTUS SANTA ROSA MEDICAL GROUP SURGICAL ASSOCIATES  
CHRISTUS SANTA ROSA MEDICAL GROUP WESTOVER HILLS ORTHOPEDICS  
CHRISTUS SHORELINE ORTHOPEDICS  
CHRISTUS SOUTH TEXAS ENT & ALLERGY  
CHRISTUS SOUTHEST TEXAS RHEUMATOLOGY ASSOCIATES  
CHRISTUS SPECIALTY CLINIC CORPUS  
CHRISTUS SPOHN MEDICAL GROUP  
CHRISTUS SPOHN MEDICAL GROUP - FAMILY MEDICINE ACADEMIC CENTER - CENTRAL  
CHRISTUS SPOHN MEDICAL GROUP ALICE OBSTETRICS AND GYNECOLOGY ASSOCIATES  
CHRISTUS SPOHN MEDICAL GROUP ALICE PEDIATRIC ASSOCIATES

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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CHRISTUS SPOHN MEDICAL GROUP BEEVILLE MEDICAL ASSOCIATES  
 CHRISTUS SPOHN MEDICAL GROUP BEEVILLE SURGERY GROUP  
 CHRISTUS SPOHN MEDICAL GROUP COASTAL BEND FAMILY MEDICINE  
 CHRISTUS SPOHN MEDICAL GROUP DR. HECTOR P. GARCIA FAMILY MEDICINE CENTER  
 CHRISTUS SPOHN MEDICAL GROUP FAMILY MEDICINE ACADEMIC CENTER  
 CHRISTUS SPOHN MEDICAL GROUP GEORGE WEST FAMILY MEDICAL CLINIC  
 CHRISTUS SPOHN MEDICAL GROUP INTERNAL MEDICINE ASSOCIATES  
 CHRISTUS SPOHN MEDICAL GROUP ISLAND FAMILY MEDICINE  
 CHRISTUS SPOHN MEDICAL GROUP MATERNAL FETAL MEDICINE  
 CHRISTUS SPOHN MEDICAL GROUP MULTI-SPECIALTY CLINIC  
 CHRISTUS SPOHN MEDICAL GROUP OBSTETRICS AND GYNECOLOGY ASSOCIATES  
 CHRISTUS SPOHN MEDICAL GROUP SHORELINE ORTHOPEDICS  
 CHRISTUS SPOHN MEDICAL GROUP SOUTH TEXAS ENT & ALLERGY  
 CHRISTUS SPOHN MEDICAL GROUP URGENT CARE CENTER - PORTLAND  
 CHRISTUS SPOHN MEDICAL GROUP WOMEN'S CARE CENTER  
 CHRISTUS ST. CATHERINE MEDICAL GROUP  
 CHRISTUS ST. CATHERINE MEDICAL GROUP CARDIOLOGY ASSOCIATES  
 CHRISTUS ST. CATHERINE MEDICAL GROUP FAMILY MEDICINE ASSOCIATES  
 CHRISTUS ST. CATHERINE MEDICAL GROUP GASTROENTEROLOGY CENTER  
 CHRISTUS ST. CATHERINE MEDICAL GROUP NEUROLOGY SERVICES  
 CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP FAMILY MEDICINE CENTER -  
 MID-COUNTY  
 CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP OCCUPATIONAL MEDICINE

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP PREVENTIVE MEDICINE OF  
SOUTHEAST TEXAS CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP SOUTHEAST

CHRISTUS ST. ELIZABETH MEDICAL GROUP BEAUMONT ADULT MEDICINE

CHRISTUS ST. ELIZABETH MEDICAL GROUP PREVENTIVE MEDICINE OF SOUTHEAST  
TEXAS

CHRISTUS ST. ELIZABETH MEDICAL GROUP SOUTHEAST TEXAS BARIATRIC CENTER

CHRISTUS ST. ELIZABETH MEDICAL GROUP SOUTHEAST TEXAS RHEUMATOLOGY

ASSOCIATES CHRISTUS ST. ELIZABETH MEDICAL GROUP

CHRISTUS ST. JOHN MEDICAL GROUP MULTI-SPECIALTY CLINIC

CHRISTUS ST. JOHN MEDICAL GROUP POINT OF LIGHT CLINIC

CHRISTUS ST. JOHN MEDICAL GROUP UROLOGY ASSOCIATES

CHRISTUS ST. JOHN MEDICAL GROUP

CHRISTUS ST. MARY MEDICAL GROUP

CHRISTUS ST. MARY MEDICAL GROUP FAMILY MEDICINE CENTER MID-COUNTY

CHRISTUS ST. MARY'S CLINIC

CHRISTUS ST. MICHAEL CLINIC - PULMONOLOGY

CHRISTUS ST. MICHAEL CLINIC CARDIOVASCULAR AND THORACIC SURGERY

CHRISTUS ST. MICHAEL CLINIC QUICK CARE NEW BOSTON

CHRISTUS ST. MICHAEL CLINIC



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CHRISTUS SURGERY ASSOCIATES TEXARKANA

CHRISTUS SURGICAL ASSOCIATES JASPER

CHRISTUS URGENT CARE-PORTLAND

CHRISTUS WOMEN'S CENTER TEXARKANA

THE DUBUIS HOSPITAL FOR CONTINUING CARE

FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR A BROADER COMMUNITY  
CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR  
COMMUNITIES. WE MADE CASH DONATIONS IN ADDITION TO GRANTS AWARDED  
THROUGH THE CHRISTUS FUND TO SUPPORT CAUSES LIKE THE FIGHT AGAINST  
CANCER, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AIDS, AND  
FOR MANY OTHER EQUALLY WORTHY PURPOSES. DURING FY 2018, CHRISTUS HEALTH  
ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN  
SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO  
HEALTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE. HEALTHCARE SERVICES  
FOR THE CONSTITUENTS WE SERVE.

FORM990, PART III, LINE 4D  
COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND  
TRADITION THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO  
CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING 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.

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, COUNSELING FOR MENTAL HEALTH AND SUBSTANCE ABUSE, MEALS FOR THE HOMELESS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES. C.H. WILKINSON PHYSICIAN NETWORK PARTICIPATES WITH THE CHRISTUS HEALTH HOSPITAL FACILITIES THROUGHOUT THE TEXAS, LOUISIANA AND ARKANSAS MARKETS TO PROVIDE SUPPORT FOR COMMUNITY BENEFITS PROGRAMS. C.H. WILKINSON PHYSICIAN NETWORK, IN CONJUNCTION WITH CHRISTUS FOUNDATION FOR HEALTHCARE AND CHRISTUS GULF COAST REGION, PROVIDES HEALTH CARE AND MEDICATIONS FOR INDIGENT PATIENTS AT THE POINT OF LIGHT CLINIC AND CHRISTUS ST MARY'S CLINIC. THE POINT OF LIGHT CLINIC AND CHRISTUS ST. MARY'S CLINIC SERVE PREDOMINANTLY INDIGENT COMMUNITIES THAT HAVE EXTENSIVE HEALTH, SOCIAL DEVELOPMENT, EDUCATIONAL AND ECONOMIC NEEDS. CHRISTUS POINT OF LIGHT HAD 6,864 OFFICE VISITS IN FISCAL YEAR 2018. MOST OF THESE VISITS WERE UNINSURED OR UNDERINSURED. PRIMARY CARE SERVICES PROVIDED TO THE UNINSURED/UNDERINSURED IN 2018 WAS \$478,946. CHRISTUS ST. MARY'S CLINIC HAD 22,374 OFFICE VISITS IN FISCAL YEAR 2018. 100% OF THESE VISITS WERE UNINSURED OR UNDERINSURED. PRIMARY CARE SERVICES PROVIDED TO UNINSURED/UNDERINSURED IN 2018 WAS \$1,105,309. C.H. WILKINSON PHYSICIAN

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NETWORK, IN CONJUNCTION WITH CHRISTUS FOUNDATION FOR HEALTHCARE AND CHRISTUS GULF COAST REGION, EXTENDS THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING HEALTHCARE SERVICES TO INNER CITY CATHOLIC AND ACADEMY (RECOVERY SCHOOLS) SCHOOL SETTINGS IN THE HOUSTON/GALVESTON AREA. THE PRIMARY GOAL IS TO HELP KEEP STUDENTS HEALTHY AND IN SCHOOL. CHRISTUS SCHOOL CLINICS HAD 12,534 MENTAL HEALTH ENCOUNTERS (INCLUDING COUNSELING) FOR STUDENTS IN FISCAL YEAR 2018. CHRISTUS HEALTHY LIVING MOBILE CLINIC PROVIDES COMMUNITY OUTREACH SERVICES. HLMC SERVED 22,678 PATIENTS IN FISCAL YEAR 2018. TOGETHER, THESE PROGRAMS PROVIDED \$1,565,424 HEALTH CARE SERVICES.

NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT  
FORM 990, PART VI, QUESTION 1B & PART 1, QUESTION 4  
SEVEN OF THE VOTING MEMBERS OF THE GOVERNING BODY DO NOT MEET THE DEFINITION OF "INDEPENDENT" PER THE IRS FORM 990 INSTRUCTIONS BECAUSE THEY RECEIVE COMPENDATION FROM THE FILING ORGANIZATION AND/OR RELATED ORGANIZATIONS. THEREFORE, THERE ARE ZERO VOTING MEMBERS THAT ARE INDEPENDENT.

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS  
FORM 990, PART VI, LINE 6  
CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF C.H. WILKINSON PHYSICIAN NETWORK.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS  
FORM 990, PART VI, LINE 7A

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
SEE SCHEDULE O

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THE BOARD OF DIRECTORS FOR C.H. WILKINSON PHYSICIAN NETWORK RECOMMENDS TO THE SOLE CORPORATE MEMBER, CHRSTUS HEALTH, MEMBERS FOR THE BOARD ANS/OR OFFICERS. CHRISTUS HEALTH APPROVES RECOMMENDATIONS FOR APPOINTMENT.

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

CHRISTUS HEALTH, AS SOLE MEMBER OF THE CORPORATION, RESERVES THE SOLE APPROVAL FOR THE FOLLOWING ACTIONS: TO ALTER, AMEND OR REPEAL THE ARTICLES OF INCORPORATION AND/OR BYLAWS OF THE CORPORATION; THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION; MATERIAL (\$5,000.00) DEVIATIONS FROM ANNUAL OPERATING AND CAPITAL BUDGETS; THE MERGER, ACQUISITION, CONSOLIDATION, LIQUIDATION, OR DISSOLUTION OF THE CORPORATION; THE APPOINTMENT/REMOVAL OF DIRECTORS; THE APPOINTMENT/REMOVAL OF OFFICERS (OTHER THAN CHAIRMAN OR VICE CHAIRPERSON OF THE BOARD); AND THE SELECTION OF THE CORPORATION'S AUDITORS.

DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW 990  
FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED AND REVIEWED BY THE CHRISTUS HEALTH TAX DEPARTMENT. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH THE TAX DEPARTMENT IN PREPARATION AND REVIEW OF THE FORM 990. THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990.

THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE

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INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW.  
REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE  
SPRING OF 2019 VIA EITHER MEETING, CONFERENCE CALL, OR WEB PORTAL POLLING  
TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF  
SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF  
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.

COMPENSATION DETERMINATION PROCESS  
FORM 990, PART VI, LINES 15A & 15B  
THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE  
COMPENSATION OF THE PRESIDENT (OR EXECUTIVE DIRECTOR, AS APPLICABLE),  
OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND THE RESIDENT/CEO OF  
C.H. WILKINSON PHYSICIAN NETWORK. THE EXECUTIVE COMPENSATION COMMITTEE

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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.

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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 THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE.

PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T

FORM 990, PART VI, LINE 18

CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS

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HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

AVAIL OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY AND FIN STMTS  
FORM 990, PART VI, LINE 19

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE  
AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE  
ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE  
NOT MADE AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

|  |               |
|--|---------------|
| TRANSFER OF NET ASSET BETWEEN ENTITIES | \$382,270,841 |
| CONTRIBUTION                           | (2,853,187)   |
|  | -----         |
| TOTAL                                  | \$379,417,654 |

ATTACHMENT 1

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

C.H. WILKINSON PHYSICIAN NETWORK IS ORGANIZED TO CARRY OUT SCIENTIFIC  
RESEARCH AND RESEARCH PROJECTS IN THE PUBLIC INTEREST IN THE FIELDS  
OF MEDICAL SCIENCES, MEDICAL ECONOMIES, PUBLIC HEALTH, SOCIOLOGY, AND  
RELATED AREAS; TO SUPPORT MEDICAL EDUCATION IN MEDICAL SCHOOLS  
THROUGH GRANTS AND SCHOLARSHIPS; TO IMPROVE AND DEVELOP THE  
CAPABILITIES OF INDIVIDUALS AND INSTITUTIONS STUDYING, TEACHING AND  
PRACTICING MEDICINE; TO DELIVER HEALTH CARE TO THE PUBLIC; AND TO  
ENGAGE IN THE INSTRUCTION OF THE GENERAL PUBLIC IN THE AREA OF  
MEDICAL SCIENCE, PUBLIC HEALTH, AND HYGIENE AND RELATED INSTRUCTION



Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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ATTACHMENT 1 (CONT'D)

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

USEFUL TO THE INDIVIDUAL AND BENEFICIAL TO THE COMMUNITY. IN CARRYING  
OUT ITS MISSION, C.H. WILKINSON PHYSICIAN NETWORK SHALL FOLLOW THESE  
GUIDING PRINCIPLES: ADDRESS ACTUAL COMMUNITY NEEDS IN PARTNERSHIP  
WITH THE HEALTH CARE FACILITIES AND OTHER PROVIDERS IN EACH  
COMMUNITY; ENCOURAGE UNIVERSAL ACCESS THAT INCLUDES THE POOR AND  
UNDERSERVED, AND PERMIT CATHOLIC HEALTH FACILITIES TO BE SENSITIVE TO  
AND SERVE THE UNDOCUMENTED; BE COMMITTED TO PROVIDING HIGH QUALITY  
SERVICES; AND BE COMMITTED TO STEWARDING HUMAN, FINANCIAL AND  
ENVIRONMENTAL RESOURCES.

ATTACHMENT 2

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

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES  
C.H. WILKINSON PHYSICIAN NETWORK IS PART OF CHRISTUS HEALTH, WHICH  
FORMED IN 1999 TO STRENGTHEN THE 153-YEAR-OLD, FAITH-BASED HEALTH  
CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF  
THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO. FOUNDED WITH THE  
MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS  
IS CHALLENGED TO REACH OUT TO, AND BEYOND, THE MORE THAN 60  
COMMUNITIES WE SERVE TO HELP THOSE IN NEED. THE VISION OF C.H.  
WILKINSON PHYSICIAN NETWORK, AS A CATHOLIC, FAITH-BASED MINISTRY,  
IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF  
INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF  
INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S  
HEALING PRESENCE AND LOVE. C.H. WILKINSON PHYSICIAN NETWORK

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
SEE SCHEDULE O

Employer identification number  
76-0422435

ATTACHMENT 2 (CONT'D)

RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED AT  
 NUMEROUS HOSPITALS AND LONG-TERM CARE FACILITIES, AS WELL AS  
 DOZENS OF HEALTH CARE CLINICS, PHYSICIANS' OFFICES, OUTPATIENT  
 SERVICES AND COMMUNITY-BASED PROGRAMS IN TEXAS AND LOUISIANA.  
 ALTHOUGH PROGRAMS MAY DIFFER FROM FACILITY TO FACILITY, EACH OF  
 OUR HEALTH CARE ENTITIES HAS THE SAME OBJECTIVE -- TO FULFILL OUR  
 MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH  
 INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY. C. H.  
 WILKINSON PHYSICIAN NETWORK OPERATES UNDER THE NAME OF CHRISTUS  
 PROVIDER NETWORK AS A FAITH-BASED PHYSICIAN EMPLOYMENT AND  
 PRACTICE MANAGEMENT ORGANIZATION EMPLOYING FAMILY PRACTICE,  
 PEDIATRIC AND OBSTETRICAL/GYNECOLOGICAL PHYSICIANS, INTENSIVISTS,  
 SPECIALISTS AND OTHER HEALTH CARE PROVIDERS. IN FISCAL YEAR 2018  
 ALONE, WE WERE PRIVILEGED TO SERVE MANY INDIVIDUALS IN VARIOUS  
 WAYS, INCLUDING MORE THAN 500,000 PATIENTS THROUGHOUT OUR CLINICS  
 IN TEXAS AND LOUISIANA. TOUCHING THE LIVES OF THE PEOPLE AROUND  
 US IS WHAT MAKES C.H. WILKINSON PHYSICIAN NETWORK STAND APART.  
 ALLOWING OTHERS TO TOUCH US GIVES US A VISION FOR THE MEDICALLY  
 NEEDY IN EACH OF THE COMMUNITIES WE SERVE. WHETHER IT IS THE LIFE  
 OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A  
 MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN  
 ABOUT TO GIVE BIRTH TO HER FIRST CHILD, C.H. WILKINSON PHYSICIAN  
 NETWORK'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE  
 POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. BY  
 COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
SEE SCHEDULE O

Employer identification number  
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ATTACHMENT 2 (CONT'D)

HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES. THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING BY HELPING C.H. WILKINSON PHYSICIAN NETWORK FURTHER CARE FOR 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 OF AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS. OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH. UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLICS AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS. IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS. C.H. WILKINSON PHYSICIAN NETWORK PROVIDES A FULL RANGE OF SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES. IT CONDUCTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN. C.H. WILKINSON PHYSICIAN NETWORK SUPPORTS MANY LOCAL COMMUNITY

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
SEE SCHEDULE O

Employer identification number  
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ATTACHMENT 2 (CONT'D)

HEALTH SERVICES BY OPERATING PRIMARY CARE, SPECIALTY CLINICS AND RURAL HEALTH CLINICS. AS A WHOLLY OWNED SUBSIDIARY OF CHRISTUS HEALTH, C.H. WILKINSON PHYSICIAN NETWORK SHARES THE DEEP-ROOTED MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST. THE FOCUS OF C.H. WILKINSON PHYSICIAN NETWORK'S CLINICS IS ON DELIVERING EXCELLENT, SERVICE-ORIENTED HEALTH CARE IN A COMPASSIONATE ENVIRONMENT. THE FOUNDATION OF C.H. WILKINSON PHYSICIAN NETWORK'S CARE IS PRIMARY CARE AND FAMILY MEDICINE, WHICH PROVIDES CONTINUING AND COMPREHENSIVE HEALTH CARE FOR PATIENTS OF ALL AGES--FROM INFANTS TO THE ELDERLY--FOR ALL MEDICAL CONDITIONS INCLUDING THE MANAGEMENT OF DISEASES SUCH AS DIABETES, HIGH BLOOD PRESSURE AND CHRONIC HEALTH PROBLEMS. C.H. WILKINSON PHYSICIAN NETWORK PLAYS A KEY ROLE IN CHRISTUS HEALTH'S DELIVERY NETWORK TO CARRY OUT THE MISSION OF PROVIDING HEALTH CARE TO ALL OF ITS COMMUNITY MEMBERS. C.H. WILKINSON PHYSICIAN NETWORK CLINICS ARE THE ACCESS POINT TO PRIMARY CARE HEALTH SERVICES, AND IN MANY AREAS, ASSURE THAT THE CHRISTUS VISION OF CREATING HEALTHY COMMUNITIES IS FULFILLED. AS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN THE STATE OF TEXAS, AND AS PART OF CHRISTUS HEALTH, A PHYSICIAN GOVERNING BOARD COMPRISED SOLELY OF LICENSED PHYSICIANS WHO REPRESENT THE AREAS WE SERVE GUIDES C.H. WILKINSON PHYSICIAN NETWORK. WE ARE PRIVILEGED TO HAVE A MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US MUST UNDERGO A THOROUGH AND

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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ATTACHMENT 2 (CONT'D)

COMPREHENSIVE CREDENTIALING PROCESS.

ATTACHMENT 3

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

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, DEPARTMENT OF DEFENSE (DOD) AND TRICARE. THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING 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 PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON THEIR FEE SCHEDULE. CHRISTUS HEALTH DBA US FAMILY HEALTH PLAN ALSO PROVIDES THE UNIFORM MEDICAL BENEFIT FOR MILITARY FAMILY MEMBERS UNDER CONTRACT WITH THE DOD. UNDER THIS PROGRAM, COMPREHENSIVE MEDICAL SERVICES ARE PROVIDED TO FAMILIES OF ACTIVE DUTY MILITARY PERSONNEL AND TO RETIREES AND THEIR FAMILIES IN ALL AGE CATEGORIES INCLUDING THOSE OVER AGE 65. CHRISTUS HEALTH ALSO PARTICIPATES IN THE TRICARE STANDARD PROGRAM AND MANY OF OUR HOSPITALS CONTRACT WITH THE MANAGED CARE SUPPORT

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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ATTACHMENT 3 (CONT'D)

CONTRACTOR FOR THE SOUTH REGION TO PROVIDE SERVICES UNDER THE  
PROVISION OF TRICARE PRIME.

ATTACHMENT 4

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

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS  
ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING  
AND REPORTING COMMUNITY BENEFIT (2008), 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 HEALTH PROVIDES CHARITY  
CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE  
PATIENTS AND THEIR FAMILIES. CHARITY CARE IS PROVIDED WITHOUT  
CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH  
SERVICES. THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF  
ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED  
BY THE ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS  
WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF  
THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK  
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ATTACHMENT 4 (CONT'D)

EXPECTATION OF PAYMENT. UNINSURED PATIENTS, WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE. CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS AND LOUISIANA 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.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u>  | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------|----------------|-----------------|----------------|
| POOR & UNDERSERVED | 0.             | 32,176.         |                |
| BROADER COMMUNITY  | 0.             | 218,232.        |                |
| ADDITIONAL GRANTS  | 17,535.        |                 |                |
| TOTALS             | <u>17,535.</u> | <u>250,408.</u> |                |

ATTACHMENT 6

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| ROSE L. JUMAH<br>2008 AIRLINE DR, BLDG. 300<br>BOSSIER CITY, LA 71111 | PHYSICIAN SERVICES             | 397,823.            |
| GUY J. RACETTE M.D.<br>PO BOX 2260<br>FULTON, TX 78358                | PHYSICIAN SERVICES             | 311,662.            |

|  |                                  |  |
|--|----------------------------------|--|
| Name of the organization<br>SEE SCHEDULE O | C.H. WILKINSON PHYSICIAN NETWORK | Employer identification number<br>76-0422435 |
|--|----------------------------------|--|

ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| FAMILY MEDICAL GROUP OF TEXARKANA<br>2101 GALLERIA OAKS<br>TEXARKANA, TX 75503 | PHYSICIAN SERVICES             | 552,739.            |
| HAYES LOCUM LLC<br>6700 N. ANDREWS AVE, STE. 600<br>FORT LAUDERDALE, FL 33309  | MEDICAL SERVICES               | 1,060,272.          |
| JAY LOCKE M.D.<br>3139 W. HOLCOMBE BLVD #550<br>HOUSTON, TX 77025              | PHYSICIAN SERVICES             | 485,421.            |

ATTACHMENT 7FORM 990, PART IX - OTHER FEES

| <u>DESCRIPTION</u>             | <u>(A)<br/>TOTAL<br/>FEES</u> | <u>(B)<br/>PROGRAM<br/>SERVICE EXP.</u> | <u>(C)<br/>MANAGEMENT<br/>AND GENERAL</u> | <u>(D)<br/>FUNDRAISING<br/>EXPENSES</u> |
|--------------------------------|-------------------------------|---|---|---|
| OCCUPANCY RELATED SERVICES     | 293,966.                      | 257,328.                                | 36,638.                                   |   |
| MEDICAL SERVICES               | 7,939,270.                    | 6,949,760.                              | 989,510.                                  |   |
| REPAIRS & MAINTENANCE SERVICES | 203,238.                      | 177,908.                                | 25,330.                                   |   |
| COLLECTION SERVICES            | 3,472,397.                    | 3,039,615.                              | 432,782.                                  |   |
| MARKETING SERVICES             | 163,144.                      | 142,810.                                | 20,334.                                   |   |
| OVERHEAD ALLOCATION            | 28,461,856.                   | 24,914,517.                             | 3,547,339.                                |   |
| PURCHASE SERVICE               | 3,597.                        | 3,149.                                  | 448.                                      |   |
| TOTALS                         | <u>40,537,468.</u>            | <u>35,485,087.</u>                      | <u>5,052,381.</u>                         |   |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

C. H. WILKINSON PHYSICIAN NETWORK

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

Employer identification number

76-0422435

OMB No. 1545-0047

**2017**

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**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

| (1) | (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |  |                         |  |                            |   |                                  | Yes  | No |
| (1) | CHRISTUS HEALTH ARK-LA-TEX<br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX 75503                       | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (2) | CHRISTUS HEALTH CENTRAL LOUISIANA<br>3330 MASONIC DRIVE<br>ALEXANDRIA, LA 71301                  | HLTHCARE SVCS           | LA   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (3) | CHRISTUS HEALTH GULF COAST<br>P O BOX 922037<br>HOUSTON, TX 77292                                | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (4) | CHRISTUS HEALTH NORTHERN LOUISIANA<br>ONE SAINT MARY PLACE<br>SHREVEPORT, LA 71101               | HLTHCARE SVCS           | LA   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (5) | CHRISTUS SPOHN HEALTH SYSTEM CORPORATION<br>600 ELIZABETH STREET<br>CORPUS CHRISTI, TX 78404     | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (6) | CHRISTUS HEALTH SOUTHEAST TEXAS<br>2830 CALDER STREET<br>BEAUMONT, TX 77726                      | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (7) | CHRISTUS HEALTH SOUTHWESTERN LOUISIANA<br>524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA 70601 | HLTHCARE SVCS           | LA   | 501(C)(3)                  | 3   | CH                               |  | X  |

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

Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization  
SEE SCHEDULE O

C.H. WILKINSON PHYSICIAN NETWORK

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

Employer identification number

76-0422435

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**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

| (1) | (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |  |                         |  |                            |   |                                  | Yes  | No |
| (1) | CHRISTUS SANTA ROSA HEALTH CARE CORP<br>333 N SANTA ROSA STREET<br>SAN ANTONIO, TX 78207<br>74-1109665 | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               | X  |    |
| (2) | CHRISTUS CONTINUING CARE<br>1700 W LOOP SOUTH, STE 1100<br>HOUSTON, TX 77027<br>74-2898615             | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               | X  |    |
| (3) | CHRISTUS HEALTH<br>919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>76-0590551                            | SPT HLTH SVCS           | TX   | 501(C)(3)                  | 10  | N/A                              |  | X  |
| (4) | DUBUIS HEALTH SYSTEM INC<br>1700 WEST LOOP SOUTH SUITE 110<br>HOUSTON, TX 77027<br>72-1270964          | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               | X  |    |
| (5) | CHRISTUS HEALTH FOUNDATION<br>919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>61-1500100                 | SPT HLTH SVCS           | TX   | 501(C)(3)                  | 12-TYPE I   | CH                               | X  |    |
| (6) | CHRISTUS HEALTH STRATEGIC GROWTH<br>919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>46-2798043           | SPT HLTH SVCS           | TX   | 501(C)(3)                  | 12-TYPE I   | CH                               | X  |    |
| (7) | CHRISTUS HEALTH PLAN LOUISIANA<br>919 HIDDEN RIDGE DR<br>IRVING, TX 75038<br>46-4617988                | MEDICAID HMO            | LA   | 501(C)(3)                  | 12-TYPE I   | CH                               | X  |    |

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

Schedule R (Form 990) 2017

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

C.H. WILKINSON PHYSICIAN NETWORK

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

Employer identification number

76-0422435

SEE SCHEDULE O

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

**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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) CHRISTUS PEDIATRIC PHYSICIAN GROUP<br>919 HIDDEN RIDGE DR<br>IRVING, TX 75038<br>46-5203505   | HLTHCARE SVCS           | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (2) CHRISTUS FOUNDATION FOR HEALTHCARE<br>P O BOX 1919<br>HOUSTON, TX 77251<br>74-6074210         | SUPT HLTH SVC           | TX   | 501(C)(3)                  | 7   | CH                               |  | X  |
| (3) CHRISTUS HOPKINS HEALTH ALLIANCE<br>115 AIRPORT RD<br>SULPHUR SPRINGS, TX 75482<br>81-1708177 | HLTHCARE SVS            | TX   | 501(C)(3)                  | 3   | CH                               |  | X  |
| (4) CHRISTUS TRINITY MF HEALTH SYSTEM<br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2616975      | SUPPORT                 | TX   | 501(C)(3)                  | 12, TYPE I  | CH                               |  | X  |
| (5) GOOD SHEPHERD HEALTH SYSTEM, INC<br>700 EST MARSHALL AVE<br>LONGVIEW, TX 75601<br>75-2027157  | SUPPORT                 | TX   | 501(C)(3)                  | 12-TYPE I   | CH                               |  | X  |
| (6)   |                         |  |                            |   |                                  |  |    |
| (7)   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2017

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) CHRISTUS MUGUERZA, S A P I DE C V<br>HIDALGO PTE 2525 COL OBISPAO, MONTERREY, N L MX 64060 | HLTHCARE SVCS           | MX   | CH                               | C CORP   |                              |                                    |                             |  | X  |
| (2) EMERALD ASSURANCE CAYMAN LTD<br>P O BOX 1051 KY-1-1102 GRAND CAYMAN, CAYMAN ISLANDS CJ     | INSURANCE               | CJ   | CH                               | C CORP   |                              |                                    |                             |  | X  |
| (3) CHRISTUS LOUISIANA QUALITY ALLIANCE<br>919 HIDDEN RIDGE DR IRVING, TX 75038                | ACO                     | TX   | CH                               | C CORP   |                              |                                    |                             |  | X  |
| (4) CHRISTUS CONNECTED CARE NETWORK<br>919 HIDDEN RIDGE IRVING, TX 75038                       | HLTHCARE SVCS           | TX   | CH                               | C-CORP   |                              |                                    |                             |  | X  |
| (5)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)  |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

| 2   | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | CHRISTUS HEALTH ARK-LA-TEX          | L                             | 5,300,957.             | ACCRUAL                                      |
| (2) | CHRISTUS HEALTH ARK-LA-TEX          | M                             | 5,301,850.             | ACCRUAL                                      |
| (3) | CHRISTUS HEALTH NORTHERN LOUISIANA  | K                             | 529,295.               | ACCRUAL                                      |
| (4) | CHRISTUS HEALTH NORTHERN LOUISIANA  | M                             | 5,719,577.             | ACCRUAL                                      |
| (5) | CHRISTUS HEALTH NORTHERN LOUISIANA  | O                             | 135,850.               | ACCRUAL                                      |
| (6) | CHRISTUS HEALTH SOUTHEAST TEXAS     | M                             | 892,626.               | ACCRUAL                                      |

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

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

|   | Yes | No |
|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  |     | 1a |
| b Gift, grant, or capital contribution to related organization(s).  |     | 1b |
| c Gift, grant, or capital contribution from related organization(s).  |     | 1c |
| d Loans or loan guarantees to or for related organization(s).   |     | 1d |
| e Loans or loan guarantees by related organization(s).  |     | 1e |
| f Dividends from related organization(s).   |     | 1f |
| g Sale of assets to related organization(s).  |     | 1g |
| h Purchase of assets from related organization(s).  |     | 1h |
| i Exchange of assets with related organization(s).  |     | 1i |
| j Lease of facilities, equipment, or other assets to related organization(s).   |     | 1j |
| k Lease of facilities, equipment, or other assets from related organization(s).   |     | 1k |
| l Performance of services or membership or fundraising solicitations for related organization(s).   |     | 1l |
| m Performance of services or membership or fundraising solicitations by related organization(s).  |     | 1m |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  |     | 1n |
| o Sharing of paid employees with related organization(s).   |     | 1o |
| p Reimbursement paid to related organization(s) for expenses.   |     | 1p |
| q Reimbursement paid by related organization(s) for expenses.   |     | 1q |
| r Other transfer of cash or property to related organization(s).  |     | 1r |
| s Other transfer of cash or property from related organization(s).  |     | 1s |

| 2   | (a)<br>Name of related organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|---|-------------------------------|------------------------|--|
| (1) | CHRISTUS HEALTH SOUTHEAST TEXAS             | P                             | 709,130.               | ACCRUAL                                      |
| (2) | CHRISTUS HEALTH NORTHERN LOUISIANA          | L                             | 9,009,996.             | ACCRUAL                                      |
| (3) | CHRISTUS HEALTH SOUTHEAST TEXAS             | K                             | 728,751.               | ACCRUAL                                      |
| (4) | CHRISTUS HEALTH                             | L                             | 1,691,615.             | ACCRUAL                                      |
| (5) | CHRISTUS SANTA ROSA HEALTH CARE CORPORATION | M                             | 4,792,756.             | ACCRUAL                                      |
| (6) | CHRISTUS SPOHN HEALTH SYSTEM CORPORATION    | P                             | 888,762.               | ACCRUAL                                      |

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

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

|   | Yes | No |
|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | 1a |
| b Gift, grant, or capital contribution to related organization(s) . . . . .   |     | 1b |
| c Gift, grant, or capital contribution from related organization(s) . . . . .   |     | 1c |
| d Loans or loan guarantees to or for related organization(s) . . . . .  |     | 1d |
| e Loans or loan guarantees by related organization(s) . . . . .   |     | 1e |
| f Dividends from related organization(s) . . . . .  |     | 1f |
| g Sale of assets to related organization(s) . . . . .   |     | 1g |
| h Purchase of assets from related organization(s) . . . . .   |     | 1h |
| i Exchange of assets with related organization(s) . . . . .   |     | 1i |
| j Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | 1j |
| k Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | 1k |
| l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | 1l |
| m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | 1m |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | 1n |
| o Sharing of paid employees with related organization(s) . . . . .  |     | 1o |
| p Reimbursement paid to related organization(s) for expenses . . . . .  |     | 1p |
| q Reimbursement paid by related organization(s) for expenses . . . . .  |     | 1q |
| r Other transfer of cash or property to related organization(s) . . . . .   |     | 1r |
| s Other transfer of cash or property from related organization(s) . . . . .   |     | 1s |

| 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 | (a)<br>Name of related organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|---|-------------------------------|------------------------|--|
| (1)   | CHRISTUS SPOHN HEALTH SYSTEM CORPORATION    | L                             | 9,471,129.             | ACCRUAL                                      |
| (2)   | SPOHN INVESTMENT CORPORATION                | K                             | 152,343.               | ACCRUAL                                      |
| (3)   | AMBULATORY STRATEGIES PHYSICIAN GROUP, INC. | L                             | 320,124.               | ACCRUAL                                      |
| (4)   | CHRISTUS HEALTH                             | M                             | 1,368,083.             | ACCRUAL                                      |
| (5)   | CHRISTUS HEALTH                             | O                             | 323,532.               | ACCRUAL                                      |
| (6)   | CHRISTUS HEALTH.                            | P                             | 30,763,591.            | ACCRUAL                                      |

**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   |  | Yes | No |
|---|--|-----|----|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |  |     |    |
| a   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. |     | 1a |
| b   | Gift, grant, or capital contribution to related organization(s).                                 |     | 1b |
| c   | Gift, grant, or capital contribution from related organization(s).                               |     | 1c |
| d   | Loans or loan guarantees to or for related organization(s).                                      |     | 1d |
| e   | Loans or loan guarantees by related organization(s).   |     | 1e |
| f   | Dividends from related organization(s).  |     | 1f |
| g   | Sale of assets to related organization(s).   |     | 1g |
| h   | Purchase of assets from related organization(s).   |     | 1h |
| i   | Exchange of assets with related organization(s).   |     | 1i |
| j   | Lease of facilities, equipment, or other assets to related organization(s).                      |     | 1j |
| k   | Lease of facilities, equipment, or other assets from related organization(s).                    |     | 1k |
| l   | Performance of services or membership or fundraising solicitations for related organization(s).  |     | 1l |
| m   | Performance of services or membership or fundraising solicitations by related organization(s).   |     | 1m |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).   |     | 1n |
| o   | Sharing of paid employees with related organization(s).  |     | 1o |
| p   | Reimbursement paid to related organization(s) for expenses.                                      |     | 1p |
| q   | Reimbursement paid by related organization(s) for expenses.                                      |     | 1q |
| r   | Other transfer of cash or property to related organization(s).                                   |     | 1r |
| s   | Other transfer of cash or property from related organization(s).                                 |     | 1s |

| 2   |  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|--|-------------------------------|------------------------|--|
| 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 |  |                               |                        |  |
| (1)   | CHRISTUS HEALTH                              | R                             | 52,725.                | ACCRUAL                                      |
| (2)   | CHRISTUS HEALTH CENTRAL LOUISIANA            | K                             | 213,510.               | ACCRUAL                                      |
| (3)   | CHRISTUS HEALTH CENTRAL LOUISIANA            | M                             | 5,678,235.             | ACCRUAL                                      |
| (4)   | CHRISTUS HEALTH CENTRAL LOUISIANA            | L                             | 5,588,504.             | ACCRUAL                                      |
| (5)   | MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE | M                             | 9,625,905.             | ACCRUAL                                      |
| (6)   | CHRISTUS HEALTH GULF COAST                   | L                             | 2,853,187.             | ACCRUAL                                      |



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

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

|   | Yes | No |
|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | 1a  |    |
| b Gift, grant, or capital contribution to related organization(s) . . . . .   | 1b  |    |
| c Gift, grant, or capital contribution from related organization(s) . . . . .   | 1c  |    |
| d Loans or loan guarantees to or for related organization(s) . . . . .  | 1d  |    |
| e Loans or loan guarantees by related organization(s) . . . . .   | 1e  |    |
| f Dividends from related organization(s) . . . . .  | 1f  |    |
| g Sale of assets to related organization(s) . . . . .   | 1g  |    |
| h Purchase of assets from related organization(s) . . . . .   | 1h  |    |
| i Exchange of assets with related organization(s) . . . . .   | 1i  |    |
| j Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | 1j  |    |
| k Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | 1k  |    |
| l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | 1l  |    |
| m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | 1m  |    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | 1n  |    |
| o Sharing of paid employees with related organization(s) . . . . .  | 1o  |    |
| p Reimbursement paid to related organization(s) for expenses . . . . .  | 1p  |    |
| q Reimbursement paid by related organization(s) for expenses . . . . .  | 1q  |    |
| r Other transfer of cash or property to related organization(s) . . . . .   | 1r  |    |
| s Other transfer of cash or property from related organization(s) . . . . .   | 1s  |    |

| 2   | (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|--|-------------------------------|------------------------|--|
| (1) | TMF HEALTH SYSTEM                        | P                             | 1,021.                 | ACCRUAL                                      |
| (2) | TMF-TRINCARE, INC.                       | O                             | 5,056,194.             | ACCRUAL                                      |
| (3) | CHRISTUS SPOHN HEALTH SYSTEM CORPORATION | K                             | 891,828.               | ACCRUAL                                      |
| (4) | CHRISTUS SPOHN HEALTH SYSTEM CORPORATION | M                             | 9,467,782.             | ACCRUAL                                      |
| (5) |  |                               |                        |  |
| (6) |  |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

JSA

Schedule R (Form 990) 2017

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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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