

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

19018

Form 990 header section including: A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019; 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 \$ 128,371,425; H(a) Is this a group return for subsidiaries? Yes X No; H(b) Are all subsidiaries included? Yes; 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 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2 Check this box...; 3-6 Number of members/volunteers; 7a-7b Revenue/Income; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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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 including: Sign Here (Signature of officer BOB KARL, Date 6/26/2018, Title CFO); Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Check 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 (2018)

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Part III Statement of Program Service Accomplishments

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

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 \$ 76,899,970 including grants of \$) (Revenue \$ 111,050,450)

ATTACHMENT 2

4b (Code) (Expenses \$ 15,685,017 including grants of \$) (Revenue \$ 10,330,792)

ATTACHMENT 3

4c (Code) (Expenses \$ 6,445,326 including grants of \$) (Revenue \$ 4,245,154)

ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5
(Expenses \$ 4,311,406 including grants of \$ 10,393) (Revenue \$)

4e Total program service expenses ▶ 103,341,719.

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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Form 990 (2018) with questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions. Includes a table with 'Yes' and '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 of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...

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

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 (1024 or 1024-A 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER MILDER, M.D. DIRECTOR	1.00 39.00	X						341,636.	0.	17,065.
(2) MARISA EMMONS, M.D. VICE CHAIR	1.00 39.00	X		X				383,003.	0.	9,588.
(3) B. TARL HAMISCH, D.O. DIRECTOR	40.00 0.	X						178,417.	0.	29,136.
(4) LINDA RAY, M.D. CHAIR	1.00 39.00	X		X				261,793.	0.	14,504.
(5) TIMOTHY HAMAN, M.D. EX-OFFICIO DIR	1.00 39.00	X						0.	286,644.	30,316.
(6) ROBERT KARL TREASURER/CFO	40.00 0.			X				0.	490,890.	89,516.
(7) MARLA BRATCHER SECRETARY	40.00 0.			X				0.	7,309.	0.
(8) NANCY VIDAD SECRETARY (THRU 12/2018)	1.00 39.00			X				0.	58,304.	0.
(9) JASON MARKHAM CAO	40.00 0.				X			0.	679,871.	107,951.
(10) JESSICA ARGUIJO CDO	40.00 0.				X			0.	444,473.	70,122.
(11) TODD M. WEISS, M.D. PHYSICIAN	40.00 0.					X		842,170.	0.	20,947.
(12) TIMOTHY LYDA, M.D. PHYSICIAN	40.00 0.					X		1,006,694.	0.	31,734.
(13) SHANTAN G. REDDY, M.D. PHYSICIAN	40.00 0.					X		1,039,169.	0.	31,742.
(14) SWETHA PANATI PHYSICIAN	40.00 0.					X		1,488,239.	0.	31,728.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRISTOPHER SNEAD PHYSICIAN	40.00 0.					X		822,915.	0.	32,955.
(16) DAVID ENGLEKING, M.D. DIRECTOR (THRU 12/2017)	0. 40.00						X	0.	283,861.	24,534.
(17) SUSAN KEMP, M.D. DIRECTOR (THRU 11/2016)	40.00 0.						X	213,120.	0.	21,847.
(18) PETER PLANTES, M.D. CEO (THRU 07/17)	0. 0.						X	0.	596,052.	1,095.
(19) GEORGE MICHAEL FINLEY VP (THRU 2017)	0. 40.00						X	0.	580,334.	125,627.
1b Sub-total								5,541,121.	1,967,491.	484,349.
c Total from continuation sheets to Part VII, Section A								1,036,035.	1,460,247.	206,058.
d Total (add lines 1b and 1c)								6,577,156.	3,427,738.	690,407.

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 **▶ 137**

	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) Name and business address	(B) Description of services	(C) Compensation
ATHENA HEALTH PO BOX 415615 BOSTON, MA 02241	REV CYCLE SOFTWARE	4,453,918.
DELTA LOCUMS TENENS PO BOX 202940 DALLAS, TX 75320	CONTRACT SERVICE	2,330,679.
ECG MANAGEMENT PO BOX 74008176 CHICAGO, IL 60674	CONSULTING	700,536.
PRESS GANEY PO BOX 88335 MILWAUKEE, WI 53288	PATIENT SURVEYS	593,214.
GUY RACETTE MD PO BOX 2260 ROCKPORT, TX 78381	CONTRACT SERVICE	379,493.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 2,743,833			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		2,743,833		
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code 621110	33,244,718	33,244,718	
	b RENT FROM EXEMPT PURPOSES	531120	330,993	330,993	
	c MSA SERVICES	541610	29,763,751	29,763,751	
	d MANAGEMENT FEE REVENUE	541610	59,342,623	59,342,623	
	e OTHER INCOME FROM OUTSIDE SOURCES	900099	2,944,312	2,944,312	
	f All other program service revenue				
	g Total. Add lines 2a-2f		125,626,397		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		1,195		1,195
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		0		
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses			122,132	
	c Gain or (loss)			-122,132	
	d Net gain or (loss)		-122,132		-122,132
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0		
	b Less direct expenses	b	0		
	c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities See Part IV, line 19	a	0		
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		0			
12 Total revenue. See instructions		128,249,293	125,626,397		-120,937

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000.	10,000.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	393.	393.		
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	1,164,849.	611,531.	553,318.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	504,278.	264,739.	239,539.	
7 Other salaries and wages	91,225,957.	47,892,451.	43,333,506.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	837,137.	692,498.	144,639.	
9 Other employee benefits	5,462,867.	4,102,968.	1,359,899.	
10 Payroll taxes	3,205,167.	2,526,442.	678,725.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	150.		150.	
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). ATCH 6	39,996,110.	34,817,202.	5,178,908.	
12 Advertising and promotion	24,755.	-5,021.	29,776.	
13 Office expenses	1,524,194.	924,907.	599,287.	
14 Information technology	1,229,486.		1,229,486.	
15 Royalties	0.			
16 Occupancy	4,908,950.	4,502,318.	406,632.	
17 Travel	930,882.	152,465.	778,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	379,393.	170,297.	209,096.	
20 Interest	103,180.		103,180.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	654,281.	426,468.	227,813.	
23 Insurance	2,159,697.	1,174,039.	985,658.	
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	1,517,636.	1,547,542.	-29,906.	
b CLINICAL EXPENSES	2,568,911.	2,555,021.	13,890.	
c DUES/SUBSCRIPTIONS	473,912.	376,478.	97,434.	
d LICENSE / INSPECTION FEES	296,100.	265,850.	30,250.	
e All other expenses	523,097.	333,131.	189,966.	
25 Total functional expenses Add lines 1 through 24e	159,701,382.	103,341,719.	56,359,663.	
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)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	2,182,495.	1	2,253,002.	
	2	Savings and temporary cash investments	0.	2	0.	
	3	Pledges and grants receivable, net	0.	3	0.	
	4	Accounts receivable, net	1,665,552.	4	935,767.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.	
	7	Notes and loans receivable, net	10,331,004.	7	10,618,040.	
	8	Inventories for sale or use	0.	8	0.	
	9	Prepaid expenses and deferred charges	1,057,136.	9	874,408.	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	9,996,781.		
	b	Less accumulated depreciation.	10b	7,813,989.	10c	2,182,792.
	11	Investments - publicly traded securities	0.	11	0.	
	12	Investments - other securities See Part IV, line 11	0.	12	0.	
	13	Investments - program-related See Part IV, line 11	0.	13	0.	
	14	Intangible assets	0.	14	0.	
	15	Other assets See Part IV, line 11	17,117,816.	15	12,354,716.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	34,627,199.	16	29,218,725.		
Liabilities	17	Accounts payable and accrued expenses	11,433,224.	17	8,141,046.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	0.	19	102,197.	
	20	Tax-exempt bond liabilities	0.	20	0.	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.	
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,992,425.	25	94,133.	
	26	Total liabilities. Add lines 17 through 25	20,425,649.	26	8,337,376.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	14,201,550.	27	20,881,349.	
	28	Temporarily restricted net assets	0.	28	0.	
	29	Permanently restricted net assets	0.	29	0.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	14,201,550.	33	20,881,349.		
34	Total liabilities and net assets/fund balances.	34,627,199.	34	29,218,725.		

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	128,249,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,701,382.
3	Revenue less expenses Subtract line 2 from line 1	3	-31,452,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,201,550.
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	38,131,888.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,881,349.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2018

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 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)						
Total					103,341,719.	

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

Schedule A (Form 990 or 990-EZ) 2018

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 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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, Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2018. 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 - 2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect... Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test Answer (a) and (b) below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations Answer (a) and (b) below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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) YES NO	(V) AMOUNT OF SUPPORT		(VI) OTHER
						SUPPORT AMOUNT
CHRISTUS HEALTH	76-0590551	10	X	103,341,719		0
TOTAL AMOUNT OF SUPPORT				<u>103,341,719</u>		<u>0</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 included in Form 990, Part VIII, line 1, Assets included in Form 990, Part X. 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) 2018

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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?

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b 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: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e 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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED ORGANIZATIONS	12,354,716.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶	12,354,716.

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	94,133.
(3) DUE TO RELATED ORGS	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	94,133.

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 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, 2019 AND 2018

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<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 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 PETER MILDER, M.D. DIRECTOR	(i) 332,631. (ii) 0.	0.	9,005.	8,250.	8,815.	358,701.	0.
2 MARISA EMMONS, M.D. VICE CHAIR	(i) 282,133. (ii) 0.	0.	100,870.	8,432.	1,156.	392,591.	0.
3 B. TARL HAMISCH, D.O. DIRECTOR	(i) 171,681. (ii) 0.	0.	6,736.	5,640.	23,496.	207,553.	0.
4 ROBERT KARL TREASURER/CFO	(i) 372,267. (ii) 0.	109,952.	8,671.	71,781.	17,735.	580,406.	0.
5 JASON MARKHAM CAO	(i) 404,777. (ii) 754,247.	203,465.	71,629.	89,688.	18,263.	787,822.	0.
6 TODD M. WEISS, M.D. PHYSICIAN	(i) 100,597. (ii) 0.	40,423.	47,500.	0.	20,947.	863,117.	0.
7 LINDA RAY, M.D. CHAIR	(i) 100,597. (ii) 0.	0.	161,196.	7,876.	6,628.	276,297.	0.
8 TIMOTHY HAMAN, M.D. EX-OFFICIO DIR	(i) 264,278. (ii) 621,694.	14,604.	7,762.	12,761.	17,555.	316,960.	0.
9 TIMOTHY LYDA, M.D. PHYSICIAN	(i) 20,000. (ii) 0.	365,000.	0.	8,250.	23,484.	1,038,428.	0.
10 SHANTAN G. REDDY, M.D. PHYSICIAN	(i) 719,385. (ii) 0.	319,784.	0.	8,250.	23,492.	1,070,911.	0.
11 SWETHA PANATI PHYSICIAN	(i) 1,228,646. (ii) 804,266.	259,593.	0.	8,250.	23,478.	1,519,967.	0.
12 CHRISTOPHER SNEAD PHYSICIAN	(i) 0. (ii) 0.	0.	18,649.	9,273.	23,682.	855,870.	0.
13 DAVID ENGLEKING, M.D. DIRECTOR (THRU 12/2017)	(i) 196,307. (ii) 0.	60,767.	26,787.	10,603.	13,931.	308,395.	0.
14 PETER PLANTES, M.D. CEO (THRU 07/17)	(i) 0. (ii) 0.	0.	0.	1,095.	0.	597,147.	0.
15 GEORGE MICHAEL FINLEY VP (THRU 2017)	(i) 303,979. (ii) 0.	112,850.	163,505.	101,772.	23,855.	705,961.	0.
16 JESSICA ARGUIJO CDO	(i) 273,112. (ii) 0.	100,151.	71,210.	50,795.	19,327.	514,595.	0.

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				
SUSAN KEMP, M.D. DIRECTOR (THRU 11/2016)	(i) 195,120. (ii) 0.	0. 0.	18,000. 0.	5,542.	16,305.	234,967.	0.
2	(i) (ii)						
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

2018 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 2018.

SEVERANCE OR CHANGE OF CONTROL PAYMENTS

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

THE FOLLOWING EMPLOYEE RECEIVED SEVERANCE PAYMENTS:

PETER PLANTES, M.D. \$580,426

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2018

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 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 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
				(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)					

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 \$291,158 WERE PAID TO DR. DWIGHT TOUPS,
 HUSBAND OF DR. RAY, FOR SERVICES TO C.H. WILKINSON DURING FY2019.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SEE SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

C.H. WILKINSON PHYSICIAN NETWORK

Employer identification number

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 - SHREVEPORT

CHRISTUS PRIMARY CARE-SOUTH BOSSIER

CHRISTUS PRIMARY CARE ASSOCIATES SHREVEPORT BOSSIER

CHRISTUS PRIMARY CARE PARTNERS SHREVEPORT BOSSIER

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

Employer identification number
76-0422435

CHRISTUS SCHUMPERT GROUP PRACTICE
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

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK
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CHRISTUS FAMILY MEDICINE ACADEMIC CENTER-CENTRAL
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 JASPER MEMORIAL MEDICAL GROUP
CHRISTUS JASPER MEMORIAL MEDICAL GROUP SURGICAL ASSOCIATES
CHRISTUS MATERNAL FETAL MEDICINE
CHRISTUS MEDICAL GROUP SOUTHEAST TEXAS BARIATRIC CENTER
CHRISTUS NEW BRAUNFELS SURGICAL ASSOCIATES
CHRISTUS OBSTETRICS AND GYNECOLOGY ASSOCIATES-ALICE
CHRISTUS OBSTETRICS AND GYNECOLOGY ASSOCIATES-KINGSVILLE
CHRISTUS ORTHOPEDIC TRAUMA ASSOCIATES
CHRISTUS POINT OF LIGHT CLINIC
CHRISTUS PREVENTATIVE MEDICINE OF SOUTHEAST TEXAS
CHRISTUS PROVIDER NETWORK
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

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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 SOUTHEAST TEXAS RHEUMATOLOGY ASSOCIATES
 CHRISTUS SPECIALTY CLINIC - CORPUS CHRISTI
 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
 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

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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
CLINIC

CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP PREVENTIVE MEDICINE OF
SOUTHEAST TEXAS

CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP SOUTHEAST TEXAS
BARIATRIC CENTER CHRISTUS ST. ELIZABETH & ST. MARY MEDICAL GROUP

CHRISTUS ST. ELIZABETH MEDICAL GROUP BEAUMONT ADULT MEDICINE

CHRISTUS ST. ELIZABETH MEDICAL GROUP OCCUPATIONAL MEDICINE CLINIC

CHRISTUS ST. ELIZABETH MEDICAL GROUP PREVENTIVE MEDICINE OF SOUTHEAST

Name of the organization SEE SCHEDULE O	C.H. WILKINSON PHYSICIAN NETWORK	Employer identification number 76-0422435
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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 ASSOCIATE HEALTH

CHRISTUS ST. MICHAEL CLINIC CARDIOVASCULAR AND THORACIC SURGERY

CHRISTUS ST. MICHAEL CLINIC CARDIOVASCULAR SURGERY

CHRISTUS ST. MICHAEL CLINIC EMPLOYEE HEALTH

CHRISTUS ST. MICHAEL CLINIC INTERNAL MEDICINE

CHRISTUS ST. MICHAEL CLINIC QUICK CARE NEW BOSTON

CHRISTUS ST. MICHAEL CLINIC

CHRISTUS SURGERY ASSOCIATES TEXARKANA

CHRISTUS SURGICAL ASSOCIATES JASPER

CHRISTUS URGENT CARE-PORTLAND

CHRISTUS WOMEN'S CENTER TEXARKANA

THE DUBUIS HOSPITAL FOR CONTINUING CARE

CENTRAL WOMEN'S HEALTH CARE

Name of the organization SEE SCHEDULE O	C.H. WILKINSON PHYSICIAN NETWORK Employer identification number 76-0422435
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CHRISTUS FAMILY MEDICINE - ALAMO HEIGHTS SATELLITE CLINIC
 CHRISTUS FAMILY MEDICINE - ALICE
 CHRISTUS FAMILY MEDICINE - BAYSIDE
 CHRISTUS FAMILY MEDICINE - OAK RUN
 CHRISTUS FAMILY MEDICINE & WOMEN'S HEALTH - ALICE
 CHRISTUS PHYSICIAN NETWORK SHREVEPORT-BOSSIER
 THE CHILDREN'S HOSPITAL OF SAN ANTONIO - CENTRAL WOMEN'S HEALTH 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 2019, 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

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK SEE SCHEDULE O	Employer identification number 76-0422435
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COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM 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 5,402 ENCOUNTERS INCLUDING MENTAL HEALTH COUNSELING IN FISCAL YEAR 2019. MOST OF THESE VISITS WERE UNINSURED OR UNDERINSURED. PRIMARY CARE SERVICES PROVIDED TO THE

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UNINSURED/UNDERINSURED IN 2019 WAS \$478,123. CHRISTUS ST. MARY'S CLINIC HAD 23,538 OFFICE VISITS IN FISCAL YEAR 2019. 100% OF THESE VISITS WERE UNINSURED OR UNDERINSURED. PRIMARY CARE SERVICES PROVIDED TO UNINSURED/UNDERINSURED IN 2019 WAS \$1,084,050 AND THROUGH THE PRESCRIPTION ASSISTANCE PROGRAM PROVIDES 1,829 PATIENTS FOR 2,337 PRESCRIPTIONS WHICH WAS \$2,856,645.36. C.H. WILKINSON PHYSICIAN 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 12,626 ENCOUNTERS (INCLUDING MENTAL HEALTH COUNSELING & DENTAL HEALTH) FOR STUDENTS IN FISCAL YEAR 2019 AND 10,090 OF THESE EXPENSES WERE COVERED FOR \$890,045. CHRISTUS HEALTHY LIVING MOBILE CLINIC PROVIDES COMMUNITY OUTREACH SERVICES. HLMC SERVED 30,504 PATIENTS IN FISCAL YEAR 2019. TOGETHER, THESE PROGRAMS PROVIDED \$3,143,125 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.

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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

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 ORERATING 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

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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 INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW. REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2020 VIA 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

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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 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

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SEE SCHEDULE O			

KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY.

UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS.

THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD.

THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION. BASED 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

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STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

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	\$425,015,873
PRIOR PERIOD ADJUSTMENT	(384,140,151)
CONTRIBUTION	(2,743,833)
ROUND	(2)

TOTAL	\$38,131,888

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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 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

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ATTACHMENT 2 (CONT'D)

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 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

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ATTACHMENT 2 (CONT'D)

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 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,

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

Employer identification number
76-0422435

ATTACHMENT 2 (CONT'D)

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 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

Name of the organization SEE SCHEDULE O	C.H. WILKINSON PHYSICIAN NETWORK	Employer identification number 76-0422435
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ATTACHMENT 2 (CONT'D)

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 COMPREHENSIVE CREDENTIALING PROCESS.

ATTACHMENT 3FORM 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

Name of the organization SEE SCHEDULE O	C.H. WILKINSON PHYSICIAN NETWORK	Employer identification number 76-0422435
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ATTACHMENT 3 (CONT'D)

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

ATTACHMENT 4FORM 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,

Name of the organization C.H. WILKINSON PHYSICIAN NETWORK SEE SCHEDULE O	Employer identification number 76-0422435
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ATTACHMENT 4 (CONT'D)

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 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		32,180.	
BROADER COMMUNITY		4,279,226.	
ADDITIONAL GRANTS	10,393.		

Name of the organization SEE SCHEDULE O	C.H. WILKINSON PHYSICIAN NETWORK	Employer identification number 76-0422435
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ATTACHMENT 5 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TOTALS	<u>10,393.</u>	<u>4,311,406.</u>	

ATTACHMENT 6

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OCCUPANCY RELATED SERVICES	238,989.	238,989.		
MEDICAL SERVICES	7,046,695.	4,595,988.	2,450,707.	
REPAIRS & MAINTENANCE SERVICES	163,515.	162,651.	864.	
COLLECTION SERVICES	2,598,175.	54,755.	2,543,420.	
MARKETING SERVICES	184,986.	1,069.	183,917.	
OVERHEAD ALLOCATION	29,763,750.	29,763,750.		
TOTALS	<u>39,996,110.</u>	<u>34,817,202.</u>	<u>5,178,908.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2018

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization
SEE SCHEDULE O

C.H. WILKINSON PHYSICIAN NETWORK

► Go to 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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	CHRISTUS HEALTH ARK-LA-TEX 75-2796815 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503	HLTHCARE SVCS	TX	501(C)(3)	3	CH		X
(2)	CHRISTUS HEALTH CENTRAL LOUISIANA 72-0408984 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	HLTHCARE SVCS	LA	501(C)(3)	3	CH		X
(3)	CHRISTUS HEALTH GULF COAST 76-0591592 P O BOX 922037 HOUSTON, TX 77292	HLTHCARE SVCS	TX	501(C)(3)	3	CH		X
(4)	CHRISTUS HEALTH NORTHERN LOUISIANA 72-0408982 ONE SAINT MARY PLACE SHREVEPORT, LA 71101	HLTHCARE SVCS	LA	501(C)(3)	3	CH		X
(5)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 74-1109836 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404	HLTHCARE SVCS	TX	501(C)(3)	3	CH		X
(6)	CHRISTUS HEALTH SOUTHEAST TEXAS 76-0591590 2830 CALDER STREET BEAUMONT, TX 77726	HLTHCARE SVCS	TX	501(C)(3)	3	CH		X
(7)	CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 72-0411322 524 DR MICHAEL DEBAKEY DRIVE 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) 2018

**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

SEE SCHEDULE O

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

Employer identification number

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OMB No. 1545-0047
2018

Open to Public
Inspection

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

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

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

Schedule R (Form 990) 2018

**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

SEE SCHEDULE O

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

Open to Public
Inspection

Employer identification number

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OMB No. 1545-0047
2018

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHRISTUS PEDIATRIC PHYSICIAN GROUP 46-5203505 919 HIDDEN RIDGE DR IRVING, TX 75038	HLTHCARE SVCS	TX	501(C)(3)	3	CH		X
(2) CHRISTUS FOUNDATION FOR HEALTHCARE 74-6074210 P O BOX 1919 HOUSTON, TX 77251	SUPT HLTH SVC	TX	501(C)(3)	7	CH		X
(3) CHRISTUS HOPKINS HEALTH ALLIANCE 81-1708177 115 AIRPORT RD SULPHUR SPRINGS, TX 75482	HLTHCARE SVS	TX	501(C)(3)	3	CH		X
(4) CHRISTUS TRINITY MF HEALTH SYSTEM 75-2616975 1315 DOCTORS DRIVE TYLER, TX 75701	SUPPORT	TX	501(C)(3)	12, TYPE I	CH		X
(5) GOOD SHEPHERD HEALTH SYSTEM, INC 75-2027157 700 EST MARSHALL AVE LONGVIEW, TX 75601	SUPPORT	TX	501(C)(3)	12-TYPE I	CH		X
(6) CHRISTUS CONNECTED CARE NETWORK 47-3403356 919 HIDDEN RIDGE DR IRVING, TX 75038	HLTHCARE SVCS	TX	501(C)(4)		CH		X
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHRISTUS MUGUERZA, S A P I DE C V HIDALGO PTE 2525 COL OBISPADO, MONTERREY, N L MX 64060	HLTHCARE SVCS	MX	CH	C CORP					X
(2) EMERALD ASSURANCE CAYMAN LTD P O BOX 1051 KY-1-1102 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	CH	C CORP					X
(3) CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DR IRVING, TX 75038	ACO	TX	CH	C CORP					X
(4)									
(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.

	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	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	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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				
(1) CHRISTUS HEALTH ARK-LA-TEX		L	5,591,639.	ACCRUAL
(2) CHRISTUS HEALTH ARK-LA-TEX		M	5,591,639.	ACCRUAL
(3) AMBULATORY STRATEGIES PHYSICIAN GROUP		L	407,519.	ACCRUAL
(4) CHRISTUS HEALTH		L	1,786,987.	ACCRUAL
(5) CHRISTUS HEALTH		M	1,410,249.	ACCRUAL
(6) CHRISTUS HEALTH		P	36,942,678.	ACCRUAL

Schedule R (Form 990) 2018

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHRISTUS HEALTH	R	162,814.	ACCRUAL
(2)	CHRISTUS HEALTH CENTRAL LOUISIANA	K	213,510.	ACCRUAL
(3)	CHRISTUS HEALTH CENTRAL LOUISIANA	L	6,090,874.	ACCRUAL
(4)	CHRISTUS HEALTH CENTRAL LOUISIANA	M	6,354,155.	ACCRUAL
(5)	CHRISTUS HEALTH CENTRAL LOUISIANA	P	57,300.	ACCRUAL
(6)	CHRISTUS PEDIATRIC PHYSICIAN GROUP	L	144,388.	ACCRUAL

Schedule R (Form 990) 2018

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		
b	Gift, grant, or capital contribution to related organization(s)		
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
e	Loans or loan guarantees by related organization(s)		
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)		
i	Exchange of assets with related organization(s)		
j	Lease of facilities, equipment, or other assets to related organization(s)		
k	Lease of facilities, equipment, or other assets from related organization(s)		
l	Performance of services or membership or fundraising solicitations for related organization(s)		
m	Performance of services or membership or fundraising solicitations by related organization(s)		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o	Sharing of paid employees with related organization(s)		
p	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		

2	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHRISTUS PEDIATRIC PHYSICIAN GROUP	Q	144,388.	ACCRUAL
(2)	CHRISTUS HEALTH GULF COAST	L	2,743,833.	ACCRUAL
(3)	CHRISTUS HEALTH GULF COAST	M	2,743,833.	ACCRUAL
(4)	CHRISTUS HEALTH NORTHERN LOUISIANA	L	7,244,953.	ACCRUAL
(5)	CHRISTUS HEALTH NORTHERN LOUISIANA	M	7,117,377.	ACCRUAL
(6)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	L	5,407,029.	ACCRUAL

Schedule R (Form 990) 2018

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		
b	Gift, grant, or capital contribution to related organization(s)		
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
e	Loans or loan guarantees by related organization(s)		
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)		
i	Exchange of assets with related organization(s)		
j	Lease of facilities, equipment, or other assets to related organization(s)		
k	Lease of facilities, equipment, or other assets from related organization(s)		
l	Performance of services or membership or fundraising solicitations for related organization(s)		
m	Performance of services or membership or fundraising solicitations by related organization(s)		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o	Sharing of paid employees with related organization(s)		
p	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		

2	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	M	5,407,029.	ACCRUAL
(2)	CHRISTUS HEALTH SOUTHEAST TEXAS	K	733,265.	ACCRUAL
(3)	CHRISTUS HEALTH SOUTHEAST TEXAS	L	2,183,070.	ACCRUAL
(4)	CHRISTUS HEALTH SOUTHEAST TEXAS	M	2,183,070.	ACCRUAL
(5)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	K	785,423.	ACCRUAL
(6)	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	L	10,919,436.	ACCRUAL

Schedule R (Form 990) 2018

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	M	10,664,198.	ACCRUAL
(2) CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	Q	255,237.	ACCRUAL
(3) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	K	100,000.	ACCRUAL
(4) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	L	2,647,795.	ACCRUAL
(5) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	M	2,660,622.	ACCRUAL
(6) MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE	L	9,094,461.	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MOTHER FRANCES HOSPITAL REGIONAL HEALTH CARE	M	9,094,461.	ACCRUAL
(2)	TMF-TRINCARE, INC.	L	5,694,341.	ACCRUAL
(3)	CHRISTUS FOUNDATION FOR HEALTHCARE	C	2,743,833.	ACCRUAL
(4)				
(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.

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

Part VII Supplemental Information

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