

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization: CHRISTUS HEALTH SOUTHEAST TEXAS
 % NIKKI MARTIN
 Doing business as: SEE SCHEDULE O
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 919 Hidden Ridge
 City or town, state or province, country, and ZIP or foreign postal code: Irving, TX 75038

D Employer identification number: 76-0591590
E Telephone number: (409) 892-7171
G Gross receipts \$ 415,244,651

F Name and address of principal officer:
 PAUL TREVINO
 2830 CALDER AVENUE
 BEAUMONT, TX 77702

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

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

J Website: ▶ www.christushospital.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: TX

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,417
6 Total number of volunteers (estimate if necessary)	6	286
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	673,013
7b Net unrelated business taxable income from Form 990-T, line 39	7b	5,341

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	127,668	1,403,337
9 Program service revenue (Part VIII, line 2g)	443,750,707	410,987,272
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,526	67,512
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	951,412	2,716,701
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	444,836,313	415,174,822
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,158,409	2,724,398
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	139,794,760	137,325,130
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,931,257	244,350,853
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	407,884,426	384,400,381
19 Revenue less expenses. Subtract line 18 from line 12	36,951,887	30,774,441

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	641,548,360	921,107,100
21 Total liabilities (Part X, line 26)	66,146,404	80,940,359
22 Net assets or fund balances. Subtract line 21 from line 20	575,401,956	840,166,741

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-05-10
 SHAWN ADAMS CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ ERNST & YOUNG US LLP
 Firm's address ▶ 2323 VICTORY AVENUE SUITE 2000 DALLAS, TX 75219
 Check if self-employed PTIN P01080011
 Firm's EIN ▶ _____ Phone no. (214) 969-8000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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 \$ 129,372,555 including grants of \$ 0) (Revenue \$ 220,517,483)

See Additional Data

4b (Code:) (Expenses \$ 157,823,897 including grants of \$ 0) (Revenue \$ 140,195,621)

See Additional Data

4c (Code:) (Expenses \$ 49,491,643 including grants of \$ 0) (Revenue \$ 52,907,513)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,329,333 including grants of \$ 2,724,398) (Revenue \$ 0)

4e Total program service expenses ▶ 341,017,428

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	151	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,417			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 2a-2f for NET PATIENT SERVICE REVENUE, COMMUNITY BENEFIT, RENT RELATED TO EXEMPT PURPOSE, WELLNESS CENTER, SETX CANCER CENTER REVENUE, and All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 3-5 for investment income, 6a-6c for rental income, 7a-7c for asset sales, 8a-8c for fundraising events, 9a-9c for gaming activities, 10a-10c for inventory sales, 11a-11d for miscellaneous revenue, and 12 Total revenue.

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	2,689,384	2,689,384		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,014	35,014		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	441,312	398,614	42,887	-189
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	109,002,394	98,455,983	10,593,009	-46,598
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	20,254,101	18,127,871	2,092,277	33,953
10 Payroll taxes	7,627,323	6,930,117	685,513	11,693
11 Fees for services (non-employees):				
a Management	671,106	508,444	162,662	0
b Legal	602,799	0	602,799	0
c Accounting	1,032,269	1,032,269	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,548,397	32,180,944	12,367,453	0
12 Advertising and promotion	1,304,696	149,218	1,155,478	0
13 Office expenses	39,425,540	27,291,310	12,133,089	1,141
14 Information technology	15,921,314	15,921,314	0	0
15 Royalties	0	0	0	0
16 Occupancy	10,682,312	8,082,726	2,599,586	0
17 Travel	211,111	143,858	67,253	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	230,783	63,320	167,463	0
20 Interest	5,313,844	5,313,844	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	14,436,275	14,257,924	178,351	0
23 Insurance	6,296,440	6,296,440	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	62,317,865	62,236,642	81,223	0
b PROVISION FOR UNCOLLECTIBLES	28,014,219	28,014,219	0	0
c PROVIDER PARTICIPATION FEE	12,648,400	12,648,400	0	0
d RECRUITMENT FEES	205,058	1,241	203,817	0
e All other expenses	488,425	238,332	250,093	
25 Total functional expenses. Add lines 1 through 24e	384,400,381	341,017,428	43,382,953	0
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	407,603,396	1	660,583,774
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	45,835,999	4	50,238,350
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	9,976,765	8	10,933,445
	9 Prepaid expenses and deferred charges	6,887,411	9	7,317,736
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 524,322,529		
	b Less: accumulated depreciation	10b 383,331,017	133,050,684	10c 140,991,512
	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	1,875,184	13	1,926,044
	14 Intangible assets	36,019,283	14	35,877,111
	15 Other assets. See Part IV, line 11	299,638	15	13,239,128
16 Total assets. Add lines 1 through 15 (must equal line 34)	641,548,360	16	921,107,100	
Liabilities	17 Accounts payable and accrued expenses	21,788,385	17	23,991,680
	18 Grants payable	0	18	0
	19 Deferred revenue	585,010	19	44,129,668
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	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	43,773,009	25	12,819,011
	26 Total liabilities. Add lines 17 through 25	66,146,404	26	80,940,359
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	575,002,490	27	839,757,615
	28 Net assets with donor restrictions	399,466	28	409,126
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	575,401,956	32	840,166,741	
33 Total liabilities and net assets/fund balances	641,548,360	33	921,107,100	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	415,174,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	384,400,381
3	Revenue less expenses. Subtract line 2 from line 1	3	30,774,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	575,401,956
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	233,758,769
9	Other changes in net assets or fund balances (explain in Schedule O)	9	231,575
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	840,166,741

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 76-0591590

Name: CHRISTUS HEALTH SOUTHEAST TEXAS

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM IS PART OF CHRISTUS HEALTH, FORMED IN 1999 TO STRENGTHEN THE 155-YEAR-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO. FOUNDED ON 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 CHRISTUS HEALTH AS A CATHOLIC, FAITH-BASED MINISTRY IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM RESPONDS TO THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH SERVICES PROVIDED AT FOUR CAMPUSES; THE 425-BED CHRISTUS HOSPITAL - ST. ELIZABETH IN BEAUMONT, THE 6-Bed The Beaumont Bone and Joint Institute, THE ST. MARY OUTPATIENT CENTER IN PORT ARTHUR, AND CHRISTUS JASPER MEMORIAL HOSPITAL, A 59-BED HOSPITAL IN JASPER. EACH OF THE FACILITIES OF CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SHARES ONE OBJECTIVE -- WHICH IS TO LEAD THE WAY TO A HEALTHIER COMMUNITY. CHRISTUS HEALTH SOUTHEAST TEXAS IS LOCATED IN FAR SOUTHEAST TEXAS, AND ITS SERVICE AREA EXTENDS TO THE SOUTHEAST COAST OF THE STATE AND NORTHWARD INTO EAST TEXAS, AN AREA WHICH INCLUDES A POPULATION OF MORE THAN 524,263 INDIVIDUALS AS OF 2017. IN FISCAL YEAR 2020 ALONE, WE SERVED HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 87,280 VISITS TO OUR EMERGENCY DEPARTMENT; 5,173 INPATIENT SURGERY PROCEDURES; 12,841 OUTPATIENT SURGERY PROCEDURES; 15,597 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE AND 415,098 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES. TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM STAND APART. ALLOWING OTHERS TO TOUCH US GIVES US A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE. WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM'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 SOUTHEAST TEXAS HEALTH SYSTEM'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 CHRISTUS HEALTH SOUTHEAST TEXAS 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 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 PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE, USFHP AND OTHERS. IN ADDITION, WE PROVIDE SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT 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. EACH OF THE THREE HOSPITALS OF CHRISTUS SOUTHEAST TEXAS PROVIDES A 24-HOUR EMERGENCY DEPARTMENT THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, INCLUDING TWO RURAL CLINICS IN JASPER AND KIRBYVILLE. AS A NOT-FOR-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM. WE HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS.

Form 990, Part III, 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 AND TRICARE. THE COSTS NOT REIMBURSED FOR THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS. THEY ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HOSPITAL. THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. MEDICARE REIMBURSES OUTPATIENT SERVICES BASED ON ITS FEE SCHEDULE.

Form 990, Part III, Line 4c:

COMMUNITY BENEFIT REPORTING CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2012), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING. COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES. TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY; THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY. THIS FALLS INTO TWO CATEGORIES: CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE. IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES. CHARITY CARE IS DEFINED AS SERVICES PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES. THE DETERMINATION AS TO THE AMOUNT TO CHARGE, IF ANY, IS ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY THE ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 300 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT. UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 300 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE. NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO THEIR INABILITY TO PAY. CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS, NEW MEXICO 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.

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

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

(Code:)	(Expenses \$	2,920,928	including grants of \$	2,516,064)	(Revenue \$	0)
POOR & UNDERSERVED						

(Code:)	(Expenses \$	1,408,405	including grants of \$	0)	(Revenue \$	0)
BROADER COMMUNITY						

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

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

(Code:) (Expenses \$ 0 including grants of \$ 208,334) (Revenue \$ 0)
ADDITIONAL GRANTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul M Trevino Director/PRESIDENT/CEO	40.0 0.0	X		X				0	779,546	336,469
Rodney PAUL Guidroz REGIONAL CNE	40.0 0.0				X			0	466,659	103,962
D Wayne Moore PRES.-JASPER MEM	40.0 0.0				X			0	365,785	125,764
Shawn M Adams CFO/ Treasurer	40.0 0.0	X		X				0	389,820	97,167
RYAN MILLER PRESIDENT-ORTHOPEDIC SC/AMB SV	40.0 0.0				X			0	305,201	55,392
CHRISTOPHER H HOYT MD DIRECTOR	1.0 39.0	X						0	344,229	12,313
ROBERT K PARSLEY Exec. Dir.- Provider Strategy	40.0 0.0				X			130,079	124,558	59,787
D Mark Toups MD DIRECTOR	1.0 39.0	X						0	290,819	11,386
THOMAS A WELCH Reg Director Pharmacy	40.0 0.0					X		187,818	0	42,911
Jane Rawls CHIEF NURSE (TERM 5/15)	24.0 16.0						X	0	169,563	42,991

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NIKKI MARTIN FACILITY FINANCIAL OFFICER	40.0 0.0				X			167,251	0	42,736
JOHN G GONZALEZ PHARMACY SVCS MGR (EFF 07/19)	40.0 0.0					X		153,798	0	35,811
PATRICIA A NAYMIK ADMIN DIR NURSING	40.0 0.0					X		153,302	0	29,262
DANIEL DOYLE Reg Dir Quality Management	40.0 0.0					X		174,164	0	2,008
CHARLOTTE S LEJUNE NURSE PRACTITIONER (EFF 07/19)	40.0 0.0					X		152,641	0	13,131
Deborah M Tucker Corp. Secretary	40.0 0.0			X				54,783	0	15,922
Kevin J Roy DIRECTOR/CHAIR (TERM 12/19)	1.0 0.0	X		X				0	8,171	0
DR ENRIQUE R VENTA PHD DIRECTOR/VICE CHAIR	1.0 0.0	X		X				0	0	0
Sabrina H Vrooman Director	1.0 0.0	X						0	0	0
SISTER Lillian Anne Healy Director	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel Thompson MD Director	1.0 0.0	X						0	0	0
Mark A Fertitta DIRECTOR	1.0 0.0	X						0	0	0
Tyrell L Garth DIRECTOR/CHAIR	1.0 0.0	X						0	0	0
J THOMAS MOLINA MD DIRECTOR (TERM 12/19)	1.0 0.0	X						0	0	0
KEITH J HILL MD DIRECTOR	1.0 0.0	X						0	0	0
SR MALGORZATA MAJSZYK DIRECTOR	1.0 0.0	X						0	0	0
Pamela A St Amand MD Director (TERM 12/19)	1.0 0.0	X						0	0	0
David Willard EdD DIRECTOR	1.0 0.0	X						0	0	0
Deborah Sherman MD Director (EFF 01/20)	1.0 0.0	X						0	0	0
Kenneth Evans EdD Director (Eff 01/20)	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patricia Avery Director (EFF 01/20)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number
76-0591590

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 76-0591590

Name: CHRISTUS HEALTH SOUTHEAST TEXAS

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number
76-0591590

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

b If "Yes" on 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,176,781		20,176,781
b Buildings		362,634,200	280,266,658	82,367,542
c Leasehold improvements		12,283,173	3,674,632	8,608,541
d Equipment		124,528,392	98,594,776	25,933,616
e Other		4,699,983	794,951	3,905,032
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				140,991,512

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	156,917
(2) LEASE LIABILITY -LT-OPERATING	10,250,205
(3) LEASE LIABILITY-CP-OPERATING	2,946,502
(4) STATE SALES & PROPERTY TAX PAYABLE	519,891
(5) OTHER LONG TERM OBLIGATIONS	350,000
(6) INTERCOMPANY PAYABLE	-1,404,504
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,819,011

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 76-0591590

Name: CHRISTUS HEALTH SOUTHEAST TEXAS

Supplemental Information

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

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

Hospitals

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

Name of the organization
 CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number
 76-0591590

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			19,508,077		19,508,077	5.470 %
b Medicaid (from Worksheet 3, column a)			45,734,312	43,205,824	2,528,488	0.710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			65,242,389	43,205,824	22,036,565	6.180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	26,549	855,170		855,170	0.240 %
f Health professions education (from Worksheet 5)	1	1,054	829,598		829,598	0.230 %
g Subsidized health services (from Worksheet 6)	1	12	24,000		24,000	0.010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	0	2,583,866		2,583,866	0.730 %
j Total. Other Benefits	19	27,615	4,292,634		4,292,634	1.210 %
k Total. Add lines 7d and 7j	19	27,615	69,535,023	43,205,824	26,329,199	7.390 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1	0	36,699	0	36,699	0.010 %
8 Workforce development						
9 Other						
10 Total	1	0	36,699	0	36,699	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 28,014,219	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 180,355	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 86,490,761
6 Enter Medicare allowable costs of care relating to payments on line 5	6 81,324,226
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 5,166,535
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST ELZBTH REHAB PTNR	REHABILITATION SERVICES	51 %		31.35 %
2 SETX CANCER CENTERS	CANCER TREATMENT	49 %		51 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

4

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 13

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 KATE DISHMAN REHABILITATION HOSPITAL 2830 CALDER STREET BEAUMONT, TX 77702	REHABILITATION HOSPITAL
2 SOUTHEAST TEXAS CANCER CENTERS LP 10101 WOODLOCH FOREST THE WOODLANDS, TX 77380	CANCER TREATMENT FACILITY
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY. CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST." THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES. HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7B	UNREIMBURSED MEDICAID CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM REINVESTS ALL SURPLUS FUNDS BACK IN TO THE COMMUNITIES WE SERVE THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS 384,400,381. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$28,014,219. THIS LEAVES A TOTAL EXPENSE OF \$356,386,162 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	DESCRIPTION OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS PERCENTAGE OF TOTAL COSTS THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 19.5%, WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE. SCHEDULE H, PART I, LINE 7G NO COSTS WERE ATTRIBUTED TO PHYSICIAN CLINICS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7I	<p>CASH AND IN-KIND CONTRIBUTIONS CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM MADE OVER \$2,583,866 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2020. THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8. AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALED \$244,185.50 AWARDED AND \$244,185.50 DISTRIBUTED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM. THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SERVES, INCLUDING SUPPORT TO PROGRAMS THAT PROVIDE HEALTH CARE SERVICES TO THE UNINSURED. ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY. THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(I). INDIGENT CARE OF \$2,583,866 IS INCLUDED IN SCHEDULE H, PART I, LINE 7(I).</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	<p>LINE 7A: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7G: SUBSIDIZED HEALTH SERVICES COST IS AT FMV LINE 7I: ACTUAL EXPENSE OF THE CONTRIBUTIONS SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES</p> <p>THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES. THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW MARKET INTEREST RATES TO NONPROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS. THE INCOME EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES. THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2020 WAS \$0. THE FOREGONE INTEREST FOR CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM IN FISCAL YEAR ENDING JUNE 30, 2020 WAS \$0. DURING FY2020, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE COMMUNITIES WE SERVE.</p>

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

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED IN DETERMINING BAD DEBT THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF.

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	<p>ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS. IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC. PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES. IN ORDER TO ASSESS THE BAD DEBT ACCOUNTS THAT WOULD LIKELY QUALIFY FOR CHARITY CARE, THE FOLLOWING CRITERIA WERE ESTABLISHED BASED ON AN ANALYSIS OF HISTORICAL DATA OF CHRISTUS HEALTH AND ITS RELATED ORGANIZATIONS: 1. PARO SCORE OF LESS THAN OR EQUAL TO 586, WHICH IS A PREDICTOR DEFINING THE LIKELY SOCIOECONOMIC CONDITIONS FOR THE PATIENT; 2. ESTIMATED FEDERAL POVERTY LEVEL OF LESS THAN OR EQUAL TO 226%, WHICH IS BASED ON ESTIMATED HOUSEHOLD SIZE AND HOUSEHOLD ESTIMATED INCOME; AND 3. THIRD PARTY DATA AVAILABLE ON PATIENT ACCOUNTS WHICH INDICATE THAT THE PATIENT IS NOT A HOMEOWNER OR A PROBABLE HOMEOWNER. FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME. THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE. DURING THE FISCAL YEAR ENDING JUNE 30, 2020, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 3.73% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THESE AMOUNTS WERE NOT REPORTED AS BAD DEBT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2020. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 0.64% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2020 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2020 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.</p>

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

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	THE MEDICAL CENTER USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES.

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	<p>COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH THE ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION. THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP. SCHEDULE H, PART VI, LINE 2 NEEDS ASSESSMENT CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM HAS DEVELOPED THE 2019 COMMUNITY HEALTH IMPLEMENTATION PLAN BASED UPON PRIORITIZATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. CHRISTUS SOUTHEAST TEXAS HEALTH FACILITIES HAVE THE COMMON GOAL OF STRIVING TOWARD ENSURING THAT BEST PRACTICES AND STANDARDS OF CARE ARE PRACTICAL AS WELL AS REALISTIC. THE OBJECTIVES FOR FY 2019 ARE PROPOSED TO MEET THE IDENTIFIED NEEDS IN THE COMMUNITIES WE SERVE DEVELOPING AND IMPLEMENTING PROGRAMS TO PROVIDE CARE IN CLINICALLY APPROPRIATE SETTINGS, THUS REDUCING EMERGENCY DEPARTMENT VISITS AND PREVENTABLE HOSPITALIZATIONS. THE COMMUNITY HEALTH PRIORITIES OF CHRISTUS HEALTH SOUTHEAST TEXAS ARE TO RESPOND TO THE HEALTH CARE NEEDS THROUGH ITS THREE-CAMPUS HOSPITAL SYSTEM, HEALTH CARE CLINICS, PHYSICIAN PRACTICES, OUTPATIENT SERVICES AND COMMUNITY BASED PROGRAMS. COUNTIES LOCATED IN SOUTHEAST TEXAS WERE CONSIDERED TO BE MEDICALLY UNDERSERVED. ACCORDING TO COUNTY HEALTH STATISTICS IN OUR PUBLISHED 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, COUNTIES IN SOUTHEAST TEXAS HAVE HIGHER THAN STATE AVERAGES FOR PERSONS WITH CARDIOVASCULAR DISEASE, CHRONIC LOWER RESPIRATORY DISEASE, AND DIABETES. ALL DATA IS AVAILABLE TO THE PUBLIC AND POSTED ON OUR HOSPITAL WEBSITE IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT DONE IN 2019 WITH COMMUNITY COLLABORATION, AND OUR COMMUNITY HEALTH IMPLEMENTATION PLAN ALSO DONE IN PARTNERSHIP WITH COMMUNITY MEMBERS. COMMUNITY DELIVERY WILL CONTINUE TO FOCUS ON THE UNINSURED WITH ADDED EMPHASIS ON CHRONIC ILLNESSES. SERVICES ARE BASED ON BEST PRACTICES DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED COMMUNITY HEALTH SERVICES. OUR 2019 PLAN REFLECTS THIS FOCUS.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED. PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS. PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES. THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT. IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED. PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY. IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT. DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS. A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050. IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE. THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE.</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SERVES A SIX-COUNTY REGION (HENCEFORTH REFERRED TO AS "REPORT AREA"SERVICE AREA"), CONSISTING OF A TOTAL POPULATION OF NEARLY HALF A MILLION RESIDENTS. OVER 50% OF THE REGION'S POPULATION RESIDES IN JEFFERSON COUNTY, WHICH CONTAINS BEAUMONT AND PORT ARTHUR, THE REPORT AREA'S LARGEST CITIES. 88% OF RESIDENTS OF THE REPORT AREA LIVE IN URBAN COUNTIES, WHILE THE REMAINING 12% ARE IN RURAL COUNTIES. THE POPULATION OF THE REPORT AREA REPRESENTS APPROXIMATELY 2% OF TEXAS' TOTAL POPULATION. SIXTY PERCENT OF PERSONS LIVING IN THE REPORT AREA ARE WORKING-AGE ADULTS. OF THE REMAINING POPULATION, 7% ARE IN INFANCY OR EARLY CHILDHOOD, 17% ARE SCHOOL-AGE CHILDREN, AND 16% ARE OVER THE AGE OF 65. OVERALL, THE POPULATION RESIDING IN THE REPORT AREA IS SLIGHTLY OLDER THAN THE POPULATION OF TEXAS. JUST 12% OF TEXAS' POPULATION IS COMPRISED OF ADULTS OVER AGE 65. FOCUS GROUP PARTICIPANTS ACKNOWLEDGED THE UNIQUE CHALLENGES ASSOCIATED WITH THE AGING POPULATION, CHARACTERIZING OLDER ADULTS AS THE REGION'S FASTEST GROWING DEMOGRAPHIC SEGMENT. THE AVAILABILITY OF PROGRAMS DESIGNED TO SUPPORT PEOPLE WHO ARE GROWING OLDER AND LEAVING THE WORKFORCE WAS DESCRIBED AS LIMITED, AND PARTICIPANTS STRESSED THE NEED FOR CHRISTUS TO PLAN PROACTIVELY AND WITH URGENCY FOR THE NEEDS OF THE OVER-65 AGE GROUP. THE REPORT AREA IS HOME TO A RACIALLY AND ETHNICALLY DIVERSE POPULATION THAT DIFFERS SLIGHTLY IN COMPOSITION FROM THE RACIAL/ETHNIC DEMOGRAPHICS OF TEXAS. NEARLY 40% OF TEXANS ARE HISPANIC/LATINO, COMPARED TO JUST OVER 13% OF RESIDENTS OF THE REPORT AREA. AMONG THE NON-HISPANIC/LATINO POPULATION, 60% ARE WHITE, 23.0% ARE BLACK, AND 4% ARE ASIAN OR OTHER. NEARLY A QUARTER OF REPORT AREA RESIDENTS ARE BLACK, SUBSTANTIALLY EXCEEDING THE PROPORTION OF BLACK RESIDENTS IN THE STATE OF TEXAS. PERSONS BELONGING TO NATIVE HAWAIIAN/PACIFIC ISLANDER AND NATIVE AMERICAN/ALASKA NATIVE RACE CATEGORIES EACH COMPRISE FEWER THAN 0.5% OF THE REPORT AREA POPULATION. EDUCATIONAL ATTAINMENT IN THE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SERVICE AREA IS SLIGHTLY HIGHER THAN IN TEXAS AS A WHOLE. JUST 14.8% OF REPORT AREA RESIDENTS OVER AGE 25 LACK A HIGH SCHOOL DIPLOMA, COMPARED TO 17.7% OF TEXANS. THE HIGH SCHOOL GRADUATION RATES IN TEXAS AND THE REPORT AREA ARE SIMILAR (86.5%). CONSOLIDATED MEDIAN INCOME DATA FOR THE REPORT AREA IS NOT AVAILABLE, BUT COUNTY-LEVEL DATA SHOW THAT HARDIN COUNTY HAS THE HIGHEST MEDIAN FAMILY INCOME OF ALL COUNTIES IN THE SERVICE AREA (\$68,750), WHILE NEWTON COUNTY'S MEDIAN FAMILY INCOME IS LOWEST (\$49,806). POVERTY IS FAIRLY WIDESPREAD IN THE SERVICE AREA, WITH 38% OF REPORT AREA RESIDENTS EARNING ANNUAL INCOMES AT OR BELOW 200% OF FEDERAL POVERTY LEVEL (FPL). ACCORDING TO 2019 FEDERAL GUIDELINES, 200% FPL CORRESPONDS TO AN INCOME OF \$51,500 PER YEAR FOR A FAMILY OF FOUR.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH THE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES HEALTH CARE SERVICES AT THREE CAMPUSES, INCLUDING THE 425-BED CHRISTUS HOSPITAL ST. ELIZABETH IN BEAUMONT, TEXAS; CHRISTUS ST. MARY OUTPATIENT CENTER IN PORT ARTHUR TEXAS; AND CHRISTUS JASPER MEMORIAL HOSPITAL, A 49-BED HOSPITAL IN JASPER, TEXAS. EACH OF THE THREE HOSPITALS IN THE CHRISTUS SOUTHEAST TEXAS REGION PROVIDES A 24 HOUR EMERGENCY DEPARTMENT THAT IS OPEN TO SERVE THOSE IN NEED OF EMERGENCY CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN 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. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, INCLUDING TWO RURAL CLINICS IN JASPER, TEXAS AND KIRBYVILLE, TEXAS. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM IS A PARTNER IN JEFFERSON COUNTY CLINICAL SERVICES, INC. WHICH PROVIDES PHYSICIAN HEALTH CARE SERVICES TO INDIGENT PATIENTS. IN ADDITION, THE ORGANIZATION HAS PARTIAL OWNERSHIP IN: ST. ELIZABETH REHABILITATION PARTNERS, LLP, A REHABILITATION CENTER; AND SOUTHEAST TEXAS CANCER CENTERS, LP, A CANCER TREATMENT ORGANIZATION. THE FACILITIES OF CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SHARE ONE OBJECTIVE, WHICH IS TO LEAD THE WAY TO A HEALTHIER COMMUNITY. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, INCLUDING THE MOST VULNERABLE AND UNDERSERVED POPULATIONS. IN AN EFFORT TO MEET AND ADDRESS THE IDENTIFIED HEALTH CARE NEEDS IN THE COMMUNITIES WE SERVE, CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES ACCESS TO HEALTH CARE SERVICES THROUGH PROGRAMS AND LOCAL COMMUNITY PARTNERS AND SERVICE ORGANIZATIONS. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM ALSO PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A PART OF THE OVERALL COMMUNITY BENEFIT. A LARGE SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS INCLUDING NURSING STUDENTS AND OTHER ALLIED HEALTH PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. THE THREE FACILITIES OF CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM (CHRISTUS HOSPITAL - ST. ELIZABETH, CHRISTUS - ST. MARY OUTPATIENT CENTER MID COUNTY AND JASPER MEMORIAL HOSPITAL) PROVIDE A NUMBER OF SERVICES FOR THE BENEFIT OF THE COMMUNITY INCLUDING LEADERSHIP ACTIVITIES. UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF THE PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE, USFHP AND OTHER GOVERNMENT PROGRAMS. IN ADDITION, CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM PROVIDES SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED OR FREE SERVICES TO THOSE IN NEED WHO LACK MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT SPONSORED PROGRAMS. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM BELIEVES THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEMS' VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM 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 HELP SUCH CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, AND THE PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY AND THOSE SUFFERING FROM HIV/AIDS. AS A NONPROFIT ORGANIZATION AND AS A PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKE-UP OF THE AREA WE SERVE GUIDES CHRISTUS HEALTH SOUTHEAST TEXAS HEALTH SYSTEM. WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS. CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK INTO THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES. DURING FY 2020, CHRISTUS HEALTH ADVOCATED FOR IMPROVEMENT IN PUBLIC POLICIES AND WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCE</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>SS TO HEALTH CARE SERVICES FOR ALL. SCHEDULE H, PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES. CHRISTUS SERVICES CAN BE FOUND IN: ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, IN SIX PROVINCES OF MEXICO, AND IN SANTIAGO, CHILE. A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS. REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT. CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS. THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046. THE CODE REQUIRES NON PROFIT HOSPITALS TO FILE THE ASCBS FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS). THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT. ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E., LOUISIANA , AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2015. TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE. STATE FILING OF COMMUNITY BENEFIT REPORT: TX

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

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

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION FOR HOSPITAL FACILITY GROUPS 1-3	<p>SCHEDULE H, PART V, SECTION A WEBSITE FOR CHRISTUS ST. MARY OUTPATIENT CENTER MIDCOUNTY IS: HTTPS://WWW.CHRISTUSHEALTH.ORG/SOUTHEAST-TEXAS/SOUTHEAST-TEXAS-OUTPATIENT- CENTER-MID-COUNTY SCHEDULE H, PART V, SECTION B, LINE 3E PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS BASED ON THE TEXAS HEALTH INSTITUTE (THI) REVIEW OF DATA, TEN PRIORITY NEED AREAS EMERGED. THIS LIST WAS PRESENTED TO THE LOCAL NEEDS PRIORITIZATION COMMITTEE CONSISTING OF STAKEHOLDERS ASSEMBLED FROM THROUGHOUT THE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SERVICE AREA. THE COMMITTEE WAS ASKED TO (A) VALIDATE THE DATA-BASED PRIORITIES, AND (B) DISTILL AND RANK THE LIST OF TEN PRIORITIES INTO A TARGETED, ACTIONABLE GROUP OF FIVE. PARTICIPANTS IN THE NEEDS PRIORITIZATION PROCESS WERE ENCOURAGED TO CONSIDER THE FOLLOWING CRITERIA WHEN SELECTING WHAT NEEDS TO ELEVATE IN IMPORTANCE OVER OTHERS: -MAGNITUDE OF THE PROBLEM (NUMBER OF PEOPLE AFFECTED) -SEVERITY OF THE PROBLEM (BURDEN OF MORBIDITY AND MORTALITY DUE TO THE PROBLEM) -ORGANIZATIONAL CAPACITY TO ADDRESS THE PROBLEM -IMPACT OF THE PROBLEM ON VULNERABLE POPULATIONS -EXISTING RESOURCES ALREADY ADDRESSING THE PROBLEM -RISK ASSOCIATED WITH DELAYING TARGETED INTERVENTION ON THE PROBLEM -INFLUENCE ONE PROBLEM MAY HAVE ON ADDRESSING OTHER RELATED PROBLEMS THE TOP FIVE NEEDS DECIDED BY THE COMMUNITY STAKEHOLDERS WERE: ACCESS TO MENTAL AND BEHAVIORAL HEALTH; ACCESS TO PRIMARY CARE; TRANSPORTATION; HEALTHCARE DISPARITIES; AND FOOD INSECURITY. SCHEDULE H, PART V, SECTION B, LINE 3J OTHER ITEMS DESCRIBED BY CHNA REPORT OUR MISSION AND VISION STATEMENTS WERE INCLUDED TO GIVE THE PUBLIC AN AWARENESS OF OUR COMMUNITY FOCUS AND CHRISTIAN MINISTRY DEDICATION TO SERVE THE UNDERSERVED.</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	THE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM IS A NON-PROFIT, CATHOLIC, INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES THREE ACUTE CARE HOSPITALS - CHRISTUS SOUTHEAST TEXAS ST. ELIZABETH, CHRISTUS ST. MARY OUTPATIENT CENTER MID COUNTY, AND CHRISTUS SOUTHEAST TEXAS JASPER MEMORIAL. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM'S DEDICATED STAFF PROVIDE SPECIALTY CARE THAT IS TAILORED TO THE INDIVIDUAL NEEDS OF EVERY PATIENT, AIMING TO DELIVER HIGH-QUALITY SERVICES WITH EXCELLENT CLINICAL OUTCOMES. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM WORKS CLOSELY WITH THE LOCAL COMMUNITY TO ENSURE THAT REGIONAL HEALTH NEEDS ARE IDENTIFIED AND INCORPORATED INTO SYSTEM-WIDE PLANNING AND STRATEGY. TO THIS END, CHRISTUS HEALTH COMMISSIONED TEXAS HEALTH INSTITUTE (THI) TO CONDUCT AND PRODUCE THE 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT FOR CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM, REQUIRED BY LAW TO BE PERFORMED ONCE EVERY THREE YEARS AS A CONDITION OF 501(C)(3) TAX-EXEMPT STATUS. IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THI STAFF AND CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM COMMUNITY STAKEHOLDERS ANALYZED OVER 40 DIFFERENT INDICATORS, SPANNING DEMOGRAPHICS, SOCIOECONOMIC FACTORS, HEALTH BEHAVIORS, CLINICAL CARE, AND HEALTH OUTCOMES. REPORT FINDINGS COMBINE DATA FROM PUBLICLY AVAILABLE SOURCES, INTERNAL HOSPITAL DATA, AND INPUT FROM THOSE WITH CLOSE KNOWLEDGE OF THE LOCAL PUBLIC HEALTH AND HEALTH CARE SYSTEMS TO PRESENT A COMPREHENSIVE OVERVIEW OF UNMET HEALTH NEEDS IN THE REGION.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	<p>REPRESENTATIVES FROM CHRISTUS HEALTH CONTRIBUTED CONTACT INFORMATION OF 19 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF SOUTHEAST TEXAS AND WHO POSSESS KNOWLEDGE ABOUT THE REGION'S HEALTH-RELATED CHALLENGES. THESE KEY STAKEHOLDERS INCLUDED NONPROFIT LEADERS, HEALTH DEPARTMENT AUTHORITIES, PUBLIC SCHOOL LEADERS, HEALTHCARE PROVIDERS AND LEADERS, ELECTED OFFICIALS, LOCAL AND STATE AGENCIES, LAW ENFORCEMENT AGENCIES, PERSONS REPRESENTING DISTINCT GEOGRAPHIC AREAS, AND PERSONS REPRESENTING DIVERSE RACIAL/ETHNIC GROUPS. TO RECRUIT INTERVIEWEES, THE THI TEAM CONTACTED KEY INFORMANTS BY EMAIL AND TELEPHONE. THI CONDUCTED TEN INTERVIEWS BETWEEN SEPTEMBER AND DECEMBER 2018, EACH LASTING BETWEEN 30 AND 60 MINUTES. SCHEDULE H, PART V, SECTION B, LINE 6B REPRESENTATIVES FROM CHRISTUS HEALTH CONTRIBUTED CONTACT INFORMATION OF 19 PEOPLE WHO REPRESENT THE BROAD INTERESTS OF SOUTHEAST TEXAS AND WHO POSSESS KNOWLEDGE ABOUT THE REGION'S HEALTH-RELATED CHALLENGES. THESE KEY STAKEHOLDERS INCLUDED NONPROFIT LEADERS, HEALTH DEPARTMENT AUTHORITIES, PUBLIC SCHOOL LEADERS, HEALTHCARE PROVIDERS AND LEADERS, ELECTED OFFICIALS, LOCAL AND STATE AGENCIES, LAW ENFORCEMENT AGENCIES, PERSONS REPRESENTING DISTINCT GEOGRAPHIC AREAS, AND PERSONS REPRESENTING DIVERSE RACIAL/ETHNIC GROUPS. TO RECRUIT INTERVIEWEES, THE THI TEAM CONTACTED KEY INFORMANTS BY EMAIL AND TELEPHONE. THI CONDUCTED EIGHT INTERVIEWS BETWEEN SEPTEMBER AND DECEMBER 2018, EACH LASTING BETWEEN 30 AND 60 MINUTES. POTENTIAL PARTICIPANTS WERE IDENTIFIED BY CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM LEADERSHIP. MOST PARTICIPANTS WERE RECRUITED THROUGH ORGANIZATIONS THAT PROVIDE HEALTH CARE OR RELATED SERVICES TO COMMUNITY RESIDENTS (E.G., CLINICS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES). ELECTED OFFICIALS AND GOVERNMENT LEADERS WERE ALSO INVITED TO PARTICIPATE. TO ASSIST WITH RECRUITMENT, THE LOCAL CHRISTUS HEALTH LIAISON RECRUITED 21 STAKEHOLDERS WHO REPRESENTED SPECIFIC GROUPS, OCCUPATIONS, OR PERSPECTIVES IMPORTANT TO THE PROJECT. SIXTEEN PEOPLE PARTICIPATED IN THE FOCUS GROUP.</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND AT THE FOLLOWING WEBSITE URL: https://christushealth.org/-/media/files/homepage/giving-back/chna/communityneedsassessment2019setx.ashx

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7D	IN ADDITION TO MAKING OUR CHNA REPORT AVAILABLE TO THE PUBLIC ON OUR WEBSITE, IT IS ALSO AVAILABLE UPON REQUEST AS EITHER AN ELECTRONIC VERSION OR A HARDCOPY. THESE ARE AVAILABLE FREE OF CHARGE UPON REQUEST. IT IS POSTED ON OUR WEBSITE AT WWW.CHRISTUSHEALTH.ORG/CHNA-CHIP SCHEDULE H, PART V, SECTION B, LINE 10A THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS: https://christushealth.org/-/media/about/christus-setx-chip-2019-final.ashx

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>HOW NEEDS IDENTIFIED BY THE CHNA WERE ADDRESSED BASED ON THE THI REVIEW OF DATA, TEN PRIORITY NEED AREAS EMERGED. THIS LIST WAS PRESENTED TO THE LOCAL NEEDS PRIORITIZATION COMMITTEE CONSISTING OF STAKEHOLDERS ASSEMBLED FROM THROUGHOUT THE CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM SERVICE AREA. THE COMMITTEE WAS ASKED TO (A) VALIDATE THE DATA-BASED PRIORITIES, AND (B) DISTILL AND RANK THE LIST OF TEN PRIORITIES INTO A TARGETED, ACTIONABLE GROUP OF FIVE. PARTICIPANTS IN THE NEEDS PRIORITIZATION PROCESS WERE ENCOURAGED TO CONSIDER THE FOLLOWING CRITERIA WHEN SELECTING WHAT NEEDS TO ELEVATE IN IMPORTANCE OVER OTHERS: -MAGNITUDE OF THE PROBLEM (NUMBER OF PEOPLE AFFECTED) -SEVERITY OF THE PROBLEM (BURDEN OF MORBIDITY AND MORTALITY DUE TO THE PROBLEM) -ORGANIZATIONAL CAPACITY TO ADDRESS THE PROBLEM -IMPACT OF THE PROBLEM ON VULNERABLE POPULATIONS -EXISTING RESOURCES ALREADY ADDRESSING THE PROBLEM -RISK ASSOCIATED WITH DELAYING TARGETED INTERVENTION ON THE PROBLEM -INFLUENCE ONE PROBLEM MAY HAVE ON ADDRESSING OTHER RELATED PROBLEMS THE TOP FIVE NEEDS DECIDED BY THE COMMUNITY STAKEHOLDERS WERE: ACCESS TO MENTAL AND BEHAVIORAL HEALTH; ACCESS TO PRIMARY CARE; TRANSPORTATION; HEALTHCARE DISPARITIES; AND FOOD INSECURITY. CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM (CSETHS) WILL ENHANCE ACCESS TO MENTAL AND BEHAVIORAL HEALTH BY STRENGTHENING AWARENESS AND TRAINING ABOUT MENTAL AND BEHAVIORAL HEALTH TO IMPROVE THEIR ABILITY TO SERVE PATIENTS WITH BEHAVIORAL AND MENTAL HEALTH DIAGNOSIS AND PROTECT PATIENTS FROM OTHER PATIENT DISPLAYING SIGNS ASSOCIATED WITH SUBSTANCE ABUSE OR MENTAL/BEHAVIORAL HEALTH DISORDERS. CSETHS HAS A THREE-PRONG STRATEGY TO IMPROVE ACCESS TO PRIMARY CARE. THIS INCLUDES COLLABORATION WITH FEDERALLY QUALIFIED HEALTH CENTERS TO ENSURE PATIENTS HAVE A MEDICAL HOME, GREATER USE OF BILINGUAL OUTREACH WORKERS TO HELP PATIENTS AVOID HOSPITALIZATION THROUGH PREVENTION AND DISEASE MANAGEMENT, AND EFFORTS TO RECRUIT MORE PROVIDERS IN ITS OWN PHYSICIAN GROUP. TRANSPORTATION NEEDS CAN BE PROBLEMATIC TO RESOLVE DUE TO THE MANY VARIED INDIVIDUAL PATIENT SITUATIONS. CSETHS WILL PUBLISH INFORMATION TO HELP THE PUBLIC BE AWARE OF MEDICAID TRANSPORTATION SERVICES, SOUTHEAST TEXAS TRANSIT, GULF COAST FQHC, AND OTHER SERVICES. RESEARCH OF UBER OR LYFT TRANSPORTATION MAY RESULT IN CONTRACTS TO LEVERAGE THESE RESOURCES. IN ADDITION, CONTRACTING TO PROVIDE A VAN MAY BE CONSIDERED. HEALTHCARE DISPARITIES ARE BEING ADDRESSED BY INVESTING IN EDUCATION, DETECTION AND MANAGEMENT IN HYPERTENSION, INCLUDING THE USE OF A COMMUNITY HEALTH WORKER. FOOD INSECURITY IS BEING ADDRESSED BY MOBILIZING STAFF AND COLLABORATING WITH FOOD BANKS, INCLUDING THE NEW CATHOLIC CHARITIES FOOD BANK TO EMPHASIZE FRESH PRODUCE, PANTRIES THAT ACT AS FOOD BANK SATELLITES, AND OTHER COMMUNITY BASED NONPROFITS TO ADDRESS THIS, SUCH AS SENIOR NUTRITION SERVICES (MEALS ON WHEELS). NEEDS THAT THE COMMUNITY FOCUS GROUP DID NOT PRIORITIZE AS THE TOP FIVE TO BE MET INCLUDED UNHEALTHY BEHAVIORS, PREVENTABLE HO</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	SPITAL STAYS, MATERNAL CHILD HEALTH, COPD, AND DIABETES. ALL OF THESE WERE RECOGNIZED AS I MPORTANT BUT THEY WERE ALREADY BEING ADDRESSED TO THE EXTENT THAT COMMUNITY RESOURCES ALLO WED AND OTHER NEEDS WERE EVEN GREATER. PRIORITIES WERE EVALUATED ACCORDING TO ISSUE PREVAL ENCE AND SEVERITY, BASED ON COUNTY AND REGIONAL SECONDARY DATA. INPUT PROVIDED BY KEY INFO RMANTS, FOCUS GROUP PARTICIPANTS, AND OTHER COMMUNITY STAKEHOLDERS WAS ALSO HEAVILY CONSID ERED, ESPECIALLY FOR PRIORITY AREAS WHERE SECONDARY DATA ARE LESS AVAILABLE. THE COMMITTEE CONSIDERED A NUMBER OF CRITERIA IN DISTILLING TOP PRIORITIES, INCLUDING MAGNITUDE AND SEV ERITY OF EACH PROBLEM, CSETHS ORGANIZATIONAL CAPACITY TO ADDRESS THE PROBLEM, IMPACT OF TH E PROBLEM ON VULNERABLE POPULATIONS, EXISTING RESOURCES ALREADY ADDRESSING THE PROBLEM, AN D POTENTIAL RISK ASSOCIATED WITH DELAYING INTERVENTION ON THE PROBLEM.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	UNDER THE HOSPITAL'S POLICY, PATIENTS WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL, PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS WHO WERE UNINSURED AND ABOVE 400% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS. PATIENTS WHO WERE UNINSURED AND BETWEEN 300% AND 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN AGB.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	<p>EXPLANATION OF METHODS FOR APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PATIENTS. THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY. PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS. WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. SCHEDULE H, PART V, SECTION B, LINE 16A-C THE FAP POLICY, APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE FAP ARE WIDELY AVAILABLE AT THE FOLLOWING: CHRISTUS SOUTHEAST TEXAS - ST. ELIZABETH FINANCIAL ASSISTANCE POLICY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/APPLICATION-ENGLISH.ASHX?LA=EN FINANCIAL ASSISTANCE APPLICATION: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/FINANCIAL-ASSISTANCE-POLICY-ENGLISH/FINANCIAL-ASSISTANCE-POLICY-ELIZABETH-HOSPITAL.ASHX?LA=EN PLAIN LANGUAGE SUMMARY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/PLAIN-LANGUAGESUMMARY--HOSPITAL-ENGLISH-PDF.ASHX?LA=EN CHRISTUS SOUTHEAST TEXAS - ST. MARY FINANCIAL ASSISTANCE POLICY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/APPLICATION-ENGLISH-FINANCIAL-ASSISTANCE-APPLICATION: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/FINANCIAL-ASSISTANCE-POLICY-ENGLISH/FINANCIAL-ASSISTANCE-POLICY-MARY-HOSPITAL.ASHX?LA=EN PLAIN LANGUAGE SUMMARY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/PLAIN-LANGUAGESUMMARY--HOSPITAL-ENGLISH-PDF.ASHX?LA=EN CHRISTUS SOUTHEAST TEXAS JASPER MEMORIAL FINANCIAL ASSISTANCE POLICY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/APPLICATION-ENGLISH.ASHX?LA=EN FINANCIAL ASSISTANCE APPLICATION: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/FINANCIAL-ASSISTANCE-POLICY-ENGLISH/FINANCIAL-ASSISTANCE-POLICY-JASPER-MEMORIAL-HOSPITAL.ASHX?LA=EN PLAIN LANGUAGE SUMMARY: HTTPS://WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/FINANCE-FILES/PLAIN-LANGUAGESUMMARY--HOSPITAL-ENGLISH-PDF.ASHX?LA=EN SCHEDULE H, PART V, SECTION B, LINE 16J A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT WWW.CHRISTUSHEALTH.ORG/CHARITYCARE. (THIS WEBSITE WAS THE FIRST RESULT IN GOOGLE WHEN PATIENTS SEARCHED FOR THE HOSPITAL NAME AND CHARITY CARE OR FINANCIAL ASSISTANCE.) EFFECTIVE JULY 1, 2016, THE INDIVIDUAL HOSPITAL'S HOMEPAGE HAD A CONSPICUOUS FINANCIAL ASSISTANCE LINK DIRECTING PATIENTS TO THE CHARITY CARE HOMEPAGE. COUNSELORS ALSO PUBLICIZED THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING ONE-ON-ONE</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	VISITS WITH PATIENTS. THE HOSPITAL ATTEMPTED TO PROVIDE ALL UNINSURED PATIENTS WITH FINANCIAL COUNSELING. SPENDING TIME FACE-TO-FACE WITH PATIENTS ALLOWED COUNSELORS TO FACILITATE THE APPLICATION PROCESS FOR PATIENTS WHO OTHERWISE MIGHT NOT HAVE SOUGHT ASSISTANCE. COUNSELORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES. UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS. SCHEDULE H, PART V, SECTION B, LINE 17 DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBODE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 18F	THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	WHEN COLLECTION CALLS RESULTED IN PATIENT CONTACT, BUSINESS AGENTS PERFORMED A VERBAL SCREENING TO SEE IF THE PATIENT MIGHT BE ELIGIBLE FOR CHARITY CARE. IN ADDITION, BILLING STATEMENTS CONTAINED THE FOLLOWING NOTICE: "YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL. IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN."

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22B	THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/20 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE. THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST. VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS. All uninsured patients were charged no more than 45% of charges for the relevant service line. Patients eligible for additional financial assistance were charged no more than the average rate (for income levels from 301% to 400% of the FPL) or received free care (for incomes at or below 300% of the FPL). For lab services, eligible patients were charged a percentage of the Medicare rate.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number 76-0591590

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Services/Supplies for indigent patients	12		35,014	Cost	See Part IV
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, Schedule I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO. 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS". BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED: (1) ORGANIZATION TEST AND (2) IRS TEST. THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS. CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED. THE ORGANIZATIONS CONSIDERED ARE TYPICALLY IRS SECTION 501(C)(3) AND OTHER TAX EXEMPT ORGANIZATIONS AND DOCUMENTATION TO THAT EFFECT IS OBTAINED. TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT. CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING. DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION. DONATIONS SHOULD BE MODEST IN SCOPE. THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO THE COUNTIES IN WHICH CHRISTUS HEALTH AFFILIATED HOSPITALS SERVE VIA GRANTS PAID TO OTHER HOSPITALS AND HEALTHCARE ORGANIZATIONS LOCATED WITHIN SUCH COUNTIES. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN CHRISTUS HEALTH'S COMMUNITIES THAT THE FILING ORGANIZATION MAY NOT DIRECTLY SERVE IN ONE OF ITS HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED.
FORM 990, SCHEDULE I, PART III, COLUMN (F)	DESCRIPTION OF NON-CASH ASSISTANCE MEDICAL EQUIPMENT RENTALS, NURSING HOME/REHAB CARE, PHARMACEUTICALS, taxi RIDES, Bus Fare, HOME HEALTH CARE, UNINSURED CLINIC VOUCHERS FOR INDIGENT PATIENTS.

Additional Data

Software ID:
Software Version:
EIN: 76-0591590
Name: CHRISTUS HEALTH SOUTHEAST TEXAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY CLINICAL SERVICES 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746	26-4368737	501(C)(3)	2,570,004				Indigent Funding
Symphony of Southeast Texas 4345 PHELAN BLVD Beaumont, TX 77707	74-1366294	501(C)(3)	6,000				Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTUS Health Foundation of SETX 2830 Calder ST Beaumont, TX 77702	76-0136274	501(c)(3)	24,380	2,500	Cost	IN-Kind Rent	PROGRAM SUPPORT & RESIDENT STIPEND
Catholic Charities of Southeast Texas PO Box 829 Beaumont, TX 77704	74-1900345	501(C)(3)	10,700				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BEAUMONT CHAMBER OF COMMERCE PO BOX 3150 Beaumont, TX 77701	76-0504300	501(c)(6)	14,500				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number
76-0591590

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II	SUPPLEMENTAL COMPENSATION INFORMATION 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. SISTERS' COMPENSATION IS PAID TO THE RELIGIOUS CONGREGATION AND NOT THE INDIVIDUAL. OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS.
FORM 990, SCHEDULE J, PART I, LINE 1A	COMPANION TRAVEL TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS.
FORM 990, SCHEDULE J, PART I, LINE 3	EXPLANATION OF RELATED ORGANIZATION DETERMINING CEO COMPENSATION THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY. FORM 990, SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN 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.
FORM 990, SCHEDULE J, PART II, COLUMN B(II)	SUPPLEMENTAL COMPENSATION INFORMATION BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2019. FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II SUPPLEMENTAL COMPENSATION INFORMATION THE BONUS AND INCENTIVE COMPENSATION REPORTED AS RELATED COMPENSATION WAS PAID TO THE FOLLOWING PERSONS BY CHRISTUS HEALTH, A RELATED ORGANIZATION OF THE FILING ENTITY: PAUL M. TREVINO - \$215,833 SHAWN M. ADAMS - \$105,033 D. WAYNE MOORE - \$81,417 RODNEY PAUL GUIDROZ - \$98,849 RYAN MILLER - \$74,816 JANE RAWLS - \$16,984
FORM 990, SCHEDULE J, PART II, COLUMN C	DEFERRED COMPENSATION DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL.
FORM 990, SCHEDULE J, PART II	SUPPLEMENTAL COMPENSATION INFORMATION W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number

76-0591590

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DANIEL THOMPSON MD	SPOUSE IS AN INDEPENDENT CONTRACTOR PHYSICIAN FOR SETX	51,000	MEDICAL SERVCIES		No
(2) DEBORAH TUCKER	SPOUSE IS OWNER OF MEDSURG EQUIPMENT, LLC	121,918	MEDICAL EQUIPMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Name of the organization

CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number

76-0591590

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOING BUSINESS AS	<p>FORM 990, PAGE 1, ITEM C CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM OPERATES UNDER THE FOLLOWING NAMES: CHRISTUS HOSPITAL CHRISTUS HOSPITAL-ST. ELIZABETH CHRISTUS HOSPITAL-ST. MARY HEALTHY OPTIONS CAFE CHRISTUS JASPER MEMORIAL HOSPITAL CHRISTUS SPINE AND ORTHOPEDIC SPECIALTY CENTER CHRISTUS ORTHOPEDIC SPECIALTY CENTER ST. MARY CHRISTUS ORTHOPEDIC SPECIALTY CENTER CHRISTUS JASPER MEMORIAL CENTER FOR REHABILITATION CHRISTUS VEIN SPECIALISTS CHRISTUS PAIN MANAGEMENT CENTER ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS-JASPER MEMORIAL CHRISTUS SOUTHEAST TEXAS-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS-ST. MARY CHRISTUS SOUTHEAST TEXAS BARIATRIC CENTER-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS CENTER FOR HEALTH MANAGEMENT-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS CENTER FOR HEALTH MANAGEMENT-ST. MARY CHRISTUS SOUTHEAST TEXAS CENTER FOR HEALTH MANAGEMENT CHRISTUS SOUTHEAST TEXAS CENTER FOR NEW LIFE-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS FAMILY PRACTICE CENTER-JASPER CHRISTUS SOUTHEAST TEXAS FAMILY PRACTICE CENTER-KIRBYVILLE CHRISTUS SOUTHEAST TEXAS FAMILY PRACTICE CENTER-RAYBURN CHRISTUS SOUTHEAST TEXAS FAMILY PRACTICE & WOMEN'S SERVICES CENTER-JASPER CHRISTUS SOUTHEAST TEXAS FOUNDATION CHRISTUS SOUTHEAST TEXAS HEALTH SYSTEM CHRISTUS SOUTHEAST TEXAS HEART & VASCULAR CHRISTUS SOUTHEAST TEXAS MATERNITY & WOMEN'S HEALTH CENTER CHRISTUS SOUTHEAST TEXAS MINOR CARE CENTER-ST. MARY CHRISTUS SOUTHEAST TEXAS MINOR CARE CENTER-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS LUNG CARE CENTER-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS ORTHOPEDIC SPECIALTY CENTER CHRISTUS SOUTHEAST TEXAS OUTPATIENT CENTER-ST. MARY CHRISTUS SOUTHEAST TEXAS OUTPATIENT PAVILION-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS OUTPATIENT CENTER CHRISTUS SOUTHEAST TEXAS OUTPATIENT CENTER-JASPER CHRISTUS SOUTHEAST TEXAS OUTPATIENT CENTER-MID COUNTY CHRISTUS SOUTHEAST TEXAS PAIN MANAGEMENT CENTER CHRISTUS SOUTHEAST TEXAS SPINE & ORTHOPEDIC SPECIALTY CENTER-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS SPINE CENTER CHRISTUS SOUTHEAST TEXAS SPORTS MEDICINE CHRISTUS SOUTHEAST TEXAS ST. ELIZABETH & ST. MARY CHRISTUS SOUTHEAST TEXAS VEIN SPECIALISTS CHRISTUS SOUTHEAST TEXAS WOMEN'S CENTER-ST. MARY CHRISTUS SOUTHEAST TEXAS WOMEN'S CENTER-ST. ELIZABETH CHRISTUS Southeast Texas Plastic and Reconstructive Surgery Center-St. Elizabeth CHRISTUS Spine and Orthopedic Specialty Center CHRISTUS St. Mary Outpatient Center Mid County CHRISTUS SOUTHEAST TEXAS WOUND CARE AND HYPERBARIC CENTER-ST. ELIZABETH CHRISTUS SOUTHEAST TEXAS ORTHOPEDIC SPECIALTY CENTER-MID COUNTY CHRISTUS SOUTHEAST TEXAS ORTHOPEDIC SPECIALTY CENTER-ST MARY CHRISTUS SOUTHEAST TEXAS ORTHOPEDIC SPECIALTY CENTER AND BEAUMONT BONE AND JOINT INSTITUTE - BEAUMONT CHRISTUS SOUTHEAST TEXAS ORTHOPEDIC SPECIALTY CENTER AND BEAUMONT BONE AND JOINT INSTITUTE - PORT ARTHUR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND 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 ARE BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH HEALTH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES. ONE EXAMPLE OF CHRISTUS HEALTH COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (CDI). THE CHRISTUS BOARD OF DIRECTORS APPROVED THE FUNDING OF A CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY THE LOCAL OPERATING ENTITIES. THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NONPROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS. THE INCOME THAT IS LOST FROM THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES. THE COST OF THIS PROGRAM IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES FOR CHRISTUS HEALTH SOUTHEAST TEXAS. THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2020 WAS \$0. THE FOREGONE INTEREST FOR CHRISTUS HEALTH SOUTHEAST TEXAS IN FY 2020 WAS \$0. CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES FOR CHRISTUS HEALTH SOUTHEAST TEXAS. SEVERAL CHRISTUS REGIONS PROVIDE INDIGENT FUNDING DONATIONS OR "GRANTS" TO AID THE COUNTY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>ES IN WHICH THEY, OR ANOTHER CHRISTUS REGION, SERVE. SUCH GRANTS MAY BE PAID TO THE COUNTY DIRECTLY OR VIA ANOTHER HOSPITAL OR HEALTHCARE ORGANIZATION IN THE AREA. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN THE COMMUNITIES THAT CHRISTUS MAY NOT DIRECTLY SERVE IN ONE OF OUR HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED. PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS SPENT EDUCATING HEALTH PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. THE THREE FACILITIES (CHRISTUS HOSPITAL - ST. ELIZABETH, CHRISTUS HOSPITAL - ST. MARY AND CHRISTUS JASPER MEMORIAL HOSPITAL) PROVIDE A NUMBER OF SERVICES FOR THE BENEFIT OF THE COMMUNITY -- INCLUDING LEADERSHIP ACTIVITIES. 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 2020, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	DESCRIPTION OF RELATIONSHIPS PAUL TREVINO, RYAN MILLER, SHAWN ADAMS, AND NIKKI MARTIN HAVE A BUSINESS RELATIONSHIP BECAUSE EACH PERSON IS AN OFFICER OR BOARD MEMBER OF HEALTH VENTURES OF SOUTHEAST TEXAS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DESCRIPTION CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS CHRIS TUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS: APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION; APPROVE THE ADOPTION OR AMENDME NT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS; APPOINT AND REMOVE M EMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS; APPOINT AND REMOVE THE FILING ORGA NIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS; APP ROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY; AP PROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORG ANIZATION; APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZ ATION; APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION; APPROVE CAPITAL P ROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION; APPROVE ANY TRANSACTION BY T HE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENTUR E, ANY TRANSACTION INVOLVING A SYSTEM PARTICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGA L ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENT ITY; AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVER NANCE DOCUMENTS. THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS: POWER TO APPOINT AND RE MOVE THE PRESIDENT OF THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER , EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DES IGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION; APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION; APPRO VE STRATEGIC PLANS OF THE FILING ORGANIZATION; APPROVE THE FILING ORGANIZATION'S BUDGET; S ET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION. THE CHRISTUS HEALTH MEMBERS AR E THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS, THE CONGRE GATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO) AND THE SISTERS OF THE HOLY FAMILY OF NAZARETH. THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS: APPROVE T HE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATI ON IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS; APPROVE THE SALE, LEASE, MORTGA GE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MI NISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION; APPROVE THE C HANGE OF OWNERSHIP, MANAGEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION; AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED TO REVIEW FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990. THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990. THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW. REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2021 VIA 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR. THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS. THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>COMPENSATION DETERMINATION PROCESS THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH SOUTHEAST TEXAS. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT: 1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS. THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD. THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION. BASED ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAIL OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY AND FIN STMTS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. CASH - NON-INTEREST BEARING FORM 990, SCHEDULE D, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM. THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS. EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY. CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING. CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE BOND FUNDING \$811,464 TRNA RELEASED FROM REST.-CAP \$589,545 TEMPORARILY RESTRICTED \$9,961 ROUNDING (\$2) RELEASE FROM RESTRICTED - CAPITAL (\$589,546) TRNA - CASH CONTRIBUTIONS (\$589,847) ----- TOTAL \$231,575

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:10584454

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS & MAINTENANCE SERVICE TOTAL FEES:6604802

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION SERVICES TOTAL FEES:5797499

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OCCUPANCY SERVICES TOTAL FEES:5626395

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:1766027

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:576787

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL SERVICES TOTAL FEES:13592433

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number

76-0591590

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ST ELIZABETH REHAB 2830 CALDER BEAUMONT, TX 777021809 20-5657181	HEALTHCARE SR	TX	HLTH VT OF SETX	N/A	719,942	1,074,996		No	0		No	51.000 %

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

(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 SOUTHEAST TX PHYS HOSP ORG 2900 NORTH STREET SUITE 310 BEAUMONT, TX 77702 76-0429902	MEDICAL SVCS	TX	SETX	C-Corp	303,752	228,088	100.000 %	Yes	
(2) HEALTH VENTURES OF SOUTHEAST TEXAS INC 3600 GATES BLVD PORT ARTHUR, TX 77640 76-0397263	BUILDING RENT	TX	SETX	C-Corp	719,942	2,332,994	100.000 %	Yes	
(3) CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N.L. 64060 MX	HEALTHCARE SV	MX	CH	C-Corp				Yes	
(4) Emerald Assurance Cayman LTD PO Box 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-CORP				Yes	
(5) CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DR IRVING, TX 75038 47-4618648	ACO	LA	CH	C CORP				Yes	
(6) TYLER COUNTY CLINICAL SERVICES 2801 VIA FORTUNA AUSTIN, TX 78746 47-2135795	HEALTHCARE	TX	SETX	C CORP	172,214	0	100.000 %	Yes	

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 76-0591590
Name: CHRISTUS HEALTH SOUTHEAST TEXAS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 West Loop South Ste 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE I	CH	Yes	
919 Hidden Ridge Drive HOUSTON, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE I	CH	Yes	
2830 CALDER BEAUMONT, TX 77702 76-0136274	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE I	SETX	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-2798043	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE I	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE HOUSTON, TX 75038 76-0590551	SUPT HLTH SVC	TX	501(C)(3)	10	NA		No
PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(c)(3)	7	CH	Yes	
115 AIRPORT RD SULPHUR SPRINGS, TX 75482 81-1708177	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 45-2106295	MEDICAID HMO	TX	501(C)(4)		CH	Yes	
1315 Doctors Drive Tyler, TX 75701 75-2616975	Healthcare	TX	501(C)(3)	12, Type II	CH	Yes	
700 East Marshall Avenue Longview, TX 75601 75-2027157	Healthcare	TX	501(C)(3)	12, Type II	CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 82-2109456	HEALTH SVCS	TX	501(C)(3)	12-TYPE II	CH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(C)(4)		CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 47-3403356	SPT HLTH SVCS	TX	501(C)(4)		CH	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616977	HEALTHCARE	TX	501(C)(3)	3	CTMFHS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CH Wilkinson Physician Network	A(IV)	740,537	ACCRUAL
CH Wilkinson Physician Network	J	740,537	ACCRUAL
CH Wilkinson Physician Network	L	10,820,550	ACCRUAL
CH Wilkinson Physician Network	M	5,410,275	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	O	200,294	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	P	187,057	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	Q	187,057	ACCRUAL
Christus Health Foundation of Southeast Texas	O	299,918	ACCRUAL
Christus Health Northern Louisiana	O	200,294	ACCRUAL
Christus Health Northern Louisiana	P	179,939	ACCRUAL
Christus Health Northern Louisiana	Q	62,403	ACCRUAL
Christus Health Southwestern Louisiana	Q	85,848	ACCRUAL
Christus Santa Rosa Health Care Corporation	Q	57,019	ACCRUAL