

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 black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH
Number and street (or P O box if mail is not delivered to street address) Room/suite
1315 St Joseph Parkway
City or town, state or country, and ZIP + 4
Houston, TX 77002

D Employer identification number

74-1622404

E Telephone number

(713) 659-1336

F Accounting method Cash Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW STEHLIN ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,562,502

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	530,663	453,750	38,129
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	1,044,183	1,044,183	
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	359,541	345,257	7,210
30 Professional fundraising fees	30			
31 Accounting fees	31	20,150		20,150
32 Legal fees	32	88,589	62,935	25,654
33 Supplies	33	217,972	210,033	7,939
34 Telephone	34	5,775	2,210	3,565
35 Postage and shipping	35	24,263	12,368	11,895
36 Occupancy	36	61,729		61,729
37 Equipment rental and maintenance	37	18,996	16,877	2,119
38 Printing and publications	38	7,946	7,564	382
39 Travel	39	24,814	23,325	1,489
40 Conferences, conventions, and meetings	40	9,810	9,440	370
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	75,706	74,051	1,655
43 Other expenses not covered above (itemize)				
a INS & REAL ESTATE TAXES	43a	29,619	17,788	11,831
b PROMOTIONAL COSTS	43b	64,229		64,229
c UTILITIES	43c	190,206	190,206	
d CONTRACT LABOR	43d	1,013,215	999,113	14,102
e DRUG EXPENSE	43e	543,008	543,008	
f SPECIMEN EXPENSE	43f	31,583	31,583	
g MISCELLANEOUS	43g	8,882	4,884	3,998
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,370,879	4,048,575	198,115

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____




Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? CANCER RESEARCH</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a The CHRISTUS Stehlin Foundation for Cancer Research operates for the purpose of conducting research that can be applied directly to improving the treatment of the patient with cancer. Contributions received by the Foundation are used to support its various research, treatments, and education program. CHRISTUS Health is the sole corporate member of the Foundation. During the fiscal year ending June 30, 2008 the Foundation completed and filed with the U.S. Food and Drug Administration an Investigational New Drug application for its anticancer drug. Completing the application process represented 10 months work and resulted in an over 2,800 page application summarizing 13 years of scientific research. After year end, the FDA approved the start of patient clinical trials for the Foundation's anticancer drug. CHRISTUS Health was formed in 1999 to strengthen the 130-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. CHRISTUS Health responds to the health care needs through services provided at more than 40 hospitals and long-term care facilities, as well as dozens of health care clinics, physicians' offices, outpatient services, and community-based programs in Texas, Louisiana, Arkansas, Utah, Oklahoma and Mexico. Although programs may differ from facility to facility, each of our health care entities has the same objective -- which is to lead the way to a healthier community.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>4,048,575</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>4,048,575</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	517,288	45	484,423
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a 75,000		
	b Less allowance for doubtful accounts	48b 0	0	48c 75,000
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	394	53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,336,392	54a	3,953,604
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a 19,100			
b Less accumulated depreciation (attach schedule)	55b	19,100	55c  19,100	
56 Investments—other (attach schedule)	1,000	56	0	
57a Land, buildings, and equipment basis	57a 2,577,724			
b Less accumulated depreciation (attach schedule)	57b 2,177,775	426,312	57c 399,949	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		17,288	58  123,988	
59 Total assets (must equal line 74) Add lines 45 through 58	5,317,774	59	5,056,064	
Liabilities	60 Accounts payable and accrued expenses	90,520	60	58,296
	61 Grants payable		61	
	62 Deferred revenue	0	62	75,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)	68,050	65 	0
66 Total liabilities Add lines 60 through 65	158,570	66	133,296	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	5,043,288	67	4,809,639
	68 Temporarily restricted	40,916	68	38,129
	69 Permanently restricted	75,000	69	75,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	5,159,204	73	4,922,768
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	5,317,774	74	5,056,064

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,061,744
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-422,287
2	Donated services and use of facilities	b2	227,301
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	-194,986
c	Subtract line b from line a	c	1,256,730
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input checked="" type="checkbox"/> _____	d2	75,000
	Add lines d1 and d2	d	-194,986
e	Total revenue (Part I, line 12) Add lines c and d	e	1,331,730

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,598,180
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	227,301
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	227,301
c	Subtract line b from line a	c	4,370,879
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	4,370,879

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of ROBERT ANDERSON Telephone no (713) 659-1336
1315 ST JOSEPH PARKWAY STE 1818
HOUSTON, TX ZIP + 4 77002
91b 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)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 3 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) N/A.

Part X Information Regarding Transfers Associated with instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums... (b) Did the organization, during the year, pay premiums, directly or indirectly... NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
	ROBERT ANDERSON PRESIDENT	2009-05-13
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 1401 MCKINNEY SUITE 1200 HOUSTON, TX 77010		EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (713) 750-1500

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

Employer identification number

74-1622404

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ZHISONG CAO 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX 77002	CHEMIST 40 0	125,942	0	0
DOUGLAS COIL 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX 77002	DEPUTY/SUPERVISOR 40 0	120,562	0	0
ANTHONY KOZIELSKI 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX 77002	RESEARCH TECH 40 0	88,010	0	0
JOHN MENDOZA 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX 77002	RESEARCH TECH 40 0	105,423	0	0
DANA VARDEMAN 1315 ST JOSEPH PKWY STE 1818 HOUSTON, TX 77002	LAB SUPERVISOR 40 0	144,374	0	0
Total number of other employees paid over \$50,000	7			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KILYK AND BOWERSOX 400 HOLIDAY COURT STE 102 WARRENTON, VA 20186	LEGAL SERVICES	62,012
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
CHRISTUS HEALTH	760590551	07	X		4048575
Total					4,048,575

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)











During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)











Yes	No	Amount
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Additional Data**Software ID:****Software Version:****EIN:** 74-1622404**Name:** CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Raymond Khoury  1315 St joseph parkway STE 1818 Houston, TX 77002	Chairman 1 0	0	0	0
Kim D Wheless  1315 St joseph parkway STE 1818 Houston, TX 77002	Vice Chairperson/Director 1 0	0	0	0
A Gordon Findlay Jr  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Beppino Giovannella  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	246,576	0	0
Donna S Lewis  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Ethan A Natelson  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
John A Gillean  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
John E Hine  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
John S Stehlin Jr  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 0 5	37,500	0	0
Kenneth G Mccann Jr  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Lin R Mills  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Michael A Meagher  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 2 0	0	0	0
Michael W Ross  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Nancy B White  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Peter D DeIpoli  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Roger H Jenswold  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Sister Rosanne Popp  1315 St joseph parkway STE 1818 Houston, TX 77002	Director 1 0	0	0	0
Thomas C Royer  1315 St joseph parkway STE 1818 Houston, TX 77002	Ex Officio Director w vote 1 0	0	0	0
Robert F Anderson  1315 St joseph parkway STE 1818 Houston, TX 77002	Pres/Treasurer/Ex Off w vote 40 0	185,294	0	0
George Conklin  1315 St joseph parkway STE 1818 Houston, TX 77002	Vice president/Director 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Margie Conyers  1315 St Joseph parkway STE 1818 Houston, TX 77002	Corporate Secretary 1 0	0	0	0
Colleen Colton  1315 St Joseph parkway STE 1818 Houston, TX 77002	Assistant Secretary 40 0	61,293	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CHRISTUS HEALTH	X	
ROMLAC INC		X
SUPERCAMPTO INC		X

TY 2007 Compensation Explanation

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Person Name	Explanation
Raymond Khoury	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Kim D Wheless	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
A Gordon Findlay Jr	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Beppino Giovanella	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Donna S Lewis	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Ethan A Natelson	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION

Person Name	Explanation
John A Gillean	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION \$58,615 of John Gillean's compensation represents payment of vested benefit allowance, amounts for which were reported in prior years as benefits \$70,840 of John Gillean's benefits represent deferred portion of benefit allowances and accrued pension restoration benefits The above footnote relates to related compensation on Line 75c
John E Hine	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
John S Stehlin Jr	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Kenneth G Mccann Jr	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Lin R Mills	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Michael A Meagher	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION

Person Name	Explanation
Michael W Ross	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Nancy B White	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Peter D Delpolyi	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Roger H Jensw old	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Sister Rosanne Popp	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Thomas C Royer	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION \$351,130 of Thomas Royer's compensation represents payments of accrued pension restoration benefits and vested benefit allowances, amounts for which were reported in prior years as benefits The above footnote relates to related compensation on Line 75c

Person Name	Explanation
Robert F Anderson	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
George Conklin	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Margie Conyers	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Colleen Colton	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION

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

TY 2007 Compensation Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

EIN: 74-1622404

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
John A Gillean	CHRISTUS HEALTH PLEASE SEE GEA	76-0590551	STEHLIN FDTN SUPP ORG OF CHRISTUS	511,513	100,058	9,000	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Sister Rosanne Popp	CH Wilkinson Physician Network	76-0422435	brother-sister, please see gea	145,182	4,518	3,000	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
Thomas C Royer	CHRISTUS HEALTH PLEASE SEE GEA	76-0590551	STEHLIN FDTN SUPP ORG OF CHRISTUS	1,469,233	28,862	12,000	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION
George Conklin	CHRISTUS HEALTH PLEASE SEE GEA	76-0590551	STEHLIN FDTN SUPP ORG OF CHRISTUS	397,102	68,053	0	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Margie Conyers	CHRISTUS HEALTH PLEASE SEE GEA	76-0590551	STEHLIN FDTN SUPP ORG OF CHRISTUS	144,636	12,099	0	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Gross Sales Price: 1,475,220

Basis: 1,230,772

Sales Expenses:

Total (net): 244,448

TY 2007 General Explanation Attachment

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Identifier	Return Reference	Explanation
FORM 990, part v-a, line 75c	ADDITIONAL INFORMATION	<p>Contribution to Benefit Plan column includes employer contribution to Health and Welfare Cafeteria Plan, Executive Deferred Income Account, Employer Contribution to 403 (b) Matched Savings 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 computations 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 funding. Compensation for the service of sisters is paid directly to their congregation rather than the individual. Beppino Giovannella serves as laboratory director for CHRISTUS Stehlin Foundation for Cancer Research. Compensation shown is for his services as laboratory Director. John S. Stehlin, Jr. serves as Scientific Director for CHRISTUS Stehlin Foundation for Cancer Research. Compensation reported is for his services as Scientific Director. Neither individual receives compensation for their services as director.</p>

Identifier	Return Reference	Explanation
PART IV, LINE 55		LAND-CAPE CONROE 19,100 NET BOOK VALUE 19,000

Identifier	Return Reference	Explanation
PART II, LINE 42 AND PART IV, LINE 57		LEASEHOLD IMPROVEMENTS = 435,425 MAJOR MOVEABLE EQUIPMENT = 2,095,524 FURNITURE & FIXTURES = 46,775 TOTAL = 2,577,724 LESS ACCUMULATED DEPRECIATION = <2,177,775> NET BOOK VALUE = 399,949 DEPRECIATION EXPENSE = 75,706 THE STRAIGHT-LINE METHOD OF DEPRECIATION IS CALCULATED OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS

TY 2007 Investments - Land Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
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TY 2007 Other Assets Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Description	Beginning of Year Amount	End of Year Amount
ALATU		113,129
INTEREST INCOME RECEIVABLE		10,859

TY 2007 Other Changes in Net Assets Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Description	Amount
CONTRIBUTED CAPITAL	3,300,000
UNREALIZED LOSS	422,287
PLEDGE	75,000

TY 2007 Other Liabilities Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Description	Beginning of Year Amount	End of Year Amount
TRUST PAYABLE	68,050	

**TY 2007 Other Revenues
Not Included Schedule**

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Description	Amount
PLEDGE RECEIVABLE	75,000

TY 2007 Relationship Schedule

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
John A Gillean	Director			KEY EMPLOYEE
Thomas C Royer	Ex Officio Director w vote			PRESIDENT & CEO
Robert F Anderson	Pres/Treasurer/Ex Off w vote		DIRECTOR	DR STEHLIN IS MR ANDERSON'S UNCLE
George Conklin	Vice president/Director			key employee

TY 2007 Employee Compensation Explanation

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Employee	Explanation
ZHISONG CAO	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION.
DOUGLAS COIL	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION.
ANTHONY KOZIELSKI	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION.
JOHN MENDOZA	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION.
DANA VARDEMAN	PLEASE SEE GENERAL EXPLANATION ATTACHMENT FOR ADDITIONAL INFORMATION.

TY 2007 Self Dealing Statement

Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER
RESEARCH

EIN: 74-1622404

Line Number	Explanation
2d	SEE 990, PART V-A

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

CHRISTUS STEHLIN FOUNDATION FOR CANCER

74-1622404

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	1b	<u>1,331,730.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

▶ Robert F. Adams
Signature of officer

5/12/09
Date

▶ President
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163 Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	▶ <u>Yves P. Scott</u>	Date	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed) address, and ZIP code	<u>ERNST & YOUNG U.S. LLP</u>			<u>EIN 34-6565596</u>			
	<u>1401 MCKINNEY, SUITE 1200</u>			<u>HOUSTON TX 77010</u>			<u>Phone no 713-750-1500</u>	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	▶	Date	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	▶			<u>EIN</u>		
	▶						<u>Phone no</u>