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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10301 Stella Link Suite A

City or town, state or country, and ZIP + 4
Houston, TX 77025

D Employer identification number
74-1622404

E Telephone number
(713) 659-1336

G Gross receipts $ 1,119,009

F Name and address of principal officer
Robert Anderson
10301 Stella Link Suite A
Houston, TX 77025

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

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J **Website:** ▶ www stehlin org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1969

M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH CONDUCTS MEDICAL AND SCIENTIFIC RESEARCH, PRIMARILY WITH RESPECT TO CANCER AND RELATED DISEASES AND DEVELOPMENT OF DRUG AND OTHER THERAPEUTIC TREATMENTS

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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,060,024	704,773
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-355,343	112,213
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	704,681	816,986

Expenses

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,900	7,250
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)	1,943,182	2,026,156
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶137,969		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,467,675	1,722,403
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,431,757	3,755,809
19	Revenue less expenses Subtract line 18 from line 12	-2,727,076	-2,938,823

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,792,782	5,430,089
21	Total liabilities (Part X, line 26)	253,774	232,227
22	Net assets or fund balances Subtract line 21 from line 20	4,539,008	5,197,862

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 2011-05-09

▶ ROBERT ANDERSON PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP
1401 MCKINNEY SUITE 1200
HOUSTON, TX 77010

EIN ▶

Phone no ▶ (713) 750-1500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE PRIMARY PURPOSES OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH ARE MEDICAL AND SCIENTIFIC RESEARCH, PRIMARILY WITH RESPECT TO CANCER AND RELATED DISEASES, AND DEVELOPMENT OF DRUG AND OTHER THERAPEUTIC TREATMENTS, INCLUDING LICENSING AND SALE OF THE RESULTING INTELLECTUAL PROPERTY RIGHTS, AS WELL AS OBTAINING PHILANTHROPY AND CHARITABLE GIVING AND TO PROVIDE RESOURCES TO ENHANCE THE ABILITY OF THE FOUNDATION, CHRISTUS HEALTH AND ITS SYSTEM PARTICIPANTS AND RELATED ENTITIES IN THE MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING, ADVANCING, PROMOTING AND SUPPORTING THE CHRISTUS HEALTH MINISTRIES THAT FOSTER HEALTHY LIVES, PROMOTE SPIRITUAL GROWTH AND THE GROWTH OF HEALTHY COMMUNITIES IN FURTHERANCE OF THOSE PURPOSES, THE FOUNDATION SHALL SOLICIT AND RECEIVE CHARITABLE GIFTS AND GRANTS TO ADMINISTER AND INVEST AND REINVEST THE SAME AND APPLY THE WHOLE OR ANY PART OF THE INCOME AND PRINCIPAL EXCLUSIVELY FOR THE BENEFIT OF CHRISTUS HEALTH AND THE HEALTH CARE

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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

4a (Code) (Expenses $ 3,240,676 including grants of $ 7,250) (Revenue $)

THE CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH OPERATES FOR THE PURPOSE OF CONDUCTING RESEARCH THAT CAN BE APPLIED DIRECTLY TO IMPROVING THE TREATMENT OF PATIENTS WITH CANCER CONTRIBUTIONS RECEIVED BY THE FOUNDATION ARE USED TO SUPPORT ITS VARIOUS RESEARCH, TREATMENT, AND EDUCATIONAL PROGRAMS CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FOUNDATION 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

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses**▶$ 3,240,676

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes/No: Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		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*	17		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*	18		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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	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 11 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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	16			
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	
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	31			
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 this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 19			
b	Enter the number of voting members that are independent	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Robert Anderson
10301 Stella Link Suite A
Houston, TX 77025
(713) 659-1336

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See add'l data										

1b Total . . . . ▶	1,032,798	3,105,321	560,903

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶6

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts 1a	Federated campaigns . . 1a					
b	Membership dues 1b					
c	Fundraising events 1c					
d	Related organizations . . . 1d	375,000				
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and similar amounts not included above 1f	329,773				
g	Noncash contributions included in lines 1a-1f $					
h	**Total.** Add lines 1a-1f . . . . ▶		704,773			
Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f . . . . ▶		0			
Other Revenue 3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		30,607			30,607
4	Income from investment of tax-exempt bond proceeds . . ▶		0			
5	Royalties . . . . ▶		0			

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
6a	Gross Rents						
b	Less rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) . . . . ▶						

		(i) Securities	(ii) Other	(A)	(B)	(C)	(D)
7a	Gross amount from sales of assets other than inventory	383,629					
b	Less cost or other basis and sales expenses	302,023					
c	Gain or (loss)	81,606					
d	Net gain or (loss) . . . . ▶			81,606			81,606

			(A)	(B)	(C)	(D)
8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from fundraising events . . ▶		0			
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶		0			
12	**Total revenue.** See Instructions . . . ▶		816,986			112,213

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	7,250	7,250		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,074,637	975,158	39,130	60,349
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			
7 Other salaries and wages	574,113	563,169		10,944
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	377,406	357,644	7,790	11,972
11 Fees for services (non-employees)				
a Management	0			
b Legal	178,285	147,710	30,575	
c Accounting	63,940		63,940	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	54,704			54,704
13 Office expenses	792,182	762,637	29,545	
14 Information technology	16,195	12,324	3,871	
15 Royalties . .	0			
16 Occupancy	182,412	517	181,895	
17 Travel	10,749	9,392	1,357	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	66,689	66,689		
23 Insurance	24,947	18,389	6,558	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PATH STUDIES	260,599	260,599		
b SPECIMEN EXPENSES	39,567	39,567		
c ENTERTAINMENT	10,797	1,895	8,902	
d MEMBERSHIP DUES/FEES	5,297	4,055	1,242	
e SPONSORSHIPS	12,250	12,250		
f All other expenses	3,790	1,431	2,359	
25 **Total functional expenses.** Add lines 1 through 24f	3,755,809	3,240,676	377,164	137,969
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		60,409	1	2,898
	2	Savings and temporary cash investments		3,268,732	2	3,335,102
	3	Pledges and grants receivable, net		246,878	3	0
	4	Accounts receivable, net		0	4	24,531
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	41,889
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,618,816			
	b	Less accumulated depreciation	10b 2,311,831	359,065	10c	306,985
	11	Investments—publicly traded securities		857,698	11	1,718,684
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,792,782	16	5,430,089
Liabilities	17	Accounts payable and accrued expenses		196,987	17	176,673
	18	Grants payable			18	
	19	Deferred revenue		0	19	4,399
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		56,787	25	51,155
	26	**Total liabilities.** Add lines 17 through 25		253,774	26	232,227
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,299,008	27	5,145,493
	28	Temporarily restricted net assets		240,000	28	52,369
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,539,008	33	5,197,862
	34	Total liabilities and net assets/fund balances		4,792,782	34	5,430,089

Part XI **Financial Statements and Reporting**

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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?	3a		No
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 . .	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | **14** |

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2009.** 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 ▶☐

b **33 1/3% support test—2008.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,570,397	4,395,208	957,516	1,185,026	704,773	8,812,920
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	1,570,397	4,395,208	957,516	1,185,026	704,773	8,812,920
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				540,000	21,920	561,920
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				540,000	21,920	561,920
8 **Public Support** (Subtract line 7c from line 6)						8,251,000

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
9 Amounts from line 6	1,570,397	4,395,208	957,516	1,185,026	704,773	8,812,920
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,319	152,299	129,766	74,253	30,607	442,244
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	55,319	152,299	129,766	74,253	30,607	442,244
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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	1,625,716	4,547,507	1,087,282	1,259,279	735,380	9,255,164

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	**15**	89 150 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	**16**	94 633 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	**17**	4 778 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	5 367 %

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Due to a change in fiscal year end, the 2005 column amounts include the short period 1/31/06 through 6/30/06, and the 2006, 2007, 2008, and 2009 columns include amounts for their respective 6/30 year ends

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶______

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

			Amount
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

			Yes	No
	(i) unrelated organizations	**3a(i)**		
	(ii) related organizations	**3a(ii)**		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		19,100		19,100
b Buildings				
c Leasehold improvements		435,426	435,426	0
d Equipment		2,164,290	1,876,405	287,885
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				306,985

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Sue M Chandler Charitable Trust	51,155
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	51,155

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER FIN 48 / ASC 740	FORM 990, SCHEDULE D, PART X	Per footnote 3 in the Consolidated Financial Statements, there are no material unrecorded tax liabilities as of June 30, 2010 and 2009
Reconciliation with AFS	FORM 990, SCHEDULE D, PARTS XI, XII & XIII	At the time of the preparation of CHRISTUS Stehlin Foundation for Cancer Research Foundation's 2009 Form 990, the stand alone external GAAP Financial Statement audit had not begun Therefore, the filing organization's 2009 Form 990 is based on the consolidated GAAP Financial Statement Audit of CHRISTUS Health, and Schedule D, Parts XI, XII and XIII are not completed

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friends of Stehlin Foundation1315 St Josephs Parkway Suite 1818 Houston,TX 77002	742200613	501(c)(3)	6,750				

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I, PART II		For purposes of the Form 990, Schedule I, the only grants that the CHRISTUS Stehlin Foundation for Cancer Research gives are associated with sponsorships of community events The grants reported on Form 990, Part IX, Line 1 and Form 990, Schedule I represent the quid pro quo contributions made in association with sponsorships of community events

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Robert Anderson	(i)	178,951	450	14,789	0	0	194,190	0
	(ii)	0	0	0	0	0	0	0
George S Conklin	(i)	0	0	0	0	0	0	0
	(ii)	344,363	0	391	178,546	21,605	544,905	0
John A Gillean MD	(i)	0	0	0	0	0	0	0
	(ii)	453,971	0	28,088	155,540	27,284	664,883	0
Sister Rosanne Popp MD	(i)	0	0	0	0	0	0	0
	(ii)	147,565	235	3,741	647	4,233	156,421	0
Thomas Royer MD	(i)	0	0	0	0	0	0	0
	(ii)	1,106,894	0	902,817	129,862	25,774	2,165,347	0
Beppiono C Giovanella	(i)	254,712	0	0	0	0	254,712	0
	(ii)	0	0	0	0	0	0	0
Dana Vardeman	(i)	151,429	0	0	0	0	151,429	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Part VII, Line 1A and Schedule J, Part II	Directors and Ex-Officio Directors provide their services as members of the Board without compensation or benefits Any compensation and benefits disclosed for such persons is earned in the respective individual's role as an officer or employee of the organization, not for the individual's role as a board member or director Officers, key employees and highest paid employees are full-time employees Board members spend time as needed for board meetings and functions Beppiono Giovanella 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 Supplemental Nonqualified Retirement Plan Form 990, Schedule J, Part I, Line 4B Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, and Pension Restoration Plan Estimated pension benefits were calculated based on the provisions of the current Pension Restoration Plan at 6% of pensionable earnings which are over the IRS legislative compensation limit Some Associates are grandfathered under an earlier legacy pension plan If a participant has protected pension benefits under such legacy plans, his/her percentage is zero under the Supplemental Executive Retirement and Retention Plan, as the protected benefit is already equal to or better than current market Payment from a supplemental nonqualified retirement plan Form 990, Schedule J, Part I, Line 4b Thomas Royer, M D was paid $139,077 during Calendar Year 2009 under a supplemental nonqualified retirement plan Supplemental Compensation Information Form 990, Schedule J, Part II W-2 compensation may include payments related to compensation deferred in prior years Deferred Compensation may include deferrals of current year compensation under Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan and Pension Restoration Plan Supplemental Compensation Information Form 990, Schedule J, Part II Compensation for Thomas Royer M D includes payments from executive deferred income account, supplemental executive retention and retirements plan and pension restoration plan earned and paid in 2009 under terms of the aforementioned plans Compensation for John Gillean M D includes payments from executive deferred income account earned and paid in 2009 under terms of the plan Deferred Compensation Form 990, Schedule J, Part II, Column C Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retirement and Retention Plan, Employer contribution to 403(b) Matched Savings Plan, Pension Restoration Plan and Estimated Pension Benefits under CHRISTUS Health Cash Balance Plan Estimated pension benefits were calculated based on the provisions of the current Cash Balance Plan at 6% of pensionable earnings Some associates are grandfathered under an earlier pension plan These grandfathered participants, based on computation at the time of their retirement, will receive the larger of the retirement benefit computed under the Cash Balance Plan compared to the previous pension plan Due to the complexity of calculating an accurate benefit cost for grandfathered participants, the Form 990 reports as pension benefits their annual estimated Cash Balance Plan accrual

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Line 2	MICHAEL MEAGHER HAS BUSINESS RELATIONSHIPS WITH DR PETER DEIPOLYI AND ROBERT ANDERSON TH OMAS ROYER, M D AND JOHN GILLEAN, M D SERVE AS BOARD MEMBERS FOR EMERALD ASSURANCE CAYMA N, LTD DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 CHRIST US HEALTH IS THE SOLE CORPORATE MEMBER OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINE 7A THE SOLE CORPORATE MEMBER, CHRISTUS HEALTH, MAY ELECT OR REMOVE THE PRESIDENT/EXECUTIVE DIRECTOR OR MEMBERS OF THE BOARD OF DIRECTORS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER R ESEARCH DESCR CLASSES OF PERSONS, DECS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, P ART VI, LINE 7B CHRISTUS HEALTH MUST APPROVE THE FOLLOWING ANY AMENDMENT OR RESTATEMENT O F THE ARTICLES OF INCORPORATION OR BYLAWS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEAR CH, THE ESTABLISHMENT OF ANY NEW CORPORATION, OR THE MERGER, DISSOLUTION, OR CONSOLIDATION OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH, APPROVAL OF THE CAPITAL AND OPERATION AL BUDGETS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH AND APPROVAL OF ANY AUDIT OR FINANCIAL REVIEW OF THE BOOKS AND RECORDS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEA RCH, INCURRING OR RENEWING ANY INDEBTEDNESS BY CHRISTUS STEHLIN FOUNDATION FOR CANCER RESE ARCH, ANY ACQUISITION, EXCHANGE, LEASE, SALE OR PURCHASE OF REAL PROPERTY BY CHRISTUS STEH LIN FOUNDATION FOR CANCER RESEARCH, ANY GIFT OF PROPERTY (OTHER THAN CASH, MARKETABLE SECU RITIES, OR BONDS) TO CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH AND ANY RESTRICTIONS IMPOSED AS A CONDITION OF ACCEPTING SAID GIFT, SHORT-TERM AND LONG-RANGE STRATEGIC PLANS F OR CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH, THE STATED MISSION AND PHILOSOPHY ACCO RDING TO WHICH CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH WILL OPERATE ITS AFFAIRS, A ND ELECTION OR REMOVAL OF THE PRESIDENT/EXECUTIVE DIRECTOR OR MEMBERS OF THE BOARD OF DIRE CTORS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH CHRISTUS HEALTH MAY REQUIRE AN A UDIT OR SOME LESSER FINANCIAL REVIEW OF THE BOOKS AND RECORDS OF CHRISTUS STEHLIN FOUNDATI ON FOR CANCER RESEARCH BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT SELECTED BY CHRISTUS HEALTH IF CHRISTUS HEALTH DEEMS SUCH REVIEW OR AUDIT TO BE NECESSARY OR APPROPRIATE CHRIS TUS HEALTH MAY FROM TIME TO TIME BY APPROPRIATE RESOLUTIONS ADOPTED AND APPROVED DELEGATE ADDITIONAL ACTIONS TO THE BOARD OF DIRECTORS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RES EARCH CHRISTUS HEALTH MAY, FROM TIME TO TIME BY APPROPRIATE RESOLUTIONS ADOPTED AND APPRO VED BY CHRISTUS HEALTH, DELEGATE THE EXERCISE OF ANY AND ALL OF ITS RESERVED POWERS TO THE CHRISTUS HEALTH PRESIDENT PROCESS USED TO REVIEW FORM 990 FORM 990, PART VI, LINE 11 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 PREPA RATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIE WS 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 FOR M 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2011 VIA EITHER MEETING, CONFERENC E CALL OR WEB PORTAL POLLING TOOL BY THE AUDIT AND/OR FINANCE SUBCOMMITTEES OF THE RESPECT IVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTERES T FORM 990, PART VI, LINE 12C AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPOR ATE 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 INTERES T QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS D ISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT O F THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION COMPENSATION DETERMINATION PROCESS FORM 990, PART VI, LINES 15A & 15B A SUB-COMMITTEE WITHIN THE BOARD OF DIRECTORS OF THE FI LING ORGANIZATION DETERMINES THE COMPENSATION OF THE PRESIDENT AND THE ASSISTANT SECRETARY OF THE FILING ORGANIZATION THE SUB-COMMITTEE THEN PRESENTS THE SALARY TO THE BOARD OF DI RECTORS FOR APPROVAL THE DISCUSSION AND DECISIONS OF THE SUB-COMMITTEE AND THE BOARD OF D IRECTORS ARE DOCUMENTED, FORMALIZED AND MAINTAINED ON RECORD The Executive Compensation C ommittee of CHRISTUS Health determines the compensation of the CEO, officers and key emplo yees of Christus Health and the Secretary of the filing organization The Executive Compen sation Committee is composed of individuals w ho have no conflict of interest w ith the comp ensation arrangements at hand CHRISTUS Health CEO

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Line 2	's compensation is subject to approval by the CHRISTUS Health board, after discussion by t he Executive Compensation Committee The Executive Compensation Committee of the CHRISTUS Health Board selects an independent external firm to perform an independent compensation r eview , to ensure that all compensation is reasonable and comparable to other similarly sit uated organizations, for similarly qualified persons in functionally comparable positions, and to provide supporting information of compensation decisions On an annual basis the e xternal consultant 1 completes a review of the compensation and benefits of the CHRISTUS HEALTH CEO and provides a w ritten report, and appears in person w ith the committee to add ress the annual compensation review and any decisions related to such compensation for the CEO The consultant also provides all of the comparable market data to support recommenda tions and decisions 2 develops the merit increase recommendations for all Designated Sys tem Executives based on market comparability 3 recommends the changes in the Compensatio n Structure (grades) based on the market changes 4 completes a review and evaluation of new ly 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 o f all other Designated System Executives' compensation and benefits This group includes a ll top management officials, other officers and key leaders of the organization The revie w includes recommendations to the Committee on any changes necessary in either specific co mpensation or compensation structure to ensure market competitiveness, reasonableness and internal equity Upon recommendations from the independent external firm, the Executive Co mpensation Committee makes final compensation decisions Additionally, the Executive Compe nsation Committee review s all compensation payments for excess benefit transactions The d iscussion and decisions of the Committee are documented and formalized in the Committee mi nutes and maintained on record PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T FORM 990, PART VI, LINE 18 THE FORM 990 AND IRS DETERMINATION LETTER OF THE FILING ORGANIZATION ARE AVAILABLE UPON REQUEST AVAIL OF GOV DOCS CONFLICT OF INTEREST POLICY AND FIN STMTS TO PUB LIC FORM 990, PART VI, LINE 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS H EALTH 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 THE SEPARATE AUDITED FINANCIAL STATEMENTS OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEA RCH ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATION	FORM 990, PART VII	GEORGE CONKLIN DEVOTES AN AVERAGE OF 85 HOURS PER WEEK TO CHRISTUS HEALTH, A RELATED ORGAN IZATION OF THE FILING ENTITY GEORGE IS THE CHIEF INFORMATION OFFICER OF CHRISTUS HEALTH GEORGE DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO CHRISTUS HEALTH FOUNDATION, A RELATED ORGA NIZATION OF THE FILING ENTITY GEORGE IS A DIRECTOR OF CHRISTUS HEALTH FOUNDATION JOHN A GILLEAN, MD DEVOTES AN AVERAGE OF 52 HOURS PER WEEK TO CHRISTUS HEALTH, A RELATED ORGANIZ ATION OF THE FILING ENTITY DR GILLEAN IS THE CHIEF MEDICAL OFFICER OF CHRISTUS HEALTH D R GILLEAN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO CHRISTUS ST JOSEPH HEALTH SYSTEM, A R ELATED ORGANIZATION OF THE FILING ENTITY DR GILLEAN IS A DIRECTOR AND SECRETARY OF CHRIS TUS ST JOSEPH HEALTH SYSTEM DR GILLEAN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO EMERALD ASSURANCE CAYMAN, LTD, A RELATED ORGANIZATION OF THE FILING ENTITY DR GILLEAN IS A DIRE CTOR OF EMERALD ASSURANCE CAYMAN, LTD SISTER ROSANNE POPP, MD DEVOTES AN AVERAGE OF 40 HO URS PER WEEK TO C H WILKINSON PHYSICIAN NETWORK, A RELATED ORGANIZATION OF THE FILING ENT ITY SISTER ROSANNE IS A PHYSICIAN AT C H WILKINSON PHYSICIAN NETWORK SISTER ROSANNE IS ALSO A DIRECTOR OF C H WILKINSON PHYSICIAN NETWORK AND DEVOTES AN AVERAGE OF 1 HOUR PER W EEK TO THIS POSITION Sıster Rosanne devotes an average of 1 hour per w eek to CHRISTUS Hea lth Utah, a related organızatıon of the fılıng entıty Sıster Rosanne ıs a board member of CHRISTUS Health Utah Effectıve 1/1/10, Sıster Rosanne devotes an average of 1 hour per w eek to CHRISTUS Spohn Health System Corporatıon, a related organızatıon of the fılıng entı ty Effectıve 1/1/10, Sıster Rosanne ıs a board member of CHRISTUS Spohn Health System Cor poratıon THOMAS C ROYER, MD DEVOTES AN AVERAGE OF 59 HOURS PER WEEK TO CHRISTUS HEALTH, A RELATED ORGANIZATION OF THE FILING ENTITY DR ROYER IS THE PRESIDENT / CEO OF CHRISTUS HEALTH Dr Royer devotes an average of 1 hour per w eek to Emerald Assurance Cayman, LTD, a related organızatıon of the fılıng entıty Dr Royer ıs a dırector of Emerald Assurance Cayman, Ltd Larry Pardue devotes an average of 45 hours per w eek to CHRISTUS Health, a re lated organızatıon of the fılıng entıty Larry ıs the Corporate Secretary of CHRISTUS Heal th Through 8/31/09, Larry devoted an average of 5 hours per w eek to CHRISTUS Contınuıng C are, a related organızatıon of the fılıng entıty Larry w as the Secretary of CHRISTUS Cont ınuıng Care FINANCIAL STATEMENTS FORM 990, PART XI, LINE 2C CHRISTUS STEHLIN FOUNDATION F OR CANCER RESEARCH'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A C ONSOLIDATED BASIS CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH WILL HAVE SEPARATE FINA NCIAL STATEMENTS WHICH WILL BE AUDITED BY AN INDEPENDANT ACCOUNTANT, HOWEVER, AT THE TIME OF THE PREPARATION OF CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH FOUNDATION'S 2009 FO RM 990, THE STAND ALONE EXTERNAL GAAP FINANCIAL STATEMENT AUDIT HAD NOT BEGUN CHRISTUS ST EHLIN FOUNDATION FOR CANCER RESEARCH IS INCLUDED IN CHRISTUS HEALTH'S CONSOLIDATED FINANCI AL STATEMENTS, AND THEREFORE, THE FILING ORGANIZATION'S 2009 FORM 990 IS BASED ON THE CONS OLIDATED FINANCIAL STATEMENTS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

Employer identification number
74-1622404

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

(a) Name, address, and EIN 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.)

(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
See Additional Data Table					

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CHRISTUS Muguerza SAPI de CV	HLTHCARE SRVCS	MX	NA	C CORP			
Supercampto Inc 10301 Stella Link Ste A Houston, TX77025 76-0534968	Medical Research	TX	NA	C Corp	0	0	100 000 %
Romlac Inc 10301 Stella Link Ste A Houston, TX77025 74-1674943	Real Estate Invst	TX	NA	C Corp	0	19,100	100 000 %
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-0407545	INSURANCE	CJ	NA	C CORP			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved
(1) Friends of Stehlin Foundation	c	375,000
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-1622404
Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

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 501(c)(3))	(f) Direct Controlling Entity
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 75-2796815	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVCS	LA	501(c)(3)	3	
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX77292 76-0591592	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA71101 72-0408982	HLTHCARE SVCS	LA	501(c)(3)	3	
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH SOUTHEAST TEXAS 3010 HARRISON STREET BEAUMONT, TX77702 76-0591590	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)	3	
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH UTAH 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT84115 87-0231682	HLTHCARE SVCS	UT	501(c)(3)	9	
CHRISTUS CONTINUING CARE 1700 W LOOP SOUTH SUITE 1100A HOUSTON, TX77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH SUITE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	11-TYPE I	
The Friends of the Stehlin Foundation 10301 STELLA LINK STE A Houston, TX77025 74-2200613	CHARITY SUPT	TX	501(c)(3)	11-TP 3 OTH	
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE PARIS, TX75460 42-1619230	SPT HLTH SVC	TX	501(c)(3)	11-TYPE I	
CHRISTUS Health 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0590551	SPT HLTH SVC	TX	501(c)(3)	11-Type 1	
CHRISTUS St Joseph'S Health System 2707 NORTH LOOP WEST HOUSTON, TX77008 75-0800674	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	SPT HLTH SVC	TX	501(c)(3)	11-TYPE I	
DUBUIS HEALTH SYSTEM INC 10333 RICHMOND AVE SUITE 300 HOUSTON, TX77042 72-1270964	HLTHCARE SVCS	TX	501(c)(3)	3	
CHRISTUS HEALTH LIABILITY RETENTION TRST 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0259623	SELF INS TRST	TX	501(c)(3)	11-TYPE 1	

Additional Data

Software ID:
Software Version:
EIN: 74-1622404
Name: CHRISTUS STEHLIN FOUNDATION FOR CANCER RESEARCH

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	(C) Position (check all that apply)						(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			
Robert Anderson President/Treasurer/Ex-Officio	40 0	X		X				194,190	0	0
Raymond J Khoury Chairperson	1 0	X						0	0	0
Kim D Wheless Vice Chairperson	1 0	X						0	0	0
George S Conklin Director	1 0	X						0	344,754	200,151
Peter D De Ipolyi MD Director	1 0	X						0	0	0
John A Gillean MD Director	1 0	X						0	482,059	182,824
John E Hine Director	1 0	X						0	0	0
Donna Lewis Director	1 0	X						0	0	0
Kenneth G McCann Director	1 0	X						0	0	0
Michael A Meagher Director	1 0	X						0	0	0
Lin R Mills Director	1 0	X						0	0	0
Ethan A Natelson MD Director	1 0	X						0	0	0
Sister Rosanne Popp MD Director	1 0	X						0	151,541	4,880
Michael W Ross Director	1 0	X						0	0	0
Thomas Royer MD Director	1 0	X						0	2,009,711	155,636
John S Stehlin Jr MD Director	1 0	X						0	0	0
Nancy White Director	1 0	X						0	0	0
A Gordan Findlay Jr Director	1 0	X						0	0	0
Beppiono C Giovanella Director	40 0	X						254,712	0	0
Larry Pardue Secretary	1 0			X				0	117,256	17,412
Colleen Colton Assistant Secretary	40 0			X				62,986	0	0
Dana Vardeman Lab Supervisor	40 0					X		151,429	0	0
Zhisong Cao Chemist	40 0					X		131,854	0	0
Douglas Coil Deputy/Supervisor	40 0					X		126,102	0	0
John Mendoza Research Technician	40 0					X		111,525	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	**(A) Total expenses**	**(B) Program service expenses**	**(C) Management and general expenses**	**(D) Fundraising expenses**
PATH STUDIES	260,599	260,599		
SPECIMEN EXPENSES	39,567	39,567		
ENTERTAINMENT	10,797	1,895	8,902	
MEMBERSHIP DUES/FEES	5,297	4,055	1,242	
SPONSORSHIPS	12,250	12,250		