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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

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

C Name of organization
Christus Health Ark-La-Tex

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2600 St Michael Drive

City or town, state or country, and ZIP + 4
Texarkana, TX 75503

D Employer identification number
75-2796815

E Telephone number
(903) 614-1000

G Gross receipts $ 241,521,004

F Name and address of Principal Officer
CHRIS KARAM
2600 ST MICHAEL DR
TEXARKANA,TX 75503

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 ▶ 0928

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

J Web site: ▶ WWW CHRISTUSSTMICHAEL ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1999 | **M** State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Supporting the health care ministries of the Sponsoring Congregations in extending the healing ministry of Jesus Christ in conformity with the ethical and moral teachings of the Roman Catholic Church

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	2,371
6	Total number of volunteers (estimate if necessary)	6	82
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	4,822,567
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,245,800	1,056,159
	9	Program service revenue (Part VIII, line 2g)	235,298,857	238,587,996
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308,168	461,406
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,572,272	1,037,741
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240,425,097	241,143,302
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	176,563	1,766,127
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,512,917	99,131,858
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 215,382)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	130,927,914	130,473,239
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	227,617,394	231,371,224
	19	Revenue less expenses Subtract line 18 from line 12	12,807,703	9,772,078
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	228,959,556	233,578,139
	21	Total liabilities (Part X, line 26)	124,596,395	120,785,517
	22	Net assets or fund balances Subtract line 21 from line 20	104,363,161	112,792,622

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

Please Sign Here

▶ Signature of officer | Date 2010-05-14

▶ Shawn Barnett CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

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 (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 144,843,594 including grants of $) (Revenue $ 116,539,283)

COMMITMENT TO BENEFITING OUR COMMUNITIES PATIENT CARE SERVICES CHRISTUS Health Ark-La-Tex is a region of CHRISTUS Health, which was formed in 1999 to strengthen the 142-year-old, faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio Founded on the mission to extend the healing ministry of Jesus Christ, CHRISTUS is challenged to reach out to, and beyond, the more than 60 communities we serve to help those in need The vision of CHRISTUS Health as a Catholic, faith-based ministry, is to be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience Gods healing presence and love The CHRISTUS Health Ark-La-Tex region responds to health care needs through services provided at CHRISTUS St Michael System, which includes CHRISTUS St Michael Hospital, a 312-bed acute care hospital, 50-bed CHRISTUS St Michael Rehabilitation Hospital, CHRISTUS St Michael Outpatient Rehabilitation Center, CHRISTUS St Michael Health & Fitness Center and CHRISTUS St Michael Imaging Center Each of our health care entities has the same objective to fulfill our mission of extending the healing ministry of Jesus Christ, which includes leading the way to a healthier community CHRISTUS Health Ark-La-Tex is located in Texarkana, Texas and services Northeast Texas, Northwest Louisiana, Southwest Arkansas, and Southeast Oklahoma, which covers a population of more than 338,000 individuals In Fiscal Year 2009 alone, we were privileged to serve hundreds of thousands of individuals in various ways including 69,037 visits to our emergency department, 5,335 surgery procedures within our hospitals, 3,623 outpatient surgery procedures, 18,097 patients who were admitted to our hospitals for care and 191,996 patients who receive outpatient care at our facilities Touching the lives of the people around us is what makes CHRISTUS Health Ark-La-Tex stand apart Allowing others to touch us gives CHRISTUS Health a vision for the medically needy in each of the communities we serve Whether it is the life of a child expecting a future filled with miracles, the life of a man in need of a critical heart surgery, or the life of a woman about to give birth to her first child, CHRISTUS Health Ark-La-Texs health care services work to provide the best care possible regardless of an individuals ability to pay By collaborating with communities, churches, businesses and other health care organizations, CHRISTUS Healths various entities have strengthened their roles as major providers of comprehensive, accessible health care services These partnerships within the community have been a blessing by helping CHRISTUS Health Ark-La-Tex better serve those in need Furthermore, investment in community services would not be possible without dedicated employees and volunteers They help to build strong relationships between CHRISTUS hospitals and other health care ministries and the community, nurturing CHRISTUS mission to meet health care needs and make a difference in the lives of others Our employees work both inside and outside the walls of our health care facilities and are committed to reaching beyond the traditional hospital structure to help our communities maintain good health Understanding the need to provide access to health care to as much of our publics as possible, CHRISTUS Health participates in government-sponsored health care programs including Medicaid, Medicare, CHAMPUS, TRICARE and others In addition, we offer specific discounts on a sliding scale for necessary services provided to patients who do not have medical insurance or who do not participate in government sponsored programs CHRISTUS Health Ark-La-Tex provides a full range of inpatient and outpatient services to the people from the communities it serves It conducts its activities and serves all patients without regard to race, color, creed, religion, gender, orientation, disability, age or national origin Among the general medical/surgery services offered are day surgery, open-heart surgery, orthopedics, cardiac and pulmonary rehabilitation, diagnostic, therapeutic, wellness programs, occupational and speech therapy, cardiac/pulmonary outpatient rehabilitation, respiratory care, psychological evaluation and treatment, nutrition and dietary services and pharmacy CHRISTUS St Michael Health System provides a 24-hour emergency room that is open to serve all those in need of emergent care, regardless of their ability to pay CHRISTUS Health Ark-La-Tex also supports many local community health services, the Randy Sams Shelter for the Homeless and the Spirit of St Michael mobile clinic, which serves a seven-county area As a not-for-profit organization and as part of CHRISTUS Health, a regional governing board comprised largely of independent community members representing the area we serve guides CHRISTUS Health Ark-La-Tex We are privileged to have an open medical staff comprised of qualified physicians who work with us to provide care to our communities All qualified physicians who are granted privileges to serve with us in our hospitals must undergo a thorough and comprehensive credentialing process

4b (Code) (Expenses $ 30,830,321 including grants of $) (Revenue $ 103,422,255)

COMMUNITY BENEFIT REPORTING CHARITY CARE AND MEDICAID CHRISTUS adheres to the Catholic Health Associations A Guide for Planning and Reporting Community Benefit (2006), and complies with the State of Texas requirements for reporting Community Benefit, reported as unpaid costs, includes both Charity Care and Community Services To the limits of its resources, CHRISTUS Health is an institution of purely public charity, thus, the most tangible expression of CHRISTUS Healths charitable purpose is the provision of health care services to those persons who are unable to pay This falls into two categories Charity Care and Unpaid Government Indigent Care In keeping with the mission, values, and vision of CHRISTUS Health, CHRISTUS Health provides Charity Care services in a manner that respects the dignity of the patients and their families Charity Care is provided without charge or at a charge that is less than the usual charge for such services The determination as to the amount to be charged, if any, is made according to a patients ability to pay as determined by established eligibility criteria For uninsured patients whose economic circumstances place them at or under 200 percent of the Federal Poverty Level (FPL), services are provided without any expectation of payment Uninsured patients whose economic circumstances place them between 200 and 400 percent of FPL are charged based on a sliding scale, and those above 400 percent receive discounts based on the uninsured fee schedule CHRISTUS Health is an active participant in Texas, Louisiana, and Arkansas Medicaid programs Those programs seek to provide payment for health care services to individuals who meet certain financial and other requirements, which include evaluation of both assets and income

4c (Code) (Expenses $ 25,213,263 including grants of $) (Revenue $ 14,054,242)

OTHER GOVERNMENT SPONSORED SERVICES In addition to the provision of Charity Care and other community services, CHRISTUS Health provides services to persons covered under government-sponsored programs, including Medicare and TRICARE The unreimbursed costs of these services are reported to the State of Texas but are not included in reports prepared following Catholic Health Association guidelines CHRISTUS Health provides services to persons covered under the federal Medicare Program, and in fact, this is the largest single payor classification of patients served by this health system The payment rate for inpatient services is on a per-case rate, calculated based on the diagnostic-related group (DRG) into which the patient is categorized Medicare based on their fee schedule reimburses outpatient services CHRISTUS Health also participates in the TRICARE standard program and many of our hospitals contract with the Managed Care Support Contractor for the South Region to provide services under the provision of TRICARE Prime

(Code) (Expenses $ 1,214,517 including grants of $) (Revenue $)

COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED

(Code) (Expenses $ 1,293,196 including grants of $ 1,766,127) (Revenue $)

COMMUNITY SERVICES FOR THE BROADER COMMUNITY

4d Other program services (Describe in Schedule O)

(Expenses $ 2,507,713 including grants of $ 1,766,127) (Revenue $)

4e Total program service expenses $ 203,394,891 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

#	Question	Line	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	Yes	
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 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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as 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 U S ?	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 U S ? *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 United States? *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 United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 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	Yes	
21	Did the organization report more than $5,000 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 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? *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 question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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 section 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	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 percent 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

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**	233			
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**	2,371			
b	If at least one is reported in 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.*			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ______ See 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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			**5c**		
6a	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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization, 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**		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			**7h**	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	*Section 501(c)(3) and other 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 *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 15			
b	Enter the number of voting members that are independent . . . 1b 12			
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	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
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?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
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	
	Describe the process in Schedule O			
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

Shawn Barnett CFO
2600 St Michael Drive
Texarkana, TX 75503
(903) 614-2007

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 Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 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-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Part VII Continued

(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-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								1,939,994	0	403,551

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶40

			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	Yes	
4	For any individual listed online 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
Aramark Corporation P O BOX 651009 CHARLOTTE, NC 282651009	Outsource Housekpng	14,058,253
Cogent Healthcare of Texas PA 2600 Michelson Dr Suite 1400 IRVINE, CA 926126529	Physician Staffing	2,518,856
AMN Healthcare Inc File 56157 LOS ANGELES, CA 900746157	Contract Nursing	2,005,054
Independent Anesthesia of Texarkana P O Box 2346 TEXARKANA, TX 75503	COLLECTION SERVICES	1,143,216
CEPAMERICA 1601 Cummins Dr Suite D MODESTO, CA 95358	Physicians-Emergency	1,050,639

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . ▶ 38

Part VIII **Statement of Revenue**

Section	Line	Description	Amount / Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	68,928				
	d	Related organizations . . . 1d	274,447				
	e	Government grants (contributions) 1e	43,221				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	669,563				
	g	Noncash contributions included in lines 1a-1f $ 17,625					
	h	**Total (Add lines 1a-1f)** . . . . ▶		1,056,159			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	621,110	229,213,598	228,976,243	237,355	
	b	Pharmacy	446,110	4,676,693	1,102,366	3,574,327	
	c	Rent Related to Exempt Function	531,120	3,606,647	3,606,647		
	d	Lifeline	621,910	137,853		137,853	
	e	Fitness Center	713,940	789,094	117,182	671,912	
	f	All other program service revenue		164,111	93,867	70,244	
	g	**Total. Add lines 2a-2f** . . . . ▶ $ 238,587,996					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . ▶		193,283		130,876	62,407
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(ii) 374,027				
	b	Less cost or other basis and sales expenses	(ii) 105,904				
	c	Gain or (loss)	(ii) 268,123				
	d	Net gain or (loss) . . . . ▶		268,123			268,123
	8a	Gross income from fundraising events (not including $ 149,359 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a	68,928				
	b	Less direct expenses . . . b	91,086				
	c	Net income or (loss) from fundraising events . . ▶		58,273			58,273
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* 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	299,022				
	b	Less cost of goods sold . . b	180,712				
	c	Net income or (loss) from sales of inventory . . ▶		118,310			118,310
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT SERVICES		57,498			57,498
	b	Medical Records/Abstract Sales	900,099	119,475	119,475		
	c	Vending Machine	900,099	71,410			71,410
	d	All other revenue		612,775			612,775
	e	**Total. Add lines 11a-11d** . . . . $ 861,158					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		241,143,302	234,015,780	4,822,567	1,248,796

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	1,766,127	1,766,127		
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	1,491,738	1,332,081	157,590	2,067
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	78,559,389	70,151,401		108,837
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,642,513	3,549,512	93,001	
9	Other employee benefits	10,046,148	9,074,215	969,014	2,919
10	Payroll taxes	5,392,070	4,892,488	491,315	8,267
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	501,309		501,309	
c	Accounting	3,300		3,300	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	33,434,339	20,228,815	13,152,030	53,494
12	Advertising and promotion	217,296	2,543	214,409	344
13	Office expenses	46,287,553	45,180,703	1,079,120	27,730
14	Information technology	7,384,218	7,384,218		
15	Royalties . .	0			
16	Occupancy	6,990,400	5,009,393	1,981,007	
17	Travel	236,254	97,204	135,405	3,645
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	243,311	136,254	98,978	8,079
20	Interest	6,845,470	6,845,470		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,490,066	18,369,167	120,898	
23	Insurance	2,564,966	2,564,966		
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	Provision for Bad Debt	6,322,594	6,322,594		
b	Recruitment/Placement Fees	339,289	168,374	170,915	
c	Dues & Memberships	190,823	20,837	169,986	
d	CASH SHORT/OVER	38,976	470	38,506	
e	COMMUNITY BENEFIT EXP/UPL	253,286	253,286		
f	All other expenses	129,790	44,771	85,018	
25	**Total functional expenses.** Add lines 1 through 24f	231,371,224	203,394,891	27,760,951	215,382
26	**Joint Costs.** Check ☐ 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		32,858,173	1	50,024,457
	2	Savings and temporary cash investments		926,467	2	0
	3	Pledges and grants receivable, net		367,457	3	0
	4	Accounts receivable, net		33,519,720	4	33,175,751
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *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		367,805	7	350,981
	8	Inventories for sale or use		5,827,744	8	5,857,118
	9	Prepaid expenses and deferred charges		494,769	9	530,476
	10a	Land, buildings, and equipment cost basis	10a 321,966,023			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 180,902,677	152,145,051	10c	141,063,346
	11	Investments—publicly traded securities			11	1,165,052
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		0	13	655,584
	14	Intangible assets			14	408,448
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		2,452,370	15	346,926
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		228,959,556	16	233,578,139
Liabilities	17	Accounts payable and accrued expenses		16,311,326	17	16,626,093
	18	Grants payable			18	
	19	Deferred revenue		250,000	19	265,952
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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		1,035,741	24	623,915
	25	Other liabilities *Complete Part X of Schedule D*		106,999,328	25	103,269,557
	26	**Total liabilities.** *Add lines 17 through 25*		124,596,395	26	120,785,517
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		103,129,226	27	111,679,794
	28	Temporarily restricted net assets		1,233,935	28	1,112,828
	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		104,363,161	33	112,792,622
	34	Total liabilities and net assets/fund balances		228,959,556	34	233,578,139

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
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		No
c	If "Yes" to lines 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?	2c		
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Christus Health Ark-La-Tex	75-2796815

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

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 organizations the organization supports

(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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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** ▶☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** 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% Test - 2007.** 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 - 2008.** 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 - 2007.** 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 the 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)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Christus Health Ark-La-Tex	75-2796815

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $

3 Volunteer hours

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— **(The term "expenditures" means amounts paid or incurred.)**	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		1,023
j	Total lines 1c through 1i			1,023
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Other Lobbying Activities	Schedule C, Part II-B , Question 1i, Other Activities	$1,023 represents the portion of dues reported allocable to lobbying activities from memberships in the Arkansas Hospital Association, American Health IM Association, CLMA - Clinical Laboratory Management Association Inc , and the American Society Health System Pharmacists

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135007040

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

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 other 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) ☐ Preservation of an historically importantly land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 Trust, 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 why 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	1,459,037				
b Contributions					
c Investment earnings or losses	37,009				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	10,220				
g End of year balance	1,485,826				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶ 100 %

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)		No
(ii) related organizations	3a(ii)		No
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) Depreciation	(d) Book value
1a Land		18,285,643		18,285,643
b Buildings		157,038,158	72,559,617	84,478,541
c Leasehold improvements		337,086	67,841	269,245
d Equipment		104,327,507	83,992,508	20,334,999
e Other		41,977,629	24,282,711	17,694,918
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				141,063,346

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
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)* ▶	655,584	

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.)* . . . . ▶	346,926

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Christus Health-Bond Fund	82,676,056
Due to Christus Health-Fund Depr	19,208,984
Due to Related Organizations	1,384,517
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	103,269,557

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	Losses reported on Form 990, Part IX, line 25	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 XIV, 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

Identifier	Return Reference	Explanation
Intended uses of the organization's endowment funds	Form 990, Schedule D, Part V	The earnings of the endowment fund may be used without limitation for buildings, equipment, programs and services of Christus Health Ark-La-Tex, in keeping with its mission and purposes within Christus Health Ark-La-Tex region without restriction to any particular purpose
Uncertain Tax Positions Under FIN 48	Form 990, Schedule D, Part X	Per Footnote 3 in the Audited Consolidated Financial Statements, on July 1, 2007, Christus Health adopted FIN 48, and the adoption had no impact on its consolidated financial statements There are no material unrecorded tax liabilities as of June 30, 2009 and 2008
Cash- Non-Interest Bearing	FORM 990, PART X, Question 1	CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
THOMPSON ASSOCIATES	ESTATE PLAN GUIDANCE		No		31,000	-31,000
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Duck Race (event type)	(b) Event #2 Gala (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	99,116	97,912	21,259	218,287
	2 Less Charitable contributions	57,811	7,424	3,693	68,928
	3 Gross revenue (line 1 minus line 2)	41,305	90,488	17,566	149,359
Direct Expenses	4 Cash Prizes			2,000	2,000
	5 Non-cash Prizes	16,675		980	17,655
	6 Rent/Facility costs	50	1,800	2,628	4,478
	7 Other direct expenses	31,190	29,888	5,875	66,953
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				91,086
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				58,273

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ______			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	**13a**			
b An outside facility	**13b**			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______				
c If "Yes," enter name and address Name ▶ Address ▶				
16 Gaming manager information Name ▶ Gaming manager compensation ▶ $ ______ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care	3a		
	☐ 100% ☐ 150% ☐ 200% ☐ Other ________ %			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b		
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ________ %			
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *worksheet 3, column a*)						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (Describe)
CHRISTUS St Michael Health System 2600 St Michael Drive Texarkana, TX 75503	X	X					X		
Christus St Michael Rehabilit Hospital 2400 St Michael Drive Texarkana, TX 75503	X								Rehabilitation Hosp

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

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" on 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 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOR THE CUREPO BOX 202228 DEPT 22811 DALLAS,TX 753202228	75-1835298	501(c)(3)	7,071				BREAST CANCER PROGRAMS
UNIV OF ARKANSAS AREA HEALTH EDU CENTER SW 300 EAST 6TH STREET TEXARKANA,TX 71854	71-6046242	501(c)(3)	1,609,831				MED ED PROG SUPP
UNIV OF ARKANSAS AREA HEALTH EDU CENTER SW 300 EAST 6TH STREET TEXARKANA,TX 71854	71-6046242	501(c)(3)	117,300				RESIDENCY PROG SUPP
LATIN WORLD MINISTRIES2 WHITNEY CIRCLE TEXARKANA,TX 75503	74-2676272	501(c)(3)		5,386	COST	MIS TRP MED SUPPLIES	MISSION TRIP SUPPT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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.

See Additional Data Table

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	The Organization follows CHRISTUS Health Management Directive No 0006, "Contributions/Donations to Other Organizations" Before any donation is made, two criteria are addressed (1) Organization Test and (2) IRS Test The organization test ensures that donations are exclusively for charitable, scientific, educational, and religious purposes, and in furtherance of our purpose of supporting the healing ministry of Jesus Christ and advancing, promoting, and supporting the healthcare ministries of the Sponsoring Congregations Contributions can be made to support CHRISTUS System members and to other qualifying tax-exempt organizations, particularly those designed to support and benefit the poor and underserved Organizations considered for donations must be IRS Section 501(c)(3) and documentation to that effect obtained To satisfy the IRS test, contributions given must be dedicated to achieving charitable purposes not for personal benefit but for public benefit Contributions are prohibited to organizations that contribute to political campaigns, candidates for office, or conduct more than incidental lobbying Documentation must support how the donation meets organizational purposes and furtherance of mission Donations should be modest in scope

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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
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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

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)** 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 compensation				
Chris Karam	(i)	288,072	22,670	7,253	54,958	19,452	392,404	167,332
	(ii)	0	0	0	0	0	0	0
Shawn Barnett	(i)	194,858	5,000	25	42,813	15,992	258,688	99,941
	(ii)	0	0	0	0	0	0	0
G Michael Finley MD	(i)	255,110	34,152	200	64,173	16,820	370,455	158,807
	(ii)	0	0	0	0	0	0	0
John Edward Philips	(i)	124,327	1,500	28,189	21,457	10,838	186,311	53,879
	(ii)	0	0	0	0	0	0	0
Nancy Keenan	(i)	157,919	14,274	25	26,569	15,068	213,855	90,246
	(ii)	0	0	0	0	0	0	0
William L Waldrum	(i)	130,333	463	3,489	10,743	8,940	153,968	0
	(ii)	0	0	0	0	0	0	0
Ollie E Spellman Jr	(i)	127,114	463	4,900	10,709	8,147	151,333	66,239
	(ii)	0	0	0	0	0	0	0
Aloma R Gender	(i)	122,703	22,578	25	19,058	11,486	175,850	0
	(ii)	0	0	0	0	0	0	0
Ronald Dale Ryan	(i)	137,255	4,500	25	11,550	8,541	161,871	0
	(ii)	0	0	0	0	0	0	0
Thomas McGee	(i)	0	0	64,377	0	0	64,377	32,188
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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, Question 1a and Schedule J, Part II	Directors and Ex-Officio Directors provide their services as members of the Board without compensation or benefits Any compensation and benefits disclosed for such persons is earned in the respective individual's role as an officer or employee of the organization, not for the individual's role as a board member or director Sisters' compensation is paid to the religious congregation and not the individual Officers, key employees and highest paid employees are full-time employees Board members spend time as needed for board meetings and functions Dennis O'Banion, MD received $1,910 for services as a medical director He received no compensation for serving as a Director James M Hurley, MD received $3,130 for services as a medical director He received no compensation for serving as a Director Lowell E Vereen, MD received $733 for services as a medical director He received no compensation for serving as a Director
Supplemental Compensation Information	Form 990, Schedule J, Part I, Questions 1-2	Richard L Tyler received $1,249 40 in tax assistance for relocation
Supplemental Compensation Information	Schedule J, Part I, Question 3	The filing organizations CEO/executive director is an employee of CHRISTUS Health, a related organization As a result, compensation is established at the CHRISTUS Health level and the filing organization does not have a role in implementing the methods used to establish compensation or in determining CEO/executive director compensation CHRISTUS Health uses an Executive Compensation Committee to establish and approve the compensation of the filing organizations CEO/executive director This committee uses an independent compensation consultant who performs bi-annual compensation survey
Supplemental Compensation Information	Form 990, Schedule J, Part I, Question 4 and Part II, Column C	Deferred compensation includes Executive Deferred Income Account, Supplemental Executive Retention and Retirement 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
Amts Pd During the Yr Under Any Supplemental Nonqualified Retirement Plan	Schedule J, Part I, Question 4B	Aloma R Gender was paid $7,700 during calendar year 2008 under a supplemental nonqualified retirement plan
SEVERANCE PAYMENT	FORM 990, SCH J, PART 1, QUESTION 4A AND SCH J, PART II, COLUMN B (III)	THOMAS MCGEE RECEIVED $52,420 IN SEVERANCE PAYMENT IN CALENDAR YEAR 2008
EXECUTIVE SEVERANCE PLAN	FORM 990, SCHEDULE J, QUESTION 4A	UNDER THE EXECUTIVE SEVERANCE PLAN, ALL OR A PORTION OF THE BASE SALARY OF A PARTICIPATING EXECUTIVE WILL CONTINUE TO BE PAID TO THE EXECUTIVE FOR A LIMITED PERIOD OF TIME IF THE EXECUTIVE'S EMPLOYMENT WITH CHRISTUS AND ITS AFFILIATES IS INVOLUNTARILY TERMINATED
SUPPLEMENTAL 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 Retention and Retirement Plan and Pension Restoration Plan
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, SCHEDULE J, PART II, COLUMN (B) (II)	Bonus and Incentive Compensation, includes amounts that were deferred in a prior year but paid out in calendar year 2008
Supplemental Compensation Information	Form 990, Schedule J, Part II, Column F	The filing organization is reporting compensation on Part VII and Schedule J based on the calendar year, however, in prior years, the organization elected to report compensation based on the fiscal year Therefore, the 2008 Form 990, Schedule J, Column F includes the income reported on the prior year Form 990 for the period 1/1/08 through 6/30/08

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-2796815
Name: Christus Health Ark-La-Tex

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Chris Karam	(i)	288,072	22,670	7,253	54,958	19,452	392,404	167,332
	(ii)	0	0	0	0	0	0	0
Shawn Barnett	(i)	194,858	5,000	25	42,813	15,992	258,688	99,941
	(ii)	0	0	0	0	0	0	0
G Michael Finley MD	(i)	255,110	34,152	200	64,173	16,820	370,455	158,807
	(ii)	0	0	0	0	0	0	0
John Edward Philips	(i)	124,327	1,500	28,189	21,457	10,838	186,311	53,879
	(ii)	0	0	0	0	0	0	0
Nancy Keenan	(i)	157,919	14,274	25	26,569	15,068	213,855	90,246
	(ii)	0	0	0	0	0	0	0
William L Waldrum	(i)	130,333	463	3,489	10,743	8,940	153,968	0
	(ii)	0	0	0	0	0	0	0
Ollie E Spellman Jr	(i)	127,114	463	4,900	10,709	8,147	151,333	66,239
	(ii)	0	0	0	0	0	0	0
Aloma R Gender	(i)	122,703	22,578	25	19,058	11,486	175,850	0
	(ii)	0	0	0	0	0	0	0
Ronald Dale Ryan	(i)	137,255	4,500	25	11,550	8,541	161,871	0
	(ii)	0	0	0	0	0	0	0
Thomas McGee	(i)	0	0	64,377	0	0	64,377	32,188
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

Identifier	Return Reference	Explanation
Description of Other Program Services	FORM 990, PART III, Question 4d	COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED Rooted in our mission and tradition, the founders and sponsors of CHRISTUS Health and those who co-minister with them seek new and innovative ways of delivering quality heath care that is both affordable and accessible to all Today, more than ever, we must aim to improve the total health status of the community through programs that place our services where they are needed most, with special attention and preference given to programs that support and benefit the health and welfare of the poor and underserved Community Services for the poor and underserved represent the unpaid cost of services provided for which a patient is not billed, or for which a fee has been assessed that recovers only a portion of the cost of the rendered service This category includes initiatives that reach out to those in need through community health and social programs These programs seek justice for the vulnerable and work to bring about changes in our political and economic systems The programs cover a broad spectrum of services from charity clinics to immunizations for children and seniors, meals on wheels, transportation services, home repair projects and a variety of other social services CHRISTUS Health Ark-La-Tex provides medication assistance for community residents who are unable to afford the medications they need The hospitals work with community pharmacies and other pharmaceutical companies to identify these patients and then distribute the needed medications to them Collaborative efforts with Texarkana Community Clinic, All for Kids Pediatric Clinic and Randy Sams Homeless Shelter provide primary care to meet the needs of the poor, underserved and homeless CHRISTUS Health Ark-La-Tex also supports the needs of special populations in the community by providing health screenings and education for early detection of cancer and heart disease, and screenings and immunizations for children through a mobile health clinic Health education programs, screenings and adult immunizations assist other targeted populations such as persons age 65 or older and African-Americans Some examples of CHRISTUS Health Community Benefits accounted for under Community Services for the poor and underserved include the CHRISTUS Fund CHRISTUS Health established the CHRISTUS Fund to provide resources to not-for-profit agencies and groups whose vision, mission and goals are consistent with CHRISTUS Healths mission, values and philosophy of a healthy community We believe that by working together, we can make a profound difference in the quality of peoples lives and create sustainable health in our communities During FY 2009, the total grant money distributed to the Ark-La-Tex region was $175,125 This cost is not included in the Program Services Expenses for CHRISTUS Health Ark-La-Tex Total Program Service Expense = $1,214,517 Grants = $0 Total Program Service Revenue = $0

Identifier	Return Reference	Explanation
Description of Other Program Services	Form 990, Part III, Question 4d	COMMUNITY SERVICES FOR THE BROADER COMMUNITY The greatest share of these expenses is for educating health professionals In order to provide clinically trained professionals, CHRISTUS Health Ark-La-Tex cooperates with the University of Arkansas Medical Sciences Area Health Education Center-Southwest to provide support for schools of Medical Technology, Radiology Technology, Radiology Imaging/Medical Sonography Technology, Nuclear Medicine Technology and Respiratory In efforts to meet the needs for primary care physicians in the area, CHRISTUS provides support for a three-year primary care residency program for physicians through the University of Arkansas Medical Sciences Area Health Education Center-Southwest Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit CHRISTUS Health also used cash donations as a vehicle to help our communities We made cash donations, in addition to grants awarded through the CHRISTUS Fund, to support causes like the fight against cancer, provision of a continuum of care for our elderly, HIV/AIDS and for many other equally worthy purposes During FY2009, CHRISTUS Health advocated for improving public policies, working to establish and in some instances augment grassroots advocacy for greater access to health care services for the constituents we serve Total Program Service Expenses = $1,293,196 Grants = $1,766,127 Total Program Service Revenue = $0

Identifier	Return Reference	Explanation
FAMILY AND BUSINESS RELATIONSHIPS	Form 990, Part VI, Question 2	Dr Dennis O'Banion serves as director on the Board of Bowie County Clinic and Chris Karam is the President of Bowie County Clinic Chris Karam is a board member of Northeast Texas Surgery Center and Dr Dennis O'Banion is a 5% owner of Northeast Texas Surgery Center

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	Christus Health is the sole corporate member of the filing organization

Identifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of their Rights	Form 990, Part VI, Question 7a	Christus Health, the sole corporate member of the filing organization, has the power to appoint all members of the filing organization's governing body

Identifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	Christus Health's Board of Directors has the following powers approve, change and/or interpret the filing organization's philosophy, mission and vision, approve the adoption or amendment of the filing organization's articles of incorporation and bylaws, appoint and remove members of the filing organization's board of directors, appoint and remove the filing organization's chair of the board of directors and vice chairperson of board of directors, approve incurrence of debt that exceeds $5 million per incurrence or $25 million annually, approve any merger, consolidation, acquisition, dissolution or liquidation by the filing organization, approve the implementation of system-wide policies for the filing organization, approve system-wide consolidated budget and performance indicators for the filing organization, approve the independent audit reports of the filing organization, approve capital projects greater than $10 million for the filing organization, approve any transaction by the filing organization the effect of which is to create a new legal entity or joint venture, any transaction involving a system participant or local entity which creates a new legal entity or joint venture, or changes in business purpose or relationship of any local entity, and approve and authorize actions reserved in organization documents or similar governance documents The Christus Health CEO has the following powers to appoint and remove the President of the filing organization, approve the sale, lease, mortgage, transfer, easement or encumbrance of the filing organization's real property designated as non-Designated Ministry Property under $5 million but more than $1 million, approve the incurrence of debt up to a $5 million cap or $25 million annually by the filing organization, approve strategic plans of the filing organization, approve the filing organization's budget, set the threshold of capital projects less than $10 million by the filing organization, and approve management directives for the filing organization The Christus Health Members are the Congregation of Sisters of Charity of the Incarnate Word, Houston, Texas and the Congregation of Sisters of Charity of the Incarnate Word (of San Antonio) The Christus Health Member have the following powers approve the adoption and amendment of articles of incorporation and bylaws of the filing organization if the change is related to reserved powers of members, approve the sale, lease, mortgage, transfer, easement or encumbrance of real property in excess of a $5 million threshold dollar amount required by canon law for the filing organization, approve the sale, lease, mortgage, transfer, easement, or encumbrance of real property designated as Designated Ministry Property by the filing organization, but not in excess of $5 million, approve the change of ownership, management or control, (except in the ordinary course of business office and space leases) the fundamental use by change in license that would significantly change a facility, or the elimination of OB, Ped, Psych or emergency services on real property provided in connection with Designated Ministry Property owned by the filing organization, and approve the merger, consolidation, acquisition, dissolution or liquidation of the filing organization if it owns Designated Ministry Property

Identifier	Return Reference	Explanation
Explain How Org Ensures Local Unit Activities are Consistent with Its Own	Form 990, Part VI, Question 9b	CHRISTUS St Michael Health System Auxiliary is treated as a department (operates under the same Tax ID Number as CHRISTUS HEALTH ARK-LA-TEX) and is required to follow CHRISTUS St Michael's Policies and Procedures The CEO/President or designee (Sister Damian Murphy, VP of Mission Integration) is a member of the Auxiliary Board Volunteers are supervised and operate under the direction of Sister Damian Murphy New Volunteer candidates are required to submit applications, undergo background checks and complete other requirements that are applicable to CHRISTUS St Michael applicants All Volunteers are required to attend orientation, sign code of ethics, complete the Conflict of Interest statements, etc , all of which are retained on file Revenues and expenses are submitted to the Accounting Department at month-end close and each month are recorded on the CHRISTUS St Michael financial statements and are included in audits The Accounting Department retains copies of all bank statements, deposits, and disbursements The Accounting Department reconciles the monthly bank statements

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	The Form 990 is prepared and reviewed by the organization's external independent accountants The CHRISTUS Health Accounting department works with an external accounting firm in preparation and review of the Form 990 The filing organization's CFO, or other designee, reviews the Form 990 The final Form 990 that will be filed with the IRS is posted to a secure internet portal for all members of the Board of Directors to view Review of the final Form 990 occurs prior to filing with the IRS in the Spring 2010 via a web portal polling tool by the Audit and/or Finance subcommittees of the respective CHRISTUS Organization's board, based on a set of suggested review processes developed by CHRISTUS Health

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	At the end of each calendar year, the CHRISTUS Health Corporate Secretary distributes a conflict of interest questionnaire to all of the organizations Board and Committee members for completion prior to the 1st of January in the next year The Corporate Secretary thoroughly reviews all completed and executed conflict of interest questionnaire forms to ensure accuracy and that no conflict of interest is identified or exists The organizations Board of Directors is responsible for enforcement of the conflict of interest policy of the organization At the beginning of each board meeting an announcement is made that if any Board member determines that he or she has a conflict of interest based on any agenda item, he or she must declare so and excuse him or herself from any discussions related to such item

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	Form 990, Part VI, Question 15a & b	The Executive Compensation Committee of CHRISTUS Health determines the compensation of the CEO (or Executive Director, as applicable), officers and key employees of Christus Health and related organizations The Executive Compensation Committee is composed of individuals who have no conflict of interest with the compensation arrangements at hand CHRISTUS Health CEO's compensation is subject to approval by the CHRISTUS Health board, after discussion by the Executive Compensation Committee The Executive Compensation Committee of the CHRISTUS Health Board selects an independent external firm to perform an independent compensation review, to ensure that all compensation is reasonable and comparable to other similarly situated organizations, for similarly qualified persons in functionally comparable positions, and to provide supporting information of compensation decisions On an annual basis the external consultant 1 completes a review of the compensation and benefits of the CEO and provides a written report, and appears in person with the committee to address 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 recommendations and decisions 2 develops the merit increase recommendations for all Designated Executives based on market comparability 3 recommends the changes in the Compensation Structure (grades) based on the market changes 4 completes a review and evaluation of newly created positions to recommend a grade placement to the Committee for its discussion and approval On a bi-annual basis, the external consultant completes a detailed review of all other Designated Executives' compensation and benefits This group includes all top management officials, other officers and key leaders of the organization The review includes recommendations to the Committee on any changes necessary in either specific compensation or compensation structure to ensure market competitiveness, reasonableness and internal equity Upon recommendations from the independent external firm, the Executive Compensation Committee makes final compensation decisions Additionally, the Executive Compensation Committee reviews all compensation payments for excess benefit transactions The discussion and decisions of the Committee are documented and formalized in the Committee minutes and maintained on record

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Question 18	CHRISTUS Health and most of its affiliated entities do not have Forms 1023 because of their inclusion in the IRS Group Ruling with the United States Conference of Catholic Bishops, which covers the organization listed in the Annual Official Catholic Directory CHRISTUS Health's website displays the IRS Group Ruling and relevant Annual Official Catholic Directory pages for the organizations related to CHRISTUS Health Forms 990 and 990-T are made available upon request

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & F/S to General Public	Form 990, Part VI, Question 19	The Consolidated Audited Financial Statements of CHRISTUS Health are made available to the public via the Christus Health website The organizations governing documents and conflict of interest policy are not made available to the public

Identifier	Return Reference	Explanation
Financial Statements	Form 990, Part XI, Question 2	Christus Health Ark-La-Tex's Financial Statements were audited by an independent accountant on a consolidated basis

Identifier	Return Reference	Explanation
Description of Arrangement re Payment of Fees and Fundraising Expenses	Form 990, Schedule G, Part I, Col (v)	Retainer paid to a legal firm for free estate planning services provided There was no specification that CHRISTUS HEALTH ARK-LA-TEX should be a beneficiary of the estates As of FY 2009, no known benefit was received from this service, so service was discontinued for FY 2010

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	CHRISTUS HEALTH ARK-LA-TEX OPERATES UNDER THE FOLLOWING NAMES CHRISTUS ST MICHAEL HEALTH SYSTEM CHRISTUS ST MICHAEL REHABILITATION CENTER

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

Employer identification number
75-2796815

Part I Identification of Disregarded Entities

(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

(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

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX755042911 75-2562459	HLTHCARE SVC	TX	NA	C corp	1,859,153	329,075	100 %
ARKANSAS INTEGRATED COMMUNITY HEALTH NET 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 76-0480684	HLTHCARE SVC	TX	NA	C corp	2,333,637	11,692,606	100 %
CHRISTUS Muguerza SAPI de CV Carretera Nacional No 6501 Col E Monterrey, N L 64988 MX	HLTHCARE SVC	MX	NA	C corp			

Part V Transactions with Related Organizations

			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	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
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	Yes	
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	Yes	
p	Reimbursement paid by other organization for expenses	1p	Yes	
q	Other transfer of cash or property to other organization(s)	1q	Yes	
r	Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)	ARKLATEX HEALTH NETWORK	a	14,352
(2)	ARKLATEX HEALTH NETWORK	l	273,866
(3)	ARKLATEX HEALTH NETWORK	p	224,230
(4)	ARKLATEX HEALTH NETWORK	r	1,138,319
(5)	CH WILKINSON PHYSICIAN NETWORK	o	200,427
(6)	CHRISTUS HEALTH LIABILITY RETENTION TRUST	o	343,115

Part VI **Unrelated Organizations Taxable as a Partnership**

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 on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-2796815
Name: Christus Health Ark-La-Tex

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 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0590551	SUPT HLTH SVC	TX	501C3	11-TYPE 1	NA
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVC	LA	501C3	3	NA
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX77292 76-0591592	HLTHCARE SVC	TX	501C3	3	NA
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA71101 72-0408982	HLTHCARE SVC	LA	501C3	3	NA
CHRISTUS SPOHN HEALTH CARE CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVC	TX	501C3	3	NA
CHRISTUS HEALTH SOUTHEAST TEXAS 3010 HARRISON STREET BEAUMONT, TX77702 76-0591590	HLTHCARE SVC	TX	501C3	3	NA
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-0411322	HLTHCARE SVC	LA	501C3	3	NA
CHRISTUS SANTA ROSA HEALTH CARE CORPORAT 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVC	TX	501C3	3	NA
CHRISTUS HEALTH UTAH 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT84115 87-0231682	HLTHCARE SVC	UT	501C3	3	NA
CHRISTUS HOMECARE 4241 WOODCOCK SAN ANTONIO, TX78228 74-2898615	HLTHCARE SVC	TX	501C3	9	NA
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVC	TX	501C3	9	NA
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	SUPT HLTH SVC	TX	501C3	11 - TYPE I	NA
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE 2ND F PARIS, TX75460 42-1619230	SUPT HLTH SVC	TX	501C3	11 - TYPE I	NA
CHRISTUS ST JOSEPH'S HEALTH SYSTEM 2707 NORTH LOOP WEST HOUSTON, TX77008 75-0800674	HLTHCARE SVC	TX	501C3	3	NA
CHRISTUS STEHLIN FNDFOR CANCER RESEARCH 1315 ST JOSEPH PKWYSTE 1818 HOUSTON, TX77002 74-1622404	HLTHCARE RES	TX	501C3	9	NA
DUBUIS HEALTH SYSTEM INC 10333 RICHMOND AVE SUITE 300 HOUSTON, TX77042 72-1270964	HLTHCARE SVC	TX	501C3	3	NA
Christus Health Liability Retention TRST 2707 NORTH LOOP WEST Houston, TX77008 76-0259623	Self Ins Trst	TX	501C3	11 - Type I	NA

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	ARKLATEX HEALTH NETWORK	a	14,352
(2)	ARKLATEX HEALTH NETWORK	l	273,866
(3)	ARKLATEX HEALTH NETWORK	p	224,230
(4)	ARKLATEX HEALTH NETWORK	r	1,138,319
(5)	CH WILKINSON PHYSICIAN NETWORK	o	200,427
(6)	CHRISTUS HEALTH LIABILITY RETENTION TRUST	o	343,115

Additional Data

Software ID:
Software Version:
EIN: 75-2796815
Name: Christus Health Ark-La-Tex

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Borden Bell , Chairperson/Director	1 0	X		X				0	0	0
Mary Matthews , Vice Chairperson/Director	1 0	X		X				0	0	0
Chris Karam , President/CEO /Ex-Officio Direc	40 0	X		X				317,994	0	74,410
Sister M Gemma Stanford , Director	1 0	X						0	0	0
Brenette Shepherd , Director	1 0	X						0	0	0
Sister Eleanor Geever , Director	1 0	X						0	0	0
Dennis O'Banion MD , Director	1 0	X						1,910	0	0
Paul Quinn MD , Director	1 0	X						0	0	0
Greg Arnold , Director	1 0	X						0	0	0
Mary Priscilla Hickerson , Director	1 0	X						0	0	0
Carlton Jones , Director	1 0	X						0	0	0
Derrick McGary , Director	1 0	X						0	0	0
James Wyly , Director	1 0	X						0	0	0
Vernon C Shaffer MD , Director	1 0	X						0	0	0
James M Hurley MD , Director	1 0	X						3,130	0	0
Viola Ingram , Director	1 0	X						0	0	0
Sister Katrina LeGrand , Director	1 0	X						0	0	0
Richard Hilborn MD , Director	1 0	X						0	0	0
Lowell E Vereen MD , Director	1 0	X						733	0	0
Shawn Barnett , CFO/Treasurer	40 0			X				199,883	0	58,805
Nancy Burleson , Secretary	40 0			X				54,697	0	9,226
G Michael Finley MD , VP MED AFFS/REG CMO	40 0				X			289,462	0	80,993
John Edward Philips , Chief Operating Officer	40 0				X			154,016	0	32,295
Nancy Keenan , Chief Nurse Executive	40 0				X			172,218	0	41,637
William L Waldrum , Pharmacist	44 0					X		134,285	0	19,683
Ollie E Spellman Jr , Pharmacist	47 0					X		132,477	0	18,856
KHALIL JREIGE , PHARMACIST	39 0					X		127,726	0	17,011
Aloma R Gender , Administrator	40 0					X		145,306	0	30,544
Ronald Dale Ryan , VP Support Services	40 0					X		141,780	0	20,091
Thomas McGee , CFO	0 0						X	64,377	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a	Net Patient Service Revenue	621,110	229,213,598	228,976,243	237,355	
b	Pharmacy	446,110	4,676,693	1,102,366	3,574,327	
c	Rent Related to Exempt Function	531,120	3,606,647	3,606,647		
d	Lifeline	621,910	137,853		137,853	
e	Fitness Center	713,940	789,094	117,182	671,912	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Corporation is organized and shall be operated exclusively for charitable, scientific, educational and religious purposes of advancing, promoting and supporting the health care ministries of the Sponsoring Congregations which operate and are controlled in conformity with the ethical and moral teachings of the Roman Catholic Church, and promoting efficient governance and management, cooperative planning and the sharing of resources among such health care ministries. Without limiting the generality of the foregoing, the Corporations mission shall be to extend the healing ministry of Jesus Christ, and consistent therewith, shall operate according to the doctrines, resolutions, decrees and ethical principles of the Sponsoring Congregations, and the Ethical and Religious Directors for Catholic Health Care Services as promulgated or amended from time to time by the United States Conference of Catholic Bishops. It is also a purpose of the Corporation to aid, lend financial support and ass