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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

2009

Open to Public Inspection

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

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

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

C Name of organization
Christus Health Northern Louisiana

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One St Mary Place

City or town, state or country, and ZIP + 4
Shreveport, LA 71101

D Employer identification number
72-0408982

E Telephone number
(318) 681-4500

G Gross receipts $ 267,440,654

F Name and address of principal officer
Stephen F Wright
One St Mary Place
Shreveport, LA 71101

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 Website: ▶ www christusschumpert org

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

L Year of formation 1913

M State of legal domicile LA

Part I Summary

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	2,332
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	941,494	1,007,668
9	Program service revenue (Part VIII, line 2g)	265,862,802	262,607,335
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	353,821	-233,643
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,231,321	2,448,410
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,389,438	265,829,770
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	383,958	545,864
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	120,371,273	111,359,237
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶100,790		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	169,435,098	159,896,887
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	290,190,329	271,801,988
19	Revenue less expenses Subtract line 18 from line 12	-18,800,891	-5,972,218

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	279,146,294	268,773,387
21	Total liabilities (Part X, line 26)	114,898,690	110,229,811
22	Net assets or fund balances Subtract line 21 from line 20	164,247,604	158,543,576

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-01

FRANK CANOVA JR Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 1401 MCKINNEY SUITE 1200 HOUSTON, TX 77010	EIN ▶	Phone no ▶ (713) 750-1500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 227,223,319 including grants of $) (Revenue $ 122,931,719)

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS HEALTH NORTHERN LOUISIANA IS PART OF CHRISTUS HEALTH, 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 OF LOCAL AND GLOBAL COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE CHRISTUS HEALTH NORTHERN LOUISIANA RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS SCHUMPERT HEALTH SYSTEM, A 611-BED INTEGRATED HEALTH SYSTEM WITH A TERTIARY HOSPITAL LOCATED IN DOWNTOWN SHREVEPORT AND A GENERAL ACUTE CARE HOSPITAL IN SOUTHEAST SHREVEPORT THE SYSTEM ALSO INCLUDES THE 80-BED CHRISTUS SCHUMPERT SUTTON CHILDREN'S MEDICAL CENTER FOR SPECIALIZED CHILDREN'S CARE EACH OF THE FACILITIES OF CHRISTUS HEALTH NORTHERN LOUISIANA SHARES ONE OBJECTIVE -- WHICH IS TO LEAD THE WAY TO A HEALTHIER COMMUNITY CHRISTUS HEALTH NORTHERN LOUISIANA IS LOCATED IN SHREVEPORT, LOUISIANA, IN THE NORTHWESTERN CORNER OF THE STATE ITS SERVICE AREA EXTENDS TO NORTHEAST TEXAS AND SOUTHERN ARKANSAS, WHICH INCLUDES A POPULATION OF MORE THAN 1 1 MILLION INDIVIDUALS IN FISCAL YEAR 2010, WE SERVED HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 64,649 VISITS TO OUR EMERGENCY DEPARTMENT, 4,578 INPATIENT SURGERY PROCEDURES, 8,049 OUTPATIENT SURGERY PROCEDURES, 15,446 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE AND 154,698 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS HEALTH NORTHERN LOUISIANA STAND APART INTERACTING WITH COMMUNITY ORGANIZATIONS, INDIVIDUAL PATIENTS, AND CLIENTS GIVES US A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS HEALTH NORTHERN LOUISIANA'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY BY COLLABORATING WITH COMMUNITY ORGANIZATIONS, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH NORTHERN LOUISIANA'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS HAVE SERVED TO ASSIST CHRISTUS HEALTH NORTHERN LOUISIANA FURTHER CARE FOR THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT DEDICATED EMPLOYEES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS HEALTH'S MISSION TO MEET THE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS CHRISTUS ASSOCIATES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MANY PEOPLE AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, CHRISTUS HEALTH NORTHERN LOUISIANA OFFERS SPECIFIC PROGRAMS WHICH DISCOUNT SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS CHRISTUS HEALTH NORTHERN LOUISIANA ALSO CONTRACTS WITH A COMPANY TO SCREEN INDIVIDUALS FOR GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICAID AND LACHIP CHRISTUS HEALTH NORTHERN LOUISIANA PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN CHRISTUS HEALTH NORTHERN LOUISIANA OFFERS A BROAD SPECTRUM OF ADULT AND PEDIATRIC MEDICAL AND SURGICAL CARE SERVICES WITH THE LATEST IN TECHNOLOGY THESE INCLUDE COMPREHENSIVE CANCER TREATMENT, PEDIATRIC SERVICES INCLUDING INTENSIVE CARE, NEONATAL INTENSIVE CARE, PEDIATRIC INTENSIVE CARE, INPATIENT AND OUTPATIENT DIAGNOSTIC AND SURGERY SERVICES, WELLNESS CENTERS, RESIDENTIAL HOSPICE AND AMBULANCE TRANSPORT TO SERVE RURAL COMMUNITIES AROUND SHREVEPORT BOTH HOSPITALS OF CHRISTUS HEALTH NORTHERN LOUISIANA PROVIDE A 24-HOUR EMERGENCY ROOM THAT SERVES ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS HEALTH NORTHERN LOUISIANA ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, INCLUDING THE CARA CENTER FOR SUSPECTED VICTIMS OF CHILD ABUSE AND/OR NEGLECT AND VARIOUS HEALTH SPECIALTY PROGRAMS IN COLLABORATION WITH THE LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, SUCH AS GRADUATE MEDICAL EDUCATION AND ALLIED HEALTH EDUCATION CHRISTUS HEALTH NORTHERN LOUISIANA OPERATES THREE SCHOOL-BASED HEALTH CENTERS THE FIRST CENTER OPENED AT LINWOOD MIDDLE SCHOOL IN 1996, THE SECOND CENTER OPENED IN AUGUST 1998 AT ATKINS ELEMENTARY AND THE THIRD FACILITY BEGAN OPERATIONS IN SEPTEMBER 2007 AT WOODLAWN HIGH SCHOOL SINCE THEIR INCEPTION, THESE CENTERS HAVE HAD APPROXIMATELY 73,839 STUDENT VISITS SERVICES OFFERED INCLUDE TREATMENT FOR MINOR ILLNESSES/INJURIES, ROUTINE PHYSICAL AND/OR ATHLETIC EXAMINATIONS, IMMUNIZATIONS, SCREENING TESTS FOR HEARING, VISION, SCOLIOSIS, ETC , REFERRAL AND FOLLOW-UP FOR ACUTE AND CHRONIC ILLNESSES (EX DIABETES, ASTHMA), AND MENTAL HEALTH SERVICES, SUCH AS CRISIS, INDIVIDUAL, FAMILY AND/OR GROUP COUNSELING THE OPERATION OF THE SCHOOL-BASED HEALTH CENTERS IS ENHANCED BY COLLABORATIVE PARTNERSHIPS WITH THE NORTHWESTERN STATE UNIVERSITY SCHOOL OF NURSING AND THE PEDIATRIC MEDICAL RESIDENCY PROGRAM AT LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER 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 NORTHERN LOUISIANA CHRISTUS HEALTH NORTHERN LOUISIANA IS PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO PROVIDE CARE WITHIN OUR LOCAL COMMUNITIES ALL QUALIFIED PHYSICIANS ARE GRANTED PRIVILEGES TO SERVE WITHIN CHRISTUS SCHUMPERT HOSPITALS AFTER UNDERGOING A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

4b (Code) (Expenses $ 14,218,978 including grants of $) (Revenue $ 39,222,851)

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT, (2008), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY CHARITY CARE FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH ITS MISSION, VALUES AND VISION, CHRISTUS HEALTH PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY THE ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO THEIR INABILITY TO PAY CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS AND LOUISIANA MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME

4c (Code) (Expenses $ 5,575,709 including grants of $) (Revenue $ 100,452,765)

OTHER GOVERNMENT SPONSORED PROGRAMS 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 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 OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON ITS FEE SCHEDULE

4d Other program services (Describe in Schedule O)

(Expenses $ 1,121,039 including grants of $ 545,864) (Revenue $)

4e **Total program service expenses** ▶ $ 248,139,045

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	260		
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**	2,332		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Frank Canova
One St Mary Place
Shreveport, LA 71101
(381) 681-4500

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,748,119	236,624	674,506

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 99

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OMEGA DIAGNOSTICS 2915 MISSOURI AVE SHREVEPORT, LA 71109	LABORATORY SERVICES	9,872,202
SHREVEPORT PHYSICAL THERAPY PO BOX 5477 SHREVEPORT, LA 71135	Outpatient PT Svcs	1,247,090
EMCARE INC 7032 COLLECTION CTR DR CHICAGO, IL 60693	EMERENCY ROOM PHYS	1,153,340
INTENSIVIST GROUP LLC 314 WILDOAK DR SHREVEPORT, LA 71106	PHYSICIAN SERVICES	728,750
SODEXO INC AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	LAUNDRY SERVICES	700,342

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 37

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	492,252			
	e	Government grants (contributions)	1e	510,548			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,868			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,007,668			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621,990	255,254,998	255,254,998		
	b	PHARMACY	621,990	644,200	644,200		
	c	RENTS RELATED TO EXEMPT FUNCTION	900,099	4,015,932	4,015,932		
	d	WELLNESS CENTER MEMBERSHIP FEES	713,940	2,176,905	2,176,905		
	e	LSU RESIDENT PROGRAM SUBSIDY	900,099	380,004	380,004		
	f	All other program service revenue		135,296	135,296		
	g	**Total.** Add lines 2a–2f		262,607,335			
	3	Investment income (including dividends, interest and other similar amounts)		48,715			48,715
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		1,418			1,418
			(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		1,328,526			
	b	Less cost or other basis and sales expenses		1,610,884			
	c	Gain or (loss)		-282,358			
	d	Net gain or (loss)		-282,358			-282,358
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,210	2,263,745			2,263,745
	b	RESEARCH REVENUE	900,099	82,613			82,613
	c	DISPATCH SERVICES	900,099	29,556			29,556
	d	All other revenue		71,078			71,078
	e	**Total.** Add lines 11a–11d		2,446,992			
	12	**Total revenue.** See Instructions		265,829,770	262,607,335		2,214,767

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	545,603	545,603		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	261	261		
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	1,438,125	1,334,857	102,094	1,174
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	89,188,093	82,783,744	6,331,571	72,778
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,316,286	5,316,286		
9	Other employee benefits	9,615,416	8,747,374	868,042	
10	Payroll taxes	5,801,317	5,488,269	302,017	11,031
11	Fees for services (non-employees)				
a	Management	1,305,802	1,305,802		
b	Legal	87,175	44,024	43,151	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	26,438,820	16,173,021	10,261,961	3,838
12	Advertising and promotion	1,160,157	460,502	699,655	
13	Office expenses	70,028,829	65,681,748	4,338,152	8,929
14	Information technology	7,849,141	7,849,141		
15	Royalties	0			
16	Occupancy	5,139,624	4,984,138	155,486	
17	Travel	140,848	95,976	44,612	260
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	95,135	62,323	32,812	
20	Interest	5,302,917	5,302,917		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	26,052,177	26,052,177		
23	Insurance	3,830,350	3,821,363	8,987	
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	PROV FOR UNCOLLECT ACCOUNTS	10,057,427	10,050,192	7,235	
b	SALES TAX	1,918,054	1,918,054		
c	AWARDS & GIFTS-NON EMPLOYEE	81,824	2,802	79,022	
d	RECRUITMENT/PLACEMENT FEES	191,147	61,365	129,782	
e	DUES & MEMBERSHIPS	96,695	37,862	58,833	
f	All other expenses	120,765	19,244	98,741	2,780
25	**Total functional expenses.** Add lines 1 through 24f	271,801,988	248,139,045	23,562,153	100,790
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,685,126	1	15,966,141
	2	Savings and temporary cash investments		274,689	2	277,012
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,605,985	4	33,991,432
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		934,560	7	644,914
	8	Inventories for sale or use		11,280,753	8	11,511,120
	9	Prepaid expenses and deferred charges		2,703,285	9	2,057,411
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 508,358,905			
	b	Less accumulated depreciation	10b 328,618,086	200,981,908	10c	179,740,819
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,010,952	13	20,524
	14	Intangible assets		24,391,393	14	24,438,318
	15	Other assets See Part IV, line 11		277,643	15	125,696
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		279,146,294	16	268,773,387
Liabilities	17	Accounts payable and accrued expenses		15,627,676	17	15,856,101
	18	Grants payable			18	
	19	Deferred revenue		161,110	19	139,938
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		3,269,518	24	1,938,068
	25	Other liabilities Complete Part X of Schedule D		95,840,386	25	92,295,704
	26	**Total liabilities.** Add lines 17 through 25		114,898,690	26	110,229,811
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		164,077,134	27	158,327,971
	28	Temporarily restricted net assets		170,470	28	215,605
	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		164,247,604	33	158,543,576
	34	Total liabilities and net assets/fund balances		279,146,294	34	268,773,387

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Christus Health Northern Louisiana	72-0408982

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		62
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?	Yes		1,119
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		469
j	Total lines 1c through 1i			1,650
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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
LOBBYING DESCRIPTION	FORM 990, SCHEDULE C, PART II-B	HEALTH CARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH NORTHERN LOUISIANA BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES CHRISTUS HEALTH NORTHERN LOUISIANA HAD DIRECT CONTACT AND INDIRECT CONTACT THROUGH LETTERS AND EMAILS WITH ITS RESPECTIVE SENATORS OR MEMBERS OF THEIR STAFF AND OTHER GOVERNMENT OFFICIALS ON SUCH ISSUES AS HEALTH CARE REFORM, MEDICAID CUTS, OUTLIER PAYMENTS, HEALTHCARE WORKFORCE EDUCATION AND DEVELOPMENT, TORT REFORM, THE IMPORTANCE OF ADEQUATE HEALTH CARE FUNDING, AND HOSPITAL ECONOMIC IMPACT THE REPORTED EXPENSES ASSOCIATED WITH THESE ACTIVITIES INCLUDE STAFF COMPENSATION AND RELATED ALLOCABLE OVERHEAD FORM 990, SCHEDULE C, PART II-B, LINE 1I OTHER ACTIVITIES REPORTS THE PORTION OF FY 2010 PROFESSIONAL AND MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE RESPECTIVE ASSOCIATIONS TOTALING $469 CHRISTUS HEALTH NORTHERN LOUISIANA DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR 6-30-10

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,602,398		24,602,398
b Buildings		190,594,287	102,842,977	87,751,310
c Leasehold improvements		10,332,362	7,294,417	3,037,945
d Equipment		273,271,651	218,090,686	55,180,965
e Other		9,558,207	390,006	9,168,201
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				179,740,819

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Due to Related Parties	3,117,265
Due to Christus Health Bond Fund	88,681,165
FIN 45 Physician Income Guarantees	497,274
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	92,295,704

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
CASH - NON-BEARING INTEREST	FORM 990, PART X, LINE 1	CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990
UNCERTAIN TAX POSITIONS UNDER FIN 48/ASC 740	FORM 990, SCHEDULE D, PART X, LINE 2	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2010

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
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	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government 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)			5,769,712	0	5,769,712	2 190 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			47,839,121	39,222,841	8,816,280	3 280 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			53,608,833	39,222,841	14,585,992	5 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	18	20,143	157,852	0	157,852	0 060 %
f Health professions education (from Worksheet 5)	2	1,040	236,667	53,184	183,483	0 070 %
g Subsidized health services (from Worksheet 6)	1	0	-70,740	0	-70,740	0 030 %
h Research (from Worksheet 7)	1	81	42,427	11,275	31,152	0 010 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	19	48,145	1,390,271	0	1,390,271	0 530 %
j **Total** Other Benefits	41	69,409	1,756,477	64,459	1,692,018	0 640 %
k **Total.** Add lines 7d and 7j	41	69,409	55,365,310	39,287,300	16,278,010	6 110 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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	1		22,095		22,095	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	3		21,710		21,710	0 010 %
8	Workforce development			10,000		10,000	0 %
9	Other						
10	**Total**	4		53,805		53,805	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

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	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,264,089		
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	3,348		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	77,709,486		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,542,689		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	3,166,797		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
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	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Omega Diagnostics	Pathology Services	40 000 %		46 670 %
2	bossier spec hosp	Hospital	6 750 %		92 030 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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 Schumpert Health System One Saint Mary Place Shreveport, LA 71101	X	X	X				X		
CHRISTUS Schumpert Highland 1453 East Bert Kouns Loop Shreveport, LA 71105	X	X					X		
CHRISTUS Schumpert Bossier 2105 Airline Dr Bossier City, LA 71111	X								

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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

See additional data

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSU Health Sciences Foundation1501 Kings Hwy Shreveport, LA 71103	721402222	501(C)(3)	30,000				Colorectal Screening Research
American Heart Association 745 Olive Street Suite 111 Shreveport, LA 71104	135613797	501(C)(3)	17,500				Advancement the mission for the American Heart Association
Biomedical Research Foundation of NW LA1505 Kings Hwy Shreveport, LA 71103	581711612	501(C)(3)	75,000				Trauma surgery support
Diocese of Shreveport3500 Fairfield Avenue Shreveport, LA 71104	721077807	501(C)(3)	5,300				Diocesion Stewardship Support
Hal Sutton Foundation212 Texas Street Shreveport, LA 71101	721490697	501(C)(3)	7,500				Chidlrens Health Support
LSU Health Sciences Center ShreveportPO Box 33932 Shreveport, LA 71130	720702002	501(C)(3)	70,000				Trauma surgery support
American Cancer Society 920 Pierremont Road Suite 300 Shreveport, LA 71106	640329009	501(C)(3)	13,500				Cancer research support
Susan G Komen for the Cure PO Box 4269 Shreveport, LA 71134	751835298	501(C)(3)	6,000				Breast cancer research
Globus Relief1775 West 1500 South Salt Lake City, UT 84104	841369453	501(C)(3)		280,028	FMV	MEDICAL SUPPLIES	Support to improve delivery of healthcare throughout the world
CHRISTUS Schumpert FoundationOne St Mary Place Shreveport, LA 71101	721219280	501(C)(3)	5,427				Support hospital medical and outreach programs

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

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

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

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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	FORM 990, SCHEDULE I, LINE 2	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 TESTS THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE AN IRS SECTION 501(C)(3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TESTS 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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEPHEN F WRIGHT	(i)	175,235	0	0	78,102	10,681	264,018	0
	(ii)	223,943	0	9,262	103,938	13,835	350,978	0
CAROLYN MOORE	(i)	277,237	0	33,566	80,957	5,592	397,352	0
	(ii)	0	0	0	0	0	0	0
LOUISE WIGGINS	(i)	156,986	0	14,378	26,411	9,733	207,508	0
	(ii)	0	0	0	0	0	0	0
JASON ROUNDS	(i)	160,663	0	1,847	28,882	15,719	207,111	0
	(ii)	0	0	0	0	0	0	0
DONALD L SORRELLS JR MD	(i)	403,822	226,558	0	21,730	23,739	675,849	0
	(ii)	0	0	0	0	0	0	0
JOE STEPHEN JONES MD	(i)	537,298	77,693	4,231	4,900	27,428	651,550	0
	(ii)	0	0	0	0	0	0	0
MARK F BROWN MD	(i)	578,597	28,708	0	4,900	16,072	628,277	0
	(ii)	0	0	0	0	0	0	0
STEVEN S BONIOL MD	(i)	286,376	221,975	0	19,944	16,299	544,594	0
	(ii)	0	0	0	0	0	0	0
RICKY L OWERS	(i)	227,314	278,372	0	0	15,706	521,392	0
	(ii)	0	0	0	0	0	0	0
CHARLES PAINE MD	(i)	171,343	0	428,388	84,360	2,619	686,710	0
	(ii)	0	0	0	0	0	0	0
RUSSELL J TOUCHET II	(i)	156,051	0	171,483	27,470	9,210	364,214	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II	DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS CHARLES D KNIGHT, JR M D RECEIVED $26,400 FOR ON-CALL CARDIOLOGY SERVICES HE RECEIVED NO COMPENSATION FOR SERVING AS A DIRECTOR
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	FORM 990, SCHEDULE J, PART I, QUESTIONS 1 & 2	WELLNESS MEMBERSHIPS ARE OFFERED TO BOARD MEMBERS IN RECOGNITION FOR SERVICE ON THE BOARD THE VALUE OF THE MEMBERSHIPS IS REPORTED FOR THOSE DIRECTORS WHO ACCEPTED THE MEMBERSHIPS
TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	FORM 990, SCHEDULE J, PART I, QUESTIONS 1 & 2	FRANK CANOVA RECEIVED $1,000 IN TAX ASSISTANCE FOR RELOCATION
RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION	FORM 990, SCHEDULE J, PART I, QUESTION 3	THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, QUESTION 4B	DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET
SEVERANCE PAYMENT	FORM 990, SCHEDULE J, PART I, QUESTION 4A	UNDER THE 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 - CHARLES PAINE, M D RECEIVED $273,666 IN SEVERANCE PAYMENT DURING CALENDAR YEAR 2009 - RUSSELL J TOUCHET, II RECEIVED $116,479 IN SEVERANCE PAYMENT DURING CALENDAR YEAR 2009
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT	FORM 990, SCHEDULE J, PART I, QUESTION 4B	- CHARLES PAINE, M D WAS PAID $66,662 DURING CALENDAR YEAR 2009 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - Russell J Touchet II WAS PAID $6,915 DURING CALENDAR YEAR 2009 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, SCHEDULE J, PART II	W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN COMPENSATION FOR CHARLES PAINE AND RUSSELL J TOUCHET, II INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT PLAN AND PENSION RESTORATION PLAN EARNED AND PAID IN 2009 UNDER TERMS OF THE AFOREMENTIONED PLANS COMPENSATION FOR THE FOLLOWING PEOPLE INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT VESTED AND DUE IN 2009 UNDER TERMS OF THE PLAN Carolyn Moore, Louise Wiggins and Jason Rounds DEFERRED COMPENSATION FORM 990, SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
CAROLYN MOORE	BOARD MEMBER OF SCH MNGT	391,625	LEASES TO OMEGA DIAG LLC		No
STEPHEN WRIGHT	BOARD MEMBER OF SCH MNGT	391,625	LEASES TO OMEGA DIAG LLC		No
FRANK CANOVA	BOARD MEMBER OF SCH MNGT	391,625	LEASES TO OMEGA DIAG LLC		No
CAROLYN MOORE	BOARD MEMBER OF SCH MNGT	9,872,202	LAB SERVICES TO NOLA		No
STEPHEN WRIGHT	BOARD MEMBER OF SCH MNGT	9,872,202	LAB SERVICES TO NOLA		No
FRANK CANOVA	BOARD MEMBER OF SCH MNGT	9,872,202	LAB SERVICES TO NOLA		No

Additional Data

Software ID:
Software Version:
EIN: 72-0408982
Name: Christus Health Northern Louisiana

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	CHRISTUS HEALTH NORTHERN LOUISIANA OPERATES UNDER THE FOLLOWING NAMES CHRISTUS SCHUMPERT HEALTH SYSTEM CHRISTUS SCHUMPERT HIGHLAND CHRISTUS SCHUMPERT BOSSIER

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, 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, CHRISTUS HEALTH STRIVES TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE SERVICES WHERE THEY ARE NEEDED THE 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 COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES AND A VARIETY OF OTHER SOCIAL SERVICES CHRISTUS HEALTH NORTHERN LOUISIANA OPENS ITS DOORS TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS, CLUBS, STATE AGENCIES, AND SUPPORT GROUPS WHICH NEED MEETING AND/OR OFFICE SPACE THIS SERVICE IS PROVIDED AT NO COST TO THESE COMMUNITY, NON-PROFIT ORGANIZATIONS OR STATE AGENCIES CHRISTUS HEALTH NORTHERN LOUISIANA PROVIDES NEEDED OFFICE SPACE AT LITTLE TO NO EXPENSE TO VARIOUS NON-PROFIT ORGANIZATIONS CHRISTUS HEALTH NORTHERN LOUISIANA PROVIDES MEALS FOR RESIDENTS OF RUTHERFORD HOUSE, A LOCAL RESIDENTIAL, REHABILITATIVE JUVENILE PROGRAM AND THE SHREVEPORT/BOSSIER RESCUE MISSION, A HOMELESS AND/OR DISPLACED SHELTER/HOUSING PROGRAM LOCATED IN SHREVEPORT, LA SOME EXAMPLES OF CHRISTUS HEALTH COMMUNITY BENEFITS ACCOUNTED FOR UNDER COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED INCLUDE THE CHRISTUS COMMUNITY DIRECT INVESTMENT PROGRAM (CDI) AND THE CHRISTUS FUND THE CHRISTUS BOARD OF DIRECTORS APPROVED THE FUNDING OF A CDI LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY-DRIVEN INITIATIVES PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME LOST FROM THE DIFFERENCE IN THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE COST OF THESE INVESTMENTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF CHRISTUS HEALTH NORTHERN LOUISIANA THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2010 WAS $803,531 THE FOREGONE INTEREST FOR CHRISTUS HEALTH NORTHERN LOUISIANA IN FY2010 WAS $22,095 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 HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES DURING FY2010, THE TOTAL GRANT MONEY DISTRIBUTED TO THE NORTHERN LOUISIANA REGION WAS $50,000 THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF CHRISTUS HEALTH NORTHERN LOUISIANA PROGRAM SERVICE EXPENSES = $261 GRANTS = $261 PROGRAM SERVICE REVENUE = $0

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS 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 FY2010, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH AND IN SOME INSTANCES AUGMENT GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE PROGRAM SERVICE EXPENSES = $1,120,778 GRANTS = $545,603 PROGRAM SERVICE REVENUE = $0

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	DIRECTORS SUSAN WOOD AND JOHN DEAN HAVE A FAMILY RELATIONSHIP OFFICER/DIRECTOR STEPHEN WRIGHT AND OFFICER FRANK CANOVA HAVE BUSINESS RELATIONSHIPS AS BOTH SERVE AS OFFICERS OF SCH MANAGEMENT SOLUTIONS, INC A WHOLLY OWNED SUBSIDIARY OF CHRISTUS HEALTH NORTHERN LOUISIANA AND SERVES AS MEMBERS OF THE MANAGEMENT COMMITTEE OF OMEGA DIAGNOSTICS, LLC WHICH IS 40% OWNED BY SCH MANAGEMENT SOLUTIONS, INC

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 POWER 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
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11A	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 2011 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 ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, QUESTIONS 15A & 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH NORTHERN LOUISIANA 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 CHRISTUS HEALTH 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 SYSTEM 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 SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL THE COMPENSATION RATES ARE APPROVED BY THE RELATED ORGANIZATION BASED THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, 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, & FIN STMTS TO GEN 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 ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATION	FORM 990, PART VII	Average hours per week listed on Form 990, Part VII, Section A are the average hours devoted to the respective person's position while serving the organization FROM 2/1/09 THROUGH 3/8/10, STEPHEN WRIGHT DEVOTED AN AVERAGE OF 26 HOURS PER WEEK TO CHRISTUS HEALTH CENTRAL LOUISIANA, A RELATED ORGANIZATION OF THE FILING ENTITY STEPHEN IS THE PRESIDENT/CEO OF CHRISTUS HEALTH CENTRAL LOUISIANA EFFECTIVE 3/8/10, STEPHEN DEVOTES AN AVERAGE OF 21 HOURS PER WEEK TO CHRISTUS HEALTH CENTRAL LOUISIANA STEPHEN IS CHRISTUS HEALTH CENTRAL LOUISIANA'S PRESIDENT/CEO EFFECTIVE 3/8/10, STEPHEN DEVOTES AN AVERAGE OF 11 HOURS TO CHRISTUS HEALTH SOUTHWESTERN LOUISIANA, A RELATED ORGANIZATION OF THE FILING ENTITY STEPHEN IS THE PRESIDENT/CEO OF CHRISTUS HEALTH SOUTHWEWSTERN LOUISIANA STEPHEN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO SCHUMPERT FOUNDATION, A RELATED ORGANIZATION OF THE FILING ENTITY STEPHEN IS A DIRECTOR OF SCHUMPERT FOUNDATION EFFECTIVE 7/28/09, KIM KELSCH DEVOTES 16 HOURS PER WEEK TO CHRISTUS HEALTH CENTRAL LOUISIANA, A RELATED ORGANIZATION OF THE FILING ENTITY KIM IS THE Corporate Secretary OF CHRISTUS HEALTH CENTRAL LOUISIANA STEVEN BONIOL, MD DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO SCHUMPERT FOUNDATION, A RELATED ORGANIZATION OF THE FILING ENTITY STEVEN IS A DIRECTOR OF SCHUMPERT FOUNDATION SCOTT SORRELLS, MD DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO SCHUMPERT FOUNDATION, A RELATED ORGANIZATION OF THE FILING ENTITY SCOTT IS A DIRECTOR OF SCHUMPERT FOUNDATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Northern Louisiana

Employer identification number
72-0408982

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SCH MANAGEMENT SOLUTIONS INC ONE ST MARY PLACE SHREVEPORT, LA71101 72-1270625	MGMT HOSP JV	LA	NA	C CORP	542,790	4,043,141	100 000 %
CHRISTUS Muguerza SAPI de CV Carretera Nacional No 6501 Col E Monterrey, N L 64988 MX	HEALTHCARE SR	MX	N/A	C Corp			
NORTHERN LOUISIANA PHO 915 MARGARET PLACE SHREVEPORT, LA71120 72-1274151	HEALTHCARE SR	LA	NA	C CORP	0	23,696	100 000 %
EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	NA	C-CORP			

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
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	Yes	
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	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0408982
Name: Christus Health Northern Louisiana

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CHRISTUS HEALTH ARK-LA-TEX 2600 ST MICHAEL DRIVE TEXARKANA, TX75503 75-2796815	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS CONTINUING CARE 1700 W LOOP SOUTH SUITE 1100A HOUSTON, TX77027 74-2898615	HLTHCARE SVC	TX	501(C)(3)	3	NA
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH SUITE 400B HOUSTON, TX77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	11-TYPE 1	NA
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE 2ND F PARIS, TX75460 42-1619230	Supt Hlth Svc	TX	501(C)(3)	11-TYPE 1	NA
CHRISTUS ST JOSEPH'S HEALTH SYSTEM 2707 NORTH LOOP WEST HOUSTON, TX77008 75-0800674	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS STEHLIN FND FOR CANCER RESEARCH 10301 Stella Link Suite A HOUSTON, TX77042 74-1622404	HLTHCARE RSCH	TX	501(C)(3)	9	NA
DUBUIS HEALTH SYSTEM INC 10333 RICHMOND AVE SUITE 300 HOUSTON, TX77042 72-1270964	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH FOUNDATION 2707 NORTH LOOP WEST HOUSTON, TX77008 61-1500100	Supt Hlth Svc	TX	501(C)(3)	11-TYPE 1	NA
CHRISTUS SCHUMPERT HEALTH SYSTEM FND ONE ST MARY PLACE SHREVEPORT, LA71101 72-1219280	HLTHCARE SVC	LA	501(C)(3)	7	NA
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA71301 72-0408984	HLTHCARE SVC	LA	501(C)(3)	3	NA
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX77292 76-0591592	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH 2707 NORTH LOOP WEST HOUSTON, TX77008 76-0590551	Supt Hlth Svc	TX	501(C)(3)	11-Type 1	NA
Christus Spohn Health System Corporation 600 ELIZABETH STREET CORPUS CHRISTI, TX78404 74-1109836	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH SOUTHEAST TEXAS 3010 HARRISON STREET BEAUMONT, TX77702 76-0591590	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA70601 72-0411322	HLTHCARE SVC	LA	501(C)(3)	3	NA
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX78207 74-1109665	HLTHCARE SVC	TX	501(C)(3)	3	NA
CHRISTUS HEALTH UTAH 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT84115 87-0231682	HLTHCARE SVC	UT	501(C)(3)	9	NA
CHRISTUS Health Liability Retention TrST 2707 North Loop West Houston, TX77008 76-0259623	INS TRST	TX	501(C)(3)	11-TYPE 1	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)	CH WILKINSON PHYSICIAN NETWORK	I	100,185
(2)	CH WILKINSON PHYSICIAN NETWORK	L	152,064
(3)	CHRISTUS HEALTH CENTRAL LOUISIANA	N	75,869
(4)	CHRISTUS HEALTH CENTRAL LOUISIANA	O	167,071
(5)	CHRISTUS HEALTH LIABILITY RETENTION TRUST	O	118,423
(6)	CHRISTUS HEALTH LIABILITY RETENTION TRUST	P	118,275
(7)	EMERALD ASSURANCE CAYMAN LTD	C	71,475
(8)	SCHUMPERT FOUNDATION	P	253,338
(9)	SCHUMPERT FOUNDATION	C	663,745
(10)	DUBUIS HEALTH SYSTEM INC	I	427,727
(11)	DUBUIS HEALTH SYSTEM INC	K	520,388

Additional Data

Software ID:
Software Version:
EIN: 72-0408982
Name: Christus Health Northern Louisiana

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIP A COLE MD BOARD DIRECTOR (EFF 1/1/10)	1 0	X						0	0	0
JAMES W DAVIS BOARD DIRECTOR	1 0	X						0	0	0
JOHN W DEAN BOARD DIRECTOR	1 0	X						0	0	0
STEPHANIE D EDMISTION BOARD DIRECTOR	1 0	X						0	0	0
JERRY M FRANCE BOARD DIRECTOR	1 0	X						0	0	0
WILLIAM H GALLMANN MD BOARD DIRECTOR	1 0	X						0	0	0
SHANNAN L HICKS BOARD DIRECTOR	1 0	X						0	0	0
SISTER ROSITA HYLAND BOARD DIRECTOR (EFF 1/1/10)	1 0	X						0	0	0
BERNARD S JOHNSON CHAIRPERSON	1 0	X		X				0	0	0
ROXANN P JOHNSON BOARD DIRECTOR	1 0	X						0	0	0
CHARLES D KNIGHT JR MD BOARD DIRECTOR (EFF 1/1/10)	1 0	X						26,400	0	0
THOMAS E MCELROY BOARD DIRECTOR (EFF 1/1/10)	1 0	X						0	0	0
SISTER MIRIAM T MILLER BOARD DIRECTOR	1 0	X						0	0	0
ARTHUR L WALKER BOARD DIRECTOR	1 0	X						0	0	0
SUSAN A WOOD BOARD DIRECTOR	1 0	X						0	0	0
SISTER WALTER MAHER BOARD DIRECTOR (TERM 8/1/09)	1 0	X						0	0	0
LOYD G WHITLEY MD BOARD DIRECTOR (TERM 12/31/09)	1 0	X						0	0	0
STEPHEN F WRIGHT PRESIDENT/CEO (EFF 2/1/09)	21 0	X		X				175,235	233,205	206,556
KIM KELSCH BOARD SECRETARY	24 0			X				53,557	3,419	17,521
FRANK CANOVA CFO (EFFECTIVE 9/28/09)	40 0			X				50,041	0	8,758
CAROLYN MOORE COO (TERM 1/31/10)	40 0				X			310,803	0	86,549
LOUISE WIGGINS CHIEF NURSE EXECUTIVE	40 0				X			171,364	0	36,144
JASON ROUNDS CHIEF ADMINISTRATOR - HIGHLAND	40 0				X			162,510	0	44,601
DONALD L SORRELLS JR MD PHYSICIAN	40 0					X		630,380	0	45,469
JOE STEPHEN JONES MD PHYSICIAN	40 0					X		619,222	0	32,328

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK F BROWN MD PHYSICIAN	40 0					X		607,305	0	20,972
STEVEN S BONIOL MD PHYSICIAN	40 0					X		508,351	0	36,243
RICKY L OWERS PHYSICIAN	40 0					X		505,686	0	15,706
CHARLES PAINE MD FORMER	0 0						X	599,731	0	86,979
RUSSELL J TOUCHET II CFO (TERM 6/30/09)							X	327,534	0	36,680

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
NET PATIENT SERVICE REVENUE	621,990	255,254,998	255,254,998		
PHARMACY	621,990	644,200	644,200		
RENTS RELATED TO EXEMPT FUNCTION	900,099	4,015,932	4,015,932		
WELLNESS CENTER MEMBERSHIP FEES	713,940	2,176,905	2,176,905		
LSU RESIDENT PROGRAM SUBSIDY	900,099	380,004	380,004		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROV FOR UNCOLLECT ACCOUNTS	10,057,427	10,050,192	7,235	
SALES TAX	1,918,054	1,918,054		
AWARDS & GIFTS-NON EMPLOYEE	81,824	2,802	79,022	
RECRUITMENT/PLACEMENT FEES	191,147	61,365	129,782	
DUES & MEMBERSHIPS	96,695	37,862	58,833	

Additional Data

Software ID:
Software Version:
EIN: 72-0408982
Name: Christus Health Northern Louisiana

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

LINE 7A RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7G RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7I ACTUAL EXPENSE OF THE CONTRIBUTIONS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Reported at Schedule H, Part I, Line 7 g Subsidized health services are the unreimbursed patient account balances at cost with patient income of greater than 200% and less than 400% of the Federal Poverty Level (FPL) The reported amount is calculated using the cost-to-charge ratio determined at Schedule H, worksheet 2 These accounts do not qualify as charity care as defined by the organization's charity care guidelines because the patients' income is above 200% FPL The patient account balances were multiplied by the cost to charge ratio computed using Schedule H, worksheet 2 The negative amount reported is due to payments from insurance or patients for accounts expensed as charity care in prior years

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $271,801,988 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $8,816,547 THIS LEFT A TOTAL EXPENSE OF $262,985,441 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) DESCRIPTION OF GROSS CHARITY CARE AS % OF TOTAL COSTS THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 21 05% WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND ADJUSTMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING RECOGNITION OF NET PATIENT REVENUES, WHICH INCLUDES CONTRACTUAL ALLOWANCES, PROVISIONS FOR BAD DEBT, RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES, DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS, AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENT AND ESTIMATES ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES IN ORDER TO DETERMINE THE BAD DEBT EXPENSE AT COST (SCHEDULE H, PART III, SECTION A, LINE 2), THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS WAS MULTIPLIED BY THE COST-TO-CHARGE RATIO

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The amount on Schedule H, Part III, Line 6 is determined by calculating Medicare Allowable costs using Worksheet A of the Medicare Cost Report Worksheet A of the Medicare cost Report requires the organization to remove non-allowable expenses from total expenses via the Adjustments to Expenses worksheets within the Medicare Cost Report The amount reported on Schedule H, Part III, Line 6 does not take into account all costs incurred by the filing organization associated with the filing organization's provision of services to Medicare patients Schedule H, Part III, Line 7 would equal a shortfall of $(18,003,821) if total expenses allocable to medicare services were substituted on Schedule H, Part III, Line 6 CHRISTUS Health Northern Louisiana reinvests all surplus funds back in to the communities we serve through expanded health services, new technologies, and better facilities

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

COLLECTION ACTIVITY OCCURS FOR A MINIMUM OF 60 DAYS ON SELF-PAY ACCOUNTS BEFORE THE PRESUMPTIVE CHARITY PROCESS IS COMPLETED IF NO CONTACT WITH THE PATIENT/GUARANTOR IS MADE IF THE 60-DAY PERIOD EXPIRES AND NO CONTACT WITH THE PATIENT/GUARANTOR IS MADE OR THERE IS INSUFFICIENT INFORMATION TO DOCUMENT ELIGIBILITY FOR CHARITY CARE, A PRESUMPTION OF ELIGIBILITY MAY BE MADE BASED ON STATISTICAL DATA AND OTHER RELIABLE ASSUMPTIONS ACCOUNTS WITH A BALANCE OF LESS THAN $2,000 ARE SCREENED FOR CHARITY CARE QUALIFICATION BASED ON SYSTEMATIC SCREENING CRITERIA UNLESS PATIENT CONTACT IS MADE ACCOUNTS WITH A BALANCE OF $2,000 OR GREATER ARE MANUALLY REVIEWED TO DETERMINE IF ANY POTENTIAL ELIGIBILITY PROGRAMS ARE APPLICABLE BASED UPON FRONT-END SCREENING TOOL DOCUMENTATION AND A REVIEW OF THE DIAGNOSES AND SERVICES PROVIDED IF A PATIENT COMPLETES A FINANCIAL AID APPLICATION AND QUALIFIES FOR CHARITY CARE THERE UNDER OR FALLS UNDER A CHARITY CARE ACCOUNT BASED ON THE PRESUMPTIVE CHARITY TEST, ALL DEBT COLLECTION ACTIVITIES CEASE ACCOUNTS THAT ARE NOT DEEMED ELIGIBLE FOR CHARITY CARE OR MEDICAL INDIGENCE WILL CONTINUE THE COLLECTION CYCLE UNTIL THEY ARE WRITTEN OFF AS BAD DEBT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization budgets charity care for internal financial purposes only The provision of charity care is not limited to amounts established for budgetary purposes CASH AND IN-KIND CONTRIBUTIONS PART I, LINE 7I CHRISTUS HEALTH NORTHERN LOUISIANA MADE OVER $1,390,271 IN CASH AND IN KIND CONTRIBUTIONS THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8 AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NOT FOR PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY CHRISTUS FUND GRANTS TOTALING $50,000 WERE FOR THE BENEFIT OF THE COMMUNITIES THAT CHRISTUS HEALTH NORTHERN LOUISIANA SERVES THE GRANT DOLLARS WERE USED BY CHRISTUS HEALTH NORTHERN LOUISIANA TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THE CHRISTUS FUND GRANT AMOUNT ALSO INCLUDES GRANTS MADE BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS HEALTH NORTHERN LOUISIANA ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT USE THE GRANT MONEY TO SUPPORT THE HEALTH OF THE COMMUNITY CHRISTUS HEALTH NORTHERN LOUISIANA OPERATES THREE SCHOOL BASED HEALTH CENTERS WHICH PROVIDES SERVICES INCLUDING TREATMENT FOR MINOR ILLNESSES/INJURIES, ROUTINE PHYSICALS AND ATHLETIC EXAMINATIONS, IMMUNIZATIONS, SCREENINGS FOR HEARING, VISION, SCOLIOSIS, REFERRALS AND FOLLOW UP FOR ACUTE AND CHRONIC ILLNESSES TO INCLUDE DIABETES AND ASTHMA, AND MENTAL HEALTH SERVICES SUCH AS COUNSELING FOR CRISIS, INDIVIDUAL, AND FAMILIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE MANAGEMENT HAS ESTIMATED THE DIFFERENCE BETWEEN RECORDING REVENUE FROM UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization uses Form 990, Schedule H, Worksheet A to determine the bad debt expense at cost reported at Schedule H, Part III, Section A, Line 2 using the cost-to-charge ratio calculated at Form 990, Schedule H, worksheet 2, Line 11 The organization's total bad debt expense attributable to patient charges (total of all hospital facilities) is in accordance with the organization's financial statements Bad debt expense is net of (1) contractual allowances, (2) payments received and (3) recoveries of bad debt previously written off

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART III, SECTION A, LINE 3 IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS WHO ARE ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE FOLLOWING CRITERIA WERE USED TO DETERMINE THE INCLUSION OF A PATIENT ACCOUNT (1) THE ACCOUNTS HAD NO PATIENT PAYMENTS NOTED (2) THE ACCOUNTS ARE ALL TRUE SELF-PAY WHERE THE INDIVIDUAL LACKS INSURANCE COVERAGE (3) THE PATIENTS/ GUARANTOR ARE UNEMPLOYED FOR THE MOST PART (4) THE ACCOUNTS HAVE LIMITED CONTACT INFORMATION WITH REPEATED RETURN MAIL AND A POSSIBLE PHONE NUMBER OR NO PHONE NUMBER WITH AN ADDRESS (5) THE ACCOUNTS IN THE BRONZE CATEGORY OF THE ORGANIZATION'S SCORING MODEL INDICATES THAT THE ACCOUNTS HAVE LITTLE TO NO CONTACT INFORMATION AND SCORE VERY LOW ON THE COLLECTABILITY/PROBABILITY SCALE THE BRONZE SECTION USUALLY REPRESENTS ONLY 5 PERCENT OF ALL MONIES RECOVERED The amount of the organization's bad debt expense at cost attributable to patients who are eligible under the organization's charity care policy, is determined using the cost-to-charge ratio calculated on Form 990, Schedule H, Worksheet 2 In addition to screening patients to determine the applicability of financial assistance and charity care at the time of admission and discharge, CHRISTUS Health follows a policy and supporting procedures for reviewing all active self-pay patient receivables The screening procedures subsequent to discharge to determine charity care and discount applicability include reviewing the attending hospital's records including patient submitted charity care applications or other financial information, making contact with patients through mailed notice followed by phone call, using a financial assistance questionnaire, using software that provides household/income data statistics and credit reports As a result of the aforementioned steps, the amount reported as bad debt expense at cost attributable to patients who are eligible under the organization's charity care policy is relatively small

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part VI, Line 8 ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I E , LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2008 TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE CHRISTUS HEALTH'S NONPROFIT HOSPITALS LOCATED IN TEXAS FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF TEXAS THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN ARE FILED WITH TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS) AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311 045 AND 311 046 THE 2009 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

PART VI, LINE 2 CHRISTUS HEALTH NORTHERN LOUISIANA COLLABORATED WITH COMMUNITY ORGANIZATIONS, CHURCHES, BUSINESSES, AGENCIES, LOCAL COLLEGES AND UNIVERSITIES, STATE INDIGENT PROGRAMS, COUNCIL ON ALCOHOLISM AND DRUG ABUSE OF NORTHWEST LOUISIANA, LOCAL PHARMACIES, NORTH LOUISIANA AREA HEALTH EDUCATION CENTER, AND VARIOUS OTHER ORGANIZATIONS TO ESTABLISH A HEALTHY COMMUNITIES IMPACT COUNCIL TO DETERMINE THE COMMUNITY HEALTH NEEDS OF NORTHERN LOUISIANA THE HEALTHY COMMUNITIES IMPACT COUNCIL IDENTIFIED THE GAPS IN SERVICES ACROSS MULTIPLE COMMUNITIES TO INCLUDE INADEQUATE HEALTH LITERACY, INADEQUATE HEALTH LITERATURE DISSEMINATION MECHANISMS TO AT RISK POPULATIONS, AND AN INADEQUATE AMOUNT OF PRIMARY MEDICAL AND MENTAL HEALTH CARE PROVIDERS TO RURAL COMMUNITIES THE RESULTS OF THE NEEDS ASSESSMENT WERE PRIORITIZED AND EFFECTIVE PLANS AND STRATEGIES TO ADDRESS THOSE NEEDS WERE DESIGNED THE COMMUNITY HEALTH NEEDS WERE INCORPORATED INTO THE STRATEGIC GOALS OF CHRISTUS HEALTH NORTHERN LOUISIANA

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

PART VI, LINE 3 CHRISTUS HEALTH NORTHERN LOUISIANA MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS INFORMATION REGARDING FINANCIAL ASSISTANCE INCLUDING THE CHARITY CARE AND DISCOUNT POLICY IS ALSO POSTED ON THE WEBSITE OF CHRISTUS HEALTH INFORMATION ON FINANCIAL ASSISTANCE DESCRIBES THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY AND IS AVAILABLE BY REQUEST ALSO

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

PART VI, LINE 4 CHRISTUS HEALTH NORTHERN LOUISIANA IS LOCATED IN SHREVEPORT, LA , IN THE NORTHWESTERN CORNER OF THE STATE ITS SERVICE AREA EXTENDS TO NORTHEAST TEXAS AND SOUTHERN ARKANSAS, WHICH INCLUDES A POPULATION OF MORE THAN 1 1 MILLION PEOPLE THE POPULATION IN THE ORGANIZATION'S SERVICE AREA, CONSISTENT WITH NATIONAL TRENDS, IS ANTICIPATING ITS LARGEST GROWTH IN POPULATION AGE 65 AND OLDER THE SERVICE AREA'S POVERTY RATE IS 20 7 PERCENT, WHICH IS JUST SLIGHTLY HIGHER THAN THE STATE POVERTY RATE THE UNEMPLOYMENT RATE IS UP SLIGHTLY FROM LAST YEAR AT 8 5 PERCENT AND FIFTY-SEVEN (57) PERCENT OF HOUSEHOLDS IN SERVICE AREA ARE AT/BELOW 200 PERCENT OF POVERTY

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

PART VI, LINE 5 AMOUNTS REPORTED AT SCHEDULE H, PART II, COMMUNITY BUILDING ACTIVITIES INCLUDE COMMUNITY SUPPORT AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT FOR PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS REPORTED AT SCHEDULE H, PART II, LINE 3 COMMUNITY SUPPORT IS THE INCOME EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, THE OUTSTANDING LOAN BALANCE AT THE END OF FISCAL YEAR 2010 WAS $803,531 THE FOREGONE INTEREST FOR CHRISTUS HEALTH NORTHERN LOUISIANA IN FISCAL YEAR ENDING JUNE 30, 2010 WAS $22,095 THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCING GENERAL KNOWLEDGE ADVOCACY EFFORTS FOCUS ON THE NEEDS OF CHILDREN, INCLUDING SCHOOL-BASED HEALTH CENTERS, AND SENIORS, AS WELL AS OTHER VULNERABLE POPULATIONS, TO PROMOTE PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE, AND IMMUNIZATIONS

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Form 990 Schedule H, Part VI - Supplemental Information, Line 6

PART VI, LINE 6 CHRISTUS HEALTH NORTHERN LOUISIANA RESPONDS TO HEALTH CARE NEEDS THROUGH S ERVICES PROVIDED AT CHRISTUS SCHUMPERT HEALTH SYSTEM, A 611-BED INTEGRATED HEALTH SYSTEM W ITH A TERTIARY HOSPITAL LOCATED IN DOWNTOWN SHREVEPORT AND A GENERAL ACUTE CARE HOSPITAL I N SOUTHEAST SHREVEPORT THE SYSTEM ALSO INCLUDES THE 80-BED CHRISTUS SCHUMPERT SUTTON CHIL DREN'S MEDICAL CENTER FOR SPECIALIZED CHILDREN'S CARE EACH OF THE FACILITIES OF CHRISTUS HEALTH NORTHERN LOUISIANA SHARES ONE OBJECTIVE, WHICH IS TO LEAD THE WAY TO A HEALTHIER CO MMUNITY BOTH HOSPITALS IN THE CHRISTUS HEALTH NORTHERN LOUISIANA REGION PROVIDE A 24 HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF TH EIR ABILITY TO PAY CHRISTUS Health Northern Louisiana has part ownership in one short-ter m acute care facility- Bossier Specialty Hospital, L L C and one diagnostic service provi der - Omega Diagnostics, L L C CHRISTUS HEALTH NORTHERN LOUISIANA PROVIDES A FULL RANGE O F INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDU CTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED , RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN CHRISTUS HEALTH NORTH ERN LOUISIANA WORKS TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILIT Y TO PAY BY COLLABORATING WITH COMMUNITY ORGANIZATIONS, CHURCHES, BUSINESSES, AND OTHER H EALTH CARE ORGANIZATIONS, CHRISTUS HEALTH NORTHERN LOUISIANA HAS STRENGTHENED ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS HAVE SERVED TO ASSIST CHRISTUS HEALTH NORTHERN LOUISIANA TO CARE FOR THOSE IN NEED AND FOCUS ON ADDRESSING THE NEED FOR ACCESS TO HEALTH SERVICES, IN ADDIT ION TO ASSURING HEALTH IMPROVEMENT THROUGH HEALTH PROMOTION AND DISEASE PREVENTION CHRIST US HEALTH IS DEEPLY COMMITTED TO PROACTIVELY IMPROVING THE HEALTH OF INDIVIDUALS AND COMMU NITIES AND PARTICULARLY THE LARGE NUMBERS OF UNINSURED AND UNDERINSURED PEOPLE EVIDENCE F ROM HUNDREDS OF COMMUNITIES AROUND THE COUNTRY DEMONSTRATES THE EFFECTIVENESS OF ENGAGING THE ENTIRE COMMUNITY IN EFFORTS TO EXPAND ACCESS TO HEALTH CARE THEREFORE, CHRISTUS HEALT H STRIVES TO COLLABORATE WITH COMMUNITY PARTNERS BY WORKING WITH AND/OR INITIATING COMMUN ITY LED PARTNERSHIPS IN ALL THE COMMUNITIES SERVED BY CHRISTUS HEALTH, WE CAN ACHIEVE MEAS URABLE AND SUSTAINABLE IMPROVEMENT IN OUR WELL BEING CHRISTUS HEALTH NORTHERN LOUISIANA S UPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, INCLUDING THE CARA CENTER FOR VICTIMS OF CHI LD ABUSE AND/OR NEGLECT AND VARIOUS SPECIALTY HEALTH PROGRAMS IN COLLABORATION WITH THE LO CAL UNIVERSITY HEALTH SCIENCE CENTER CHRISTUS HEALTH NORTHERN LOUISIANA ALSO OPERATES THR EE SCHOOL-BASED HEALTH CENTERS "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PAR T OF CHRISTUS HEALTH NORTHERN LOUISIANA'S OVERALL COMMUNITY BENEFIT CHRISTUS HEALTH NORTH ERN LOUISIANA USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONAT IONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, PROVISION OF A CONTINUUM OF CARE FOR OUR EL DERLY, THOSE SUFFERING FROM HIV/AIDS, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES CHRISTUS HEALTH NORTHERN LOUISIANA OPERATES THREE SCHOOL BASED HEALTH CENTERS THAT HAVE PROVIDED S ERVICES TO APPROXIMATELY 67,300 STUDENTS INCLUDING TREATMENT FOR MINOR ILLNESSES AND/OR IN JURIES, REFERRAL AND FOLLOW UP FOR ACUTE AND CHRONIC ILLNESSES, AND MENTAL HEALTH SERVICES CHRISTUS HEALTH'S HEALTHY COMMUNITIES MODEL INCORPORATES THESE KEY PRINCIPLES (1) COMMU NITY OWNERSHIP SUCCESSFUL INITIATIVES BRING TOGETHER BUSINESS, GOVERNMENT, NONPROFIT, HEA LTHCARE, FAITH COMMUNITIES AND CITIZEN LEADERS TO ADDRESS COMMUNITY ISSUES EVERYONE SHOUL D FEEL EMPOWERED (2) WELL BEING OF THE COMMUNITY THE UNIVERSAL DEFINITION OF HEALTH AND WHOLENESS EMBRACES THE PHYSICAL, EMOTIONAL, MENTAL AND SPIRITUAL DIMENSIONS OF LIFE (3) G OALS AND MEASURES USE BENCHMARKS AND MEASURE PROGRESS AND OUTCOMES (4) PARTNERSHIPS AND COLLABORATIONS BUILDING CAPACITY USING EXISTING COMMUNITY ASSETS HELPS TO MAGNIFY THE RES OURCES AVAILABLE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES CHRISTUS HEALTH NORTHERN LOUISIANA PARTICIPATES IN TO IMPROVE ACCESS TO HEALTH SERVICES, ENHANCES PUBLIC HEALTH, AN D ADVANCES KNOWLEDGE INCLUDES (1) PARTICIPATION IN REGION IV HEALTHCARE CONSORTIUM AND CO SPONSOR OF THE HEALTHY COMMUNITIES COMMITTEE (PARTNERSHIP WITH UNITED WAY) (2) PROMOTE H EALTHY LIVING TO STUDENTS AND FACULTY MEMBERS IN LOCAL SCHOOL DISTRICTS (I E FUNDING OF T HE WELLNESS DIRECTOR SALARY FOR CADDO PARISH SCHOOL SYSTEM, PROVIDE DIETITIAN TO THE DIOCE SE OF SHREVEPORT CATHOLIC SCHOOLS, PROJECT 5210 FOR OBESE CHILDREN PROGRAM IN THREE SCHOOL S TO PROVIDE FREE NUTRITIONAL EDUCATION AND SUPPORT (3) DEVELOP PARTNERSHIPS AND OPPORTUN ITIES FOR COLLABORATION WITH NONPROFIT AND RELIGIO

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US ORGANIZATIONS, PARISH AND CIVIC OFFICES, INDUSTRIES AND BUSINESSES, PRIVATE AND PUBLIC SCHOOL SYSTEMS, HEALTH CARE PROVIDERS, AND SOCIAL SERVICE AGENCIES IN THE PROMOTION OF HEA LTHY LIFESTYLES AND THE EXPLORATION OF HEALTH NEEDS WITHIN THE COMMUNITY (I E UNITED WAY HEALTHY COMMUNITIES COMMITTEE) (4) PROMOTE AWARENESS AND UNDERSTANDING OF LACHIP, THEREBY INCREASING THE ENROLLMENT OF ALL ELIGIBLE CHILDREN IN CADDO PARISH (A PARTNERSHIP BETWEEN CHRISTUS HEALTH NORTHERN LOUISIANA AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES) (5) PROVIDE SUPPORT TO THE COMMUNITY HEALTH WORKER PROGRAM, A PARTNERSHIP BETWEEN CHRISTUS HEA LTH AND THE MARTIN LUTHER KING HEALTH CLINIC, IN THE PROMOTION OF SELF-CARE MANAGEMENT OF HIGH RISK PATIENTS (6) CONTINUE OPERATION OF OUR CHRISTUS SCHUMPERT ADULT DAY CARE WHICH ASSISTS LOW INCOME SENIORS AND DISABLED ADULTS AND OFFERS PROGRESSIVE OPPORTUNITIES TO ALL OW THESE INDIVIDUALS TO AGE AT HOME, LIVE INDEPENDENTLY, AND DIRECT ALL ASPECTS OF THEIR L IVES AS MUCH AS POSSIBLE (7) PROMOTE COLLABORATION AMONG LOCAL CHILD ABUSE AGENCIES BY HO USING THESE GROUPS IN A SINGLE DWELLING (CARA CENTER) PARTNERSHIP BETWEEN CHRISTUS SCHUMP ERT AND LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN OPERATING THE CARA CENTER, WH ICH PROVIDES MEDICAL EXAMINATIONS FOR SUSPECTED CASES OF CHILD ABUSE AND NEGLECT CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK IN TO THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES AS A NOT FOR PROFIT ORGANIZATION AND AS A PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPEN DENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES CHRISTUS HEALTH NORTHERN LOUISIANA WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIE D PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS ALL PERSONS EMPLOYED AND AFFILIATED W ITH CHRISTUS CENTRAL LOUISIANA ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEM ENTS

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PART VI, LINE 7 CHRISTUS HEALTH NORTHERN LOUISIANA IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NOT FOR PROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 50 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES CHRISTUS SERVICES CAN BE FOUND IN ARKANSAS, GEORGIA, IOWA, LOUISIANA, MISSOURI, NEW MEXICO, TEXAS, AND IN SIX PROVINCES OF MEXICO A COMMON MISSION, CORE VALUES AND VISION UNITE THE ALLIED HEALTH SYSTEM EACH REGION, INCLUDING CHRISTUS HEALTH NORTHERN LOUISIANA, DEVELOPS FIVE-YEAR AND 10-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH, INCLUDING METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION AND ASSOCIATE ENGAGEMENT CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS IN ADDITION, CHRISTUS HEALTH NORTHERN LOUISIANA WORKS CLOSELY WITH THE CHRISTUS COMMUNITY HEALTH COUNCIL TO MEET SYSTEM WIDE INITIATIVES FOR ADDRESSING COMMUNITY NEEDS CURRENTLY, THESE INITIATIVES INCLUDE INCREASING ACCESS TO PRIMARY CARE, AVOIDING EMERGENCY DEPARTMENT VISITS AND PREVENTABLE HOSPITALIZATIONS, A CASE MANAGEMENT PROGRAM FOR PATIENTS OF OUR CLINICS WITH CHRONIC ILLNESSES, DIABETES EDUCATION, AND CREATING AFFORDABLE SENIOR HOUSING OPPORTUNITIES IN THE REGION THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION CHRISTUS HEALTH NORTHERN LOUISIANA, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED