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 Southwestern Louisiana

Doing Business As
See Schedule O

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

City or town, state or country, and ZIP + 4
Lake Charles, LA 70601

**D Employer identification number**
72-0411322

**E Telephone number**
(337) 491-7730

G Gross receipts $ 131,809,282

F Name and address of principal officer
Stephen Wright
524 Dr Michael Debakey Drive
Lake Charles, LA 70601

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 stpartickhospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1921 | M State of legal domicile LA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
Supporting the health care ministries of the Sponsoring Congregations in extending the healing ministry of Jesus Christ in conformity with the ethical and moral teachings of the Roman Catholic Church

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 1,229 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 47 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,092,702 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| Section | Line | Description | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 1,580,100 | 1,770,977 |
| | 9 | Program service revenue (Part VIII, line 2g) | 129,532,445 | 127,370,661 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 224,892 | 115,672 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 59,943 | 341,251 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 131,397,380 | 129,598,561 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 194,159 | 149,922 |
| | 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) | 53,333,923 | 52,349,073 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶523,222 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 88,130,311 | 87,117,177 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 141,658,393 | 139,616,172 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -10,261,013 | -10,017,611 |

| Section | Line | Description | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 151,822,837 | 141,538,262 |
| | 21 | Total liabilities (Part X, line 26) | 61,800,494 | 61,960,908 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 90,022,343 | 79,577,354 |

## 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 2011-05-06

▶ DEBORAH F WHITE CFO
Type or print name and title

**Paid Preparer's Use Only**

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

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

## Additional Data

| | |
|---|---|
| **Software ID:** | |
| **Software Version:** | |
| **EIN:** | 72-0411322 |
| **Name:** | Christus Health Southwestern Louisiana |

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

| |
|---|
| N/A |

## 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 the 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 the health which includes proactive community health services However, the Annual Report is only a snapshot of how the organization is distinguished by 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

Part I, Line 7 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 on 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

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

The total expense from Form 990, Part IX, line 25, column (A) is $139,616,170 The bad debt expense included in this amount was $5,912,879 This leaves a total expense of $133,703,291 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 11 67% 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 judgements 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 shortfall on Part III, Line 7 is not counted as a community benefit 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 $(16,105,276) if total expenses allocable to medicare services were substituted on Schedule H, Part III, Line 6

## 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 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

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 Southwestern Louisiana made over $81,000 in cash and in kind contributions The aforementioned amount is determined in accordance with reporting rules as outlined in the Catholic Health Association Guide to Planning and Reporting Community Benefit, copyright 2008 As such, this amount differs from grants reported at Form 990, Schedule I, Grants and Other Assistance to Organizations, Governments, and Individuals and Part IX, Lines 1 through 3 Grants and Other Assistance CHRISTUS Health established the CHRISTUS Fund, a grant fund to provide resources to nonprofit agencies and groups whose vision, mission, and goals are consistent with CHRISTUS Health's mission, values and philosophy of a healthy community CHRISTUS Fund grants totaling $50,000 benefited the community that CHRSTUS Health Southwestern Louisiana serves The grant dollars were used by CHRISTUS Health Southwestern 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 communities served by the Southwestern Louisiana region, as well as grants made by CHRISTUS Health Southwestern Louisiana to other nonprofit organizations All grants made to outside organizations through the CHRISTUS Fund are made to nonprofit organizations that support the health of the community

## 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 that 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 account is in the BRONZE category of the organization's scoring model which indicates that the accounts have little to no contact information and they 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 States where the organization, or a related organization, filed a community benefit report 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 CHRISTUS Health 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 the 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 3

Part VI, Line 3 CHRISTUS Health Southwestern 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 CHRISTUS Health's Charity Care and Discount policy, describing the availability of financial assistance, who qualifies, and how to apply is also posted on the Website of CHRISTUS Health and available upon request

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

Part VI, Line 4 A five-parish region (Allen, Beauregard, Cameron, Calcasieu, and Jeff Davis) with a population of nearly 300,000 is served by CHRISTUS Health Southwestern Louisiana The following demographics characterize this region The five-parish area is predominately a Caucasian population, with an African-American population that is higher than the national average The region has high poverty rates as compared to the state and nation, due to a combination of low wage per job and high unemployment The region and state have a higher rate of uninsured persons than the nation Recently, more Louisiana families are receiving health care coverage because of the expansion of the LA CHIP program Compared to the nation, the five-parish area has high rates of oral cavity, melanoma, prostate, breast and uterine cancers, diabetes, hypertension, STDs (sexually transmitted diseases) and tuberculosis

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

Part VI, Line 5 The CHRISTUS Health Board of Directors approved funding of a Community Direct Investment (CDI) loan program to ensure that the work of social accountability and moral and ethical stewardship continues in spite of challenging fiscal conditions faced by local operating entities The purpose of the CDI program is to support community driven initiatives, primarily for affordable housing and economic development, by providing financing at below market interest rates to nonprofit organizations at terms not exceeding more than five years The income earned at the market rate less the 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 $500,000 The foregone interest for CHRISTUS Health Southwestern Louisiana in fiscal year ending June 30, 2010 was $21,081 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 advance general knowledge These are some of the main community building activities that are improving access to health services, enhancing public health, and advancing knowledge The community priorities for the area include, but are not limited to Growth of the community by increasing the wellness of the population, Keeping the community free of diseases and controllable health conditions, Assisting the community with resources that are available to help with community members' day-to-day care and health needs, Provide health screenings and resource information for self care, Empower the community to become more aware of its members' health needs and expected outcomes, and Promote avoidable injury for the five parishes served

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

Part VI, Line 6 CHRISTUS Health Southwestern Louisiana collaborates with communities, churches, businesses, and other health care organizations to facilitate and strengthen accessibility to quality comprehensive health care services for all, particularly the vulnerable and underserved populations CHRISTUS Health Southwestern Louisiana responds to the health care needs through services provided at CHRISTUS St Patrick Hospital, a 266-bed licensed acute care facility, dedicated to improving the health of the community, as well as embracing the physical, spiritual, and emotional needs of each patient CHRISTUS Health Southwestern 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 Southwestern Louisiana has part ownership in two diagnostic imaging organizations- Louisiana P E T Imagining of Lake Charles, L L C , and South Ryan MRI, L L C CHRISTUS Health Southwestern Louisiana also added a focus on Community Health Workers who offer assistance with coordination of basic health care services and health access for uninsured adults (ages 19 to 64) who are not eligible for government sponsored or employee sponsored health insurance, have limited household income and suffer from chronic illnesses CHRISTUS Health Southwestern Louisiana provides a 24 hour emergency room that is open to serve all those in need of emergent care, regardless of ability to pay CHRISTUS Health Southwestern Louisiana offers the area's leading heart program, providing non invasive diagnostic services, interventional catheterization procedures, multidisciplinary cancer care, innovative surgery procedures, and specialized geropsychiatry, rehabilitation, and joint replacement One of the greatest expenses is community health improvement services which include community clinics, immunizations for underserved children and seniors, meals on wheels, transportation services, various other social service programs, and community health education including seminars and health screenings for identified health issues The target populations for CHRISTUS Health Southwestern Louisiana's community plan are Children in Pre-kindergarten through grade 12 in Lake Charles and Cameron Parish, Education and early screening and detection of chronic diseases including heart, cancer, and diabetes, Injury prevention of children under 14 years of age in the five-parish area, and Uninsured and underinsured members of the community "COMMUNITY SERVICES FOR A BROADER COMMUNITY" is also a part of CHRISTUS Health Southwestern Louisiana's overall community benefit CHRISTUS Health Southwestern Louisiana used cash donations as a vehicle to help its communities It made cash donations, in addition to grants awarded through the CHRISTUS Fund, to support causes like the fight against cancer, diabetes, heart disease, the provision of a continuum of care for our elderly, those suffering from HIV/AIDS, and for many other equally worthy purposes CHRISTUS Health and its related entities, including CHRISTUS Health Southwestern Louisiana, reinvests all surplus funds back in to the communities it serves through expanded health services, new technologies, and better facilities During FY 2010, 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 it serves As a nonprofit organization and as a part of CHRISTUS Health, a regional governing board comprised largely of independent community members representing the makeup of the area it serves guides CHRISTUS Health Southwestern Louisiana CHRISTUS Health Southwestern Louisiana is privileged to have an open medical staff comprised of qualified physicians who work with the Southwestern Louisiana region to provide care to its communities All qualified physicians who are granted privileges to serve within its hospitals must undergo a thorough and comprehensive credentialing and orientation process All persons employed and affiliated with CHRISTUS Southwestern Louisiana are required to complete annual conflict of interest statements

## Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 CHRISTUS Health Southwestern Louisiana is part of CHRISTUS Health, an international, Catholic, faith based, nonprofit 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 Southwestern Louisiana, develops five-year and ten-year strategic plans that help set the yearly operational plans and budgets Regional strategic goals are set in collaboration with CHRISTUS Health, 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 Southwestern 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 over-utilization of Emergency Departments, 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 Southwestern 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

**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 Southwestern Louisiana

**Employer identification number**
72-0411322

## 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 |
|---|---|---|---|---|---|---|---|
| Multimedia Ministries117 Summer Lane Lake Charles,LA 70607 | 721211080 | 501(c)(3) | 6,000 | | | | Self Esteem program |
| Kidpower of SWLA711 Dr Michael DeBakey Dr Lake Charles,LA 70601 | 201983776 | 501(c)(3) | 25,000 | | | | Childhood Obesity program |
| Beauregard Buddy Ball Inc 876 Bozo Road Lake Charles,LA 70611 | 562566942 | 501(c)(3) | 6,239 | | | | To purchase Adaptive Water Ski Equipment and Adaptive Beeping Balls |
| Friends of Therapeutic Riding Inc7036 Greathouse Lake Charles,LA 70607 | 202408823 | 501(c)(3) | 5,536 | | | | To purchase Equicizer GI and portable Mounting Ram |
| Trinity Baptist Church1800 Country Club Road Lake Charles,LA 706055202 | 726001406 | 501(c)(3) | | 17,530 | FMV | Drugs&Medical Supply | Foreign Mission healing mission trip to Africa, Kenya |
| The FoundationSWLAPO Box 3110 Lake Charles,LA 70602 | 721015934 | 501(c)(3) | 10,000 | | | | Regional programs for workforce development, mentoring business recruitment and retention programs, and economic opportunities |
| Calcasieu Parish School BoardPO Box 3090 Lake Charles,LA 70602 | | | | 10,577 | FMV | 4 AEDs | Purchase Automated External Defibrillators for schools |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 7

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 |
|---|---|---|---|---|---|
| services | 124 | | 6,017 | FMV | taxi,svcs,gas,pharm |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Schedule I, Part I, Line 2 | Description of Organization's Procedures for Monitoring the Use of Grants | The Organization follows CHRISTUS Health Management Directive No 0006, "Contributions/Donations to Other Organizations" Before any donation is made, two criteria are addressed (1) Organization Test and (2) IRS 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 |

**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 | | | | |
| Ellen Jones | (i) | 42,503 | 5,047 | 5,159 | 18,811 | 0 | 71,520 | 0 |
| | (ii) | 385,238 | 47,873 | 48,942 | 169,297 | 23,897 | 675,247 | 0 |
| Stephen F Wright | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 399,178 | 0 | 9,262 | 182,039 | 24,515 | 614,994 | 0 |
| William Hecht | (i) | 27,832 | 2,440 | 6,183 | 7,878 | 0 | 44,333 | 0 |
| | (ii) | 241,838 | 22,539 | 57,131 | 70,898 | 23,952 | 416,358 | 0 |
| Debbie White | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 172,713 | 0 | 7,225 | 46,404 | 8,338 | 234,680 | 0 |
| Bernard J Leger | (i) | 207,080 | 0 | 24,111 | 37,633 | 18,819 | 287,643 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Douglas T Castille | (i) | 141,223 | 308 | 0 | 14,890 | 6,796 | 163,216 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gordon G Gilley | (i) | 135,461 | 358 | 0 | 15,002 | 15,027 | 165,847 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Marvin J Holland | (i) | 160,506 | 200 | 0 | 3,214 | 21,456 | 185,376 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kenneth C Marchand | (i) | 146,923 | 508 | 0 | 17,636 | 21,399 | 186,465 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Joy Huff | (i) | 129,945 | 0 | 1,655 | 24,378 | 5,284 | 161,262 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Geraldine Turner | (i) | 0 | 0 | 122,495 | 1,329 | 0 | 123,824 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Percival Kane MD | (i) | 26,000 | 0 | 0 | 0 | 0 | 26,000 | 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, Question 1a and Schedule J, Part II | Directors and Ex-Officio Directors provide their services as members of the Board without compensation or benefits Any compensation and benefits disclosed for such persons is earned in the respective individual's role as an officer or employee of the organization, not for the individual's role as a board member or director Officers, key employees and highest paid employees are full-time employees Board members spend time as needed for board meetings and functions Yang-Tze Broussard, MD received $28,450 for services as a Medical Director Percival Kane, MD received $26,000 for services as a Medical Director They received no compensation for serving as a directors |
| 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 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 |
| 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 or change-of-control 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 Geraldine Turner received $122,495 in severance payment during Calendar Year 2009 |
| payment from a supplemental nonqualified retirement plan | Form 990, Schedule J, Part I, Question 4b | Bill Hecht was paid $56,114 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 WILLIAM HECHT INCLUDES PAYMENTS FROM SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT PLAN EARNED AND PAID IN 2009 UNDER TERMS OF THE AFOREMENTIONED PLAN COMPENSATION FOR THE FOLLOWING PEOPLE INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT VESTED AND DUE IN 2009 UNDER TERMS OF THE PLAN Ellen Jones, Bernard Leger and Joy Huff |
| Supplemental Compensation Information | Form 990, Schedule J, Part II, Column B(II) | Bonus and incentive compensation includes amounts that were deferred in a prior year but paid out in calendar year 2009 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133037571

**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 Southwestern Louisiana

**Employer identification number**
72-0411322

## 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? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | To | From | | | Yes | No | Yes | No | 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 |
| JAMES SERRA | BOARD MEMBER | 281,653 | TV ADVERTISING & PROD SVCS | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 72-0411322
**Name:** Christus Health Southwestern Louisiana

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133037571 |
|---|---|---|

**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 Southwestern Louisiana

**Employer identification number**
72-0411322

| Identifier | Return Reference | Explanation |
|---|---|---|
| Doing Business As | Form 990, Page 1, Item C | Christus Health Southwestern Louisiana operates under the following names Christus St Patrick Hospital Christus St Patrick Foundation |

| 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, the founders and sponsors of CHRISTUS Health and those who co-minister with them seek new and innovative ways of delivering quality health care that is both affordable and accessible to all Today, more than ever, we must aim to improve the total health status of the community through programs that place our services where they are needed most, with special attention and preference given to programs that support and benefit the health and welfare of the poor and underserved Community Services for the poor and underserved represent the unpaid cost of services provided for which a patient is not billed, or for which a fee has been assessed that recovers only a portion of the cost of the rendered service This category includes initiatives that reach out to those in need through community health and social programs These programs seek justice for the vulnerable and work to bring about changes in our political and economic systems The programs cover a broad spectrum of services from community clinics to immunizations for children and seniors, meals on wheels, transportation services, home repair projects and a variety of other social services 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, which 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 at the market rate less our loan rate (forgone income) is considered a community benefit for reporting purposes The cost of the investments is not included in the Program Service Expenses for CHRISTUS Health Southwestern Louisiana Though outstanding loan balances vary throughout the year, the outstanding loan balance at the end of Fiscal Year 2010 was $500,000 CHRISTUS Health has 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 Southwestern Louisiana region was $50,000 The cost of these grants is not included in the Program Service Expenses for CHRISTUS Health Southwestern Louisiana Total other program expenses - $1,436,000 Grants and allocations - $6,017 Revenue - $0 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Description of Other Program Services | Form 990, Part III, Line 4d | COMMUNITY SERVICES FOR THE BROADER COMMUNITY Most of these expenses are 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 Southwestern Louisiana takes an active role in educating the public The hospital provides regularly scheduled community health education, such as seminars and screenings CHRISTUS Health Southwestern Louisiana also supports the community through participation with various agencies 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 Total other program expenses - $256,466 Grants and allocations - $143,905 Revenue - $0 |

| 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 Members 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, Lines 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 Southwestern 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 CEO of Christus Health 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 filing organization Based the aforementioned procedure, the Secretary's compensation is not reviewed by a compensation committee |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public | 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 organizations listed in the Annual Official Catholic Directory CHRISTUS Health's website displays the IRS Group Ruling and relevant Annual Official Catholic Directory pages for the organizations related to CHRISTUS Health Forms 990 and 990-T are made available upon request |

| 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, Section A | 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 Through 2/28/10 Ellen Jones devoted an average of 50 hours per week to CHRISTUS Health Southeast Texas, a related organization of the filing entity Ellen is the President/CEO of CHRISTUS Health Southeast Texas Effective 2/28/10, Ellen devoted an average of 33 hours per week to Christus Health Southeast Texas Ellen is the President/CEO of Christus Health Southeast Texas Effective 2/28/10, Ellen devoted an average of 22 hours per week to Christus Health Gulf Coast, a related entity of the filing organization Ellen is the CEO/President of Christus Health Gulf Coast Through 5/8/10, William Hecht devoted an average of 59 hours per week to CHRISTUS Health Southeast Texas, a related organization of the filing entity William is the CFO of CHRISTUS Health Southeast Texas Effective 5/9/10, William devotes an average of 39 hours to Christus Health Southeast Texas William is the CFO of Christus Health Southeast Texas Effective 5/9/10, William devotes an average of 26 hours per week to Christus Health Gulf Coast, a related entity of the filing organization William is the CFO of Christus Health Gulf Coast Through 3/7/10, Debbie White devoted an average of 40 hours per week to CHRISTUS Health Central Louisiana, a related organization of the filing entity Debbie is the CFO of CHRISTUS Health Central Louisiana Effective 3/8/10, Debbie devoted an average of 24 hours per week to CHRISTUS Health Central Louisiana Debbie is the CFO of CHRISTUS Health Central Louisiana Effective 9/13/09, Debbie devotes an average of 5 hours per week to CHRISTUS Health Utah, a related organization of the filing entity Debbie is the CFO of CHRISTUS Health Utah From 2/1/09 through 3/8/10, Stephen Wright devoted an average of 27 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 devoted an average of 21 hours to CHRISTUS Health Central Louisiana Stephen is the President/CEO of CHRISTUS Health Central Louisiana From 2/1/09 through 3/8/10, Stephen Wright devoted an average of 27 hours per week to CHRISTUS Health Northern Louisiana, a related organization of the filing entity Stephen is the President/CEO of CHRISTUS Health Northern Louisiana Effective 3/8/10, Stephen devoted an average of 21 hours to CHRISTUS Health Northern Louisiana Stephen is the President/CEO of CHRISTUS Health Northern Louisiana |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Fundraising Events- description less than $5,000 | Form 990, Part VIII, Line 8a, 8b, and 8c | Per Form 990, Schedule G, Part II instructions, fundraisers with gross receipts of less than $5,000 are not to be included on Schedule G, Part II Therefore, the amounts on Part VIII, Line 8 and Schedule G, Part II are different |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Breakdown of Required Distributions | Schedule G, Part III, Line 17b | Only operating gaming in Louisiana 100% of gross revenue in Louisiana |

**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 Southwestern Louisiana

**Employer identification number**
72-0411322

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

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SOUTH RYAN MRI LLC<br><br>650 DR MICHAEL DEBAKEY<br>LAKE CHARLES, LA70601<br>74-3103662 | IMAGING SERVICES | LA | NA | N/A | | | | No | | | 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 |
|---|---|---|---|---|---|---|---|
| OCCUPATIONAL HEALTH SERVICES INC<br>524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA70601<br>72-1217389 | MEDICAL SERVICES | LA | NA | C Corp | 207,547 | 3,816,280 | 100 000 % |
| Southwestern Louisiana PHO<br>524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA70601<br>72-1274256 | Health Services | LA | NA | C Corp | 7,051 | 504,269 | 100 000 % |
| SOUTH RYAN DEVELOPMENT CORPORATION<br>524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA70601<br>72-1183790 | Leasing Buildings | LA | NA | C Corp | 21,915 | 2,464,255 | 100 000 % |
| CHRISTUS Muguerza SAPI de CV<br>Carretera Nacional No 6501 Col E<br>Monterrey, N L 64988<br>MX | HEALTHCARE SRVCS | MX | NA | C Corp | | | |
| Emerald Assurance Cayman Ltd<br>PO BOX 1051<br>GRAND CAYMAN, CAYMAN ISLANDS KY1-1102<br>CJ<br>98-0407545 | Insurance | CJ | NA | C CORP | | | |
| | | | | | | | |
| | | | | | | | |

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

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity | 1a | Yes | |
| **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 | | No |
| **m** Sharing of facilities, equipment, mailing lists, or other assets | 1m | | No |
| **n** Sharing of paid employees | 1n | | No |
| **o** Reimbursement paid to other organization for expenses | 1o | 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 | | No |

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

| **(a)** Name of other organization | **(b)** Transaction type(a-r) | **(c)** Amount involved |
|---|---|---|
| **(1)** 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:** 72-0411322
**Name:** Christus Health Southwestern 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<br><br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX75503<br>75-2796815 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS CONTINUING CARE<br><br>1700 W LOOP SOUTH SUITE 1100A<br>HOUSTON, TX77027<br>74-2898615 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CH WILKINSON PHYSICIAN NETWORK<br><br>1700 WEST LOOP SOUTH SUITE 400B<br>HOUSTON, TX77027<br>76-0422435 | HLTHCARE SVCS | TX | 501(C)(3) | 11-TYPE 1 | NA |
| ST JOSEPH COMMUNITY FOUNDATION<br><br>2800 LAMAR AVE CAPITAL ONE 2ND F<br>PARIS, TX75460<br>42-1619230 | SUPT HLTH SVC | TX | 501(C)(3) | 11-TYPE 1 | NA |
| CHRISTUS ST JOSEPH'S HEALTH SYSTEM<br><br>2707 NORTH LOOP WEST<br>HOUSTON, TX77008<br>75-0800674 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS STEHLIN FDN FOR CANCER RESEARCH<br><br>10301 STELLA LINK SUITE A<br>HOUSTON, TX77025<br>74-1622404 | HLTHCRE RSRCH | TX | 501(C)(3) | 9 | NA |
| DUBUIS HEALTH SYSTEM INC<br><br>10333 RICHMOND AVE SUITE 300<br>HOUSTON, TX77042<br>72-1270964 | HLTHCARE SVC | TX | 501(C)(3) | 3 | N/A |
| CHRISTUS HEALTH FOUNDATION<br><br>2707 NORTH LOOP WEST<br>HOUSTON, TX77008<br>61-1500100 | SUPT HLTH SVC | TX | 501(C)(3) | 11-TYPE 1 | NA |
| CHRISTUS HEALTH CENTRAL LOUISIANA<br><br>3330 MASONIC DRIVE<br>ALEXANDRIA, LA71301<br>72-0408984 | HLTHCARE SVC | LA | 501(C)(3) | 3 | NA |
| CHRISTUS HEALTH GULF COAST<br><br>PO BOX 922037<br>HOUSTON, TX77292<br>76-0591592 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS HEALTH NORTHERN LOUISIANA<br><br>ONE SAINT MARY PLACE<br>SHREVEPORT, LA71101<br>72-0408982 | HLTHCARE SVC | LA | 501(C)(3) | 3 | NA |
| CHRISTUS SPOHN HEALTH SYSTEM CORP<br><br>600 ELIZABETH STREET<br>CORPUS CHRISTI, TX78404<br>74-1109836 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS HEALTH SOUTHEAST TEXAS<br><br>3010 HARRISON STREET<br>BEAUMONT, TX77702<br>76-0591590 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS Health<br><br>2707 NORTH LOOP WEST<br>HOUSTON, TX77008<br>76-0590551 | SUPT HLTH SVC | TX | 501(C)(3) | 11 - Type I | NA |
| CHRISTUS SANTA ROSA HEALTH CARE CORP<br><br>333 N SANTA ROSA STREET<br>SAN ANTONIO, TX78207<br>74-1109665 | HLTHCARE SVC | TX | 501(C)(3) | 3 | NA |
| CHRISTUS HEALTH UTAH<br><br>451 BISHOP FEDERAL LANE<br>SALT LAKE CITY, UT84115<br>87-0231682 | HLTHCARE SVC | UT | 501(C)(3) | 9 | NA |
| CHRISTUS Health Liability Retention TrST<br><br>2707 North Loop West<br>Houston, TX77008<br>76-0259623 | SELF INS TRST | TX | 501(C)(3) | 11-TYPE 1 | NA |

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

| | (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount Involved ($) |
|---|---|---|---|
| **(1)** | CHRISTUS Health Liability Retention Trust | p | 120,559 |
| **(2)** | Emerald Assurance Cayman Ltd | c | 147,185 |
| **(3)** | Southwestern LA PHO | l | 75,032 |
| **(4)** | South Ryan MRI LLC | a | 143,937 |
| **(5)** | South Ryan MRI LLC | l | 331,424 |
| **(6)** | Dubuis Health System Inc | l | 836,604 |
| **(7)** | Dubuis Health System Inc | k | 1,078,848 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 72-0411322
**Name:** Christus Health Southwestern 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 | | | |
| Ernest Broussard Jr AOCPCEcD<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Yang-Tze Broussard MD<br>Board Member | 1 0 | X | | | | | | 28,450 | 0 | 0 |
| Bob Chandler<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Keith DeSonier MD<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Sister Mary Patricia Driscoll<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Michael G Eason CFP CFM<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Leslie Harless<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ronald S Johns<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ricardo M McCall MD<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Andrea L Miller PhD<br>Board Member- Effective 1/1/10 | 1 0 | X | | | | | | 0 | 0 | 0 |
| Sister Audrey O'Mahony<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jim Serra<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Russell Stutes Jr<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Adrian Wallace<br>Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ellen Jones<br>President/CEO (Term 2/27/10) | 6 0 | X | | X | | | | 52,709 | 482,053 | 212,005 |
| Stephen F Wright<br>President/CEO Effect (3/8/10) | 11 0 | X | | X | | | | 0 | 408,440 | 206,555 |
| William Hecht<br>CFO (Term 5/8/10) | 7 0 | | | X | | | | 36,455 | 321,508 | 102,728 |
| Debbie White<br>CFO (Effective 3/8/10) | 16 0 | | | X | | | | 0 | 179,938 | 54,742 |
| Lila H Hicks<br>Secretary | 40 0 | | | X | | | | 37,343 | 0 | 14,799 |
| Bernard J Leger<br>Administrator | 55 0 | | | | X | | | 231,191 | 0 | 56,452 |
| Douglas T Castille<br>Clinical Pharmacist | 78 0 | | | | | X | | 141,530 | 0 | 21,686 |
| Gordon G Gilley<br>Sr Clinical Pharmacist | 47 0 | | | | | X | | 135,818 | 0 | 30,029 |
| Marvin J Holland<br>Perfusionist | 43 0 | | | | | X | | 160,706 | 0 | 24,670 |
| Kenneth C Marchand<br>Sr Clinical Pharmacist | 51 0 | | | | | X | | 147,430 | 0 | 39,035 |
| Joy Huff<br>Administrator Christus Village | 40 0 | | | | | X | | 131,600 | 0 | 29,662 |

**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): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| Geraldine Turner<br>CNE (Term 8/30/08) | 0 0 | | | | | | X | 122,495 | 0 | 1,329 |
| Percival Kane MD<br>Board Member (Term 12/31/08) | 0 0 | | | | | | X | 26,000 | 0 | 0 |

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

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|---|---|---|---|
| Net Patient Service Revenue | 621,990 | 122,416,671 | 122,416,671 | | |
| Rent related to Exempt Function | 531,390 | 1,777,198 | 1,777,198 | | |
| Reference Lab | 621,500 | 2,366,987 | | 2,366,987 | |
| Fitness Center | 713,940 | 725,715 | | 725,715 | |
| Physician support services | 611,710 | 42,990 | 42,990 | | |

## 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** |
|---|---|---|---|---|
| PROVISION UNCOLLECT ACCTS | 6,381,595 | 6,381,595 | | |
| SALES TAX | 1,904,382 | 1,852,592 | 51,790 | |
| RECRUITMENT/PLACEMENT FEES | 255,081 | 80 | 255,001 | |
| AWARDS & GIFTS-NON EMPLOYEE | 49,228 | 427 | 4,219 | 44,582 |
| FEDERAL & STATE INCOME TAX | 16,150 | 16,150 | | |