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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 Ark-La-Tex

Doing Business As
SEE SCHEDULE O

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

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

**D Employer identification number**
75-2796815

**E Telephone number**
(903) 614-1000

**G** Gross receipts $ 257,101,443

**F** Name and address of principal officer
Chris Karam
2600 St Michael Dr
Texarkana, TX 75503

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

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

**H(c)** Group exemption number ▶ 0928

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

**J Website:** ▶ www christusstmichael org

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1999 | **M** State of legal domicile TX

## 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** | 15 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 11 |
| **5** | Total number of employees (Part V, line 2a) | **5** | 2,171 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 101 |
| **7a** | Total gross unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 4,277,593 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 1,056,159 | 1,259,903 |
| **9** | Program service revenue (Part VIII, line 2g) | 238,587,996 | 254,999,318 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 461,406 | -206,865 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,037,741 | 664,929 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 241,143,302 | 256,717,285 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,766,127 | 9,455,536 |
| **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) | 99,131,858 | 97,811,845 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶213,773 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 130,473,239 | 136,711,151 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 231,371,224 | 243,978,532 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 9,772,078 | 12,738,753 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | | | |
| **20** | Total assets (Part X, line 16) | 233,578,139 | 228,592,428 |
| **21** | Total liabilities (Part X, line 26) | 120,785,517 | 102,637,864 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 112,792,622 | 125,954,564 |

## 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: 2011-05-04

▶ Shawn Barnett VP/CFO
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<br>1401 MCKINNEY SUITE 1200<br>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 $ 179,049,533 including grants of $ 0 ) (Revenue $ 119,287,481 )

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS Health Ark-La-Tex is a region of CHRISTUS Health, which was formed in 1999 to strengthen the 142-year-old, faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio Founded on the mission "to extend the healing ministry of Jesus Christ," CHRISTUS is challenged to reach out to, and beyond, the more than 60 communities we serve to help those in need The vision of CHRISTUS Health as a Catholic, faith-based ministry, is to be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love The CHRISTUS Health Ark-La-Tex region responds to health care needs through services provided at CHRISTUS St Michael System, which includes CHRISTUS St Michael Hospital, a 312-bed acute care hospital, 50-bed CHRISTUS St Michael Rehabilitation Hospital, CHRISTUS St Michael Outpatient Rehabilitation Center, CHRISTUS St Michael Health & Fitness Center and CHRISTUS St Michael Imaging Center Each of our health care entities haVE the same objective - to fulfill our mission of extending the healing ministry of Jesus Christ, which includes leading the way to a healthier community CHRISTUS Health Ark-La-Tex is located in Texarkana, Texas and services Northeast Texas, Southwest Arkansas, and Southeast Oklahoma, which covers a population of more than 338,000 individuals In Fiscal Year 2010 alone, we were privileged to serve hundreds of thousands of individuals in various ways including 72,083 visits to our emergency department, 5,021 surgery procedures within our hospitals, 3,457 outpatient surgery procedures, 17,252 patients who were admitted to our hospitals for care and 191,996 patients who received outpatient care at our facilities Touching the lives of the people around us is what makes CHRISTUS Health Ark-La-Tex stand apart Allowing others to touch us gives CHRISTUS Health a vision for the medically needy in each of the communities we serve Whether it is the life of a child expecting a future filled with miracles, the life of a man in need of a critical heart surgery, or the life of a woman about to give birth to her first child, CHRISTUS Health Ark-La-Tex's health care services work to provide the best care possible regardless of an individual's ability to pay By collaborating with communities, churches, businesses and other health care organizations, CHRISTUS Health's various entities have strengthened their roles as major providers of comprehensive, accessible health care services These partnerships within the community have been a blessing by helping CHRISTUS Health Ark-La-Tex better serve those in need Furthermore, investment in community services would not be possible without dedicated employees and volunteers They help to build strong relationships between CHRISTUS' hospitals and other health care ministries and the community, nurturing CHRISTUS' mission to meet health care needs and make a difference in the lives of others Our employees work both inside and outside the walls of our health care facilities and are committed to reaching beyond the traditional hospital structure to help our communities maintain good health Understanding the need to provide access to health care to as much of our public as possible, CHRISTUS Health participates in government-sponsored health care programs including Medicaid, Medicare, CHAMPUS, TRICARE and others In addition, we offer specific discounts on a sliding scale for necessary services provided to patients who do not have medical insurance or who do not participate in government sponsored programs CHRISTUS Health Ark-La-Tex provides a full range of inpatient and outpatient services to the people from the communities it serves It conducts its activities and serves all patients without regard to race, color, creed, religion, gender, orientation, disability, age or national origin Among the general medical/surgery services offered are day surgery, open-heart surgery, orthopedics, cardiac and pulmonary rehabilitation, diagnostic, therapeutic, wellness programs, occupational and speech therapy, cardiac/pulmonary outpatient rehabilitation, respiratory care, nutrition and dietary services and pharmacy CHRISTUS St Michael Health System provides a 24-hour emergency room that is open to serve all those in need of emergent care, regardless of their ability to pay CHRISTUS Health Ark-La-Tex also supports many local community health services, such as the Randy Sams Shelter for the Homeless and the Spirit of St Michael mobile clinic, which serves a seven-county area As a not-for-profit organization and as part of CHRISTUS Health, a regional governing board comprised largely of independent community members representing the area we serve guides CHRISTUS Health Ark-La-Tex We are privileged to have an open medical staff comprised of qualified physicians who work with us to provide care to our communities All qualified physicians who are granted privileges to serve with us in our hospitals must undergo a thorough and comprehensive credentialing process

**4b** (Code ) (Expenses $ 17,075,642 including grants of $ 0 ) (Revenue $ 27,262,869 )

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 This falls into two categories Charity Care and Unpaid Government Indigent Care In keeping with the mission, values, and vision of CHRISTUS Health, CHRISTUS Health provides Charity Care services in a manner that respects the dignity of the patients and their families Charity Care is provided without charge or at a charge that is less than the usual charge for such services The determination as to the amount to be charged, if any, is made according to a patient's ability to pay as determined by established eligibility criteria For uninsured patients whose economic circumstances place them at or under 200 percent of the Federal Poverty Level (FPL), services are provided without any expectation of payment Uninsured patients whose economic circumstances place them between 200 and 400 percent of FPL are charged based on a sliding scale, and those above 400 percent receive discounts based on the uninsured fee schedule CHRISTUS Health is an active participant in Texas, Louisiana, and Arkansas' Medicaid programs Those programs seek to provide payment for health care services to individuals who meet certain financial and other requirements, which include evaluation of both assets and income

**4c** (Code ) (Expenses $ 10,026,967 including grants of $ 0 ) (Revenue $ 104,186,375 )

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

**4d** Other program services (Describe in Schedule O )

(Expenses $ 11,660,452 including grants of $ 9,455,536 ) (Revenue $ 0 )

**4e** **Total program service expenses** ▶ $ 217,812,594

## 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 | Yes | |
| 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? **Yes** **No** | | | |
| | *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 | Yes | |
| 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 | Yes | |
| 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** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **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 | 254 | | |
| 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 | 2,171 | | |
| 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 | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes" to 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| 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 | 15 | | |
| b | Enter the number of voting members that are independent | 1b | 11 | | |
| 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 | Yes | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | Yes | |
| 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 ▶

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

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

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

**1a** Complete this table for all persons required to be listed 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 | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . ▶ | 2,186,104 | 0 | 503,490 |

**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 ▶ 24

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ARAMARK CORPORATION<br>P O BOX 651009<br>CHARLOTTE, NC 282651009 | OUTSOURCING HOUSKPNG | 10,520,306 |
| COGENT HEALTHCARE OF TEXAS PA<br>P O BOX 974716<br>DALLAS, TX 75397 | PHYSICIAN STAFFING | 3,253,802 |
| AMN HEALTHCARE INC<br>12400 HIGH BLUFF DR SUITE 100<br>SAN DIEGO, CA 92130 | CONTRACT NURSING | 1,275,359 |
| CEP AMERICA<br>2100 POWELL ST SUITE 920<br>EMERYVILLE, CA 94608 | PHYSICIAN STAFFING | 1,127,335 |
| EA HEALTH CORPORATION<br>440 STEVENS AVE SUITE 150<br>SOLANA BEACH, CA 92075 | PHYSICIAN STAFFING | 1,106,525 |
| **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 ▶ 28 | | |

## 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 | 21,011 | | | |
| | d | Related organizations | 1d | 187,791 | | | |
| | e | Government grants (contributions) | 1e | 187,270 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 863,831 | | | |
| | g | Noncash contributions included in lines 1a-1f $ 29,382 | | | | | |
| | h | **Total.** Add lines 1a-1f | | 1,259,903 | | | |
| | | | Business Code | | | | |
| Program Service Revenue | 2a | Net Patient Service Revenue | 621,110 | 246,457,912 | 246,220,048 | 237,864 | |
| | b | Pharmacy | 446,110 | 4,424,835 | 1,116,518 | 3,308,317 | |
| | c | Rent related to Exempt Function | 900,099 | 3,710,129 | 3,710,129 | | |
| | d | Program Related Investment Income | 900,099 | -837,745 | -981,143 | 143,398 | |
| | e | Fitness Center | 713,940 | 623,983 | 106,670 | 517,313 | |
| | f | All other program service revenue | | 620,204 | 564,503 | 55,701 | |
| | g | **Total.** Add lines 2a–2f | | 254,999,318 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 44,618 | | | 44,618 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 5,500 | | | |
| | b | Less cost or other basis and sales expenses | | 256,983 | | | |
| | c | Gain or (loss) | | -251,483 | | | |
| | d | Net gain or (loss) | | -251,483 | | | -251,483 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 21,011 of contributions reported on line 1c) See Part IV, line 18 | a 129,492 | | | | |
| | b | Less direct expenses | b 60,260 | | | | |
| | c | Net income or (loss) from fundraising events | | 69,232 | | | 69,232 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a 77,034 | | | | |
| | b | Less direct expenses | b 66,915 | | | | |
| | c | Net income or (loss) from gaming activities | | 10,119 | | | 10,119 |
| | 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 | Gift Shop | 900,099 | 204,927 | | | 204,927 |
| | b | Medical records/abstracts | 900,099 | 153,406 | | | 153,406 |
| | c | Vending Machine | 900,099 | 65,576 | | | 65,576 |
| | d | All other revenue | | 161,669 | | 15,000 | 146,669 |
| | e | **Total.** Add lines 11a–11d | | 585,578 | | | |
| | 12 | **Total revenue.** See Instructions | | 256,717,285 | 250,736,725 | 4,277,593 | 443,064 |

## 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 | 9,455,261 | 9,455,261 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 275 | 275 | | |
| 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 | 2,623,506 | 2,335,628 | 283,615 | 4,263 |
| 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 | 75,607,566 | 67,311,122 | 8,173,581 | 122,863 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 4,305,218 | 4,209,279 | 95,939 | |
| 9 | Other employee benefits | 9,855,189 | 8,985,216 | 866,034 | 3,939 |
| 10 | Payroll taxes | 5,420,366 | 4,938,423 | 472,550 | 9,393 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 253,259 | | 253,259 | |
| c | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising *See Part IV, line 17* | 0 | | | |
| f | Investment management fees | 57,228 | | 57,228 | |
| g | Other | 25,425,663 | 15,111,684 | 10,313,979 | |
| 12 | Advertising and promotion | 236,249 | 3,390 | 232,484 | 375 |
| 13 | Office expenses | 56,859,934 | 54,419,211 | 2,371,764 | 68,959 |
| 14 | Information technology | 6,958,506 | 6,958,506 | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 6,787,843 | 4,925,800 | 1,862,043 | |
| 17 | Travel | 274,533 | 112,179 | 159,203 | 3,151 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 162,589 | 91,203 | 70,991 | 395 |
| 20 | Interest | 5,349,584 | 5,349,584 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 16,969,321 | 16,825,439 | 143,882 | |
| 23 | Insurance | 3,049,010 | 3,045,101 | 3,909 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a | Provision for Bad Debt | 13,331,383 | 13,331,383 | | |
| b | SPONSORSHIP FEES | 14,500 | | 14,500 | |
| c | Recruitment/Placement Fees | 345,998 | 224 | 345,774 | |
| d | DUES & MEMBERSHIP | 56,513 | 33,683 | 22,395 | 435 |
| e | AWARDS&GIFTS - NON-EMPLOYEE | 44,288 | 76 | 44,212 | |
| f | All other expenses | 534,750 | 369,927 | 164,823 | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 243,978,532 | 217,812,594 | 25,952,165 | 213,773 |
| 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 | | 50,024,457 | 1 | 56,027,944 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 33,175,751 | 4 | 35,089,346 |
| | 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 | | 350,981 | 7 | 64,207 |
| | 8 | Inventories for sale or use | | 5,857,118 | 8 | 5,223,266 |
| | 9 | Prepaid expenses and deferred charges | | 530,476 | 9 | 847,604 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 325,124,483 | | | |
| | b | Less accumulated depreciation | 10b 197,215,075 | 141,063,346 | 10c | 127,909,408 |
| | 11 | Investments—publicly traded securities | | 1,165,052 | 11 | 1,850,210 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 655,584 | 13 | 916,745 |
| | 14 | Intangible assets | | 408,448 | 14 | 457,745 |
| | 15 | Other assets See Part IV, line 11 | | 346,926 | 15 | 205,953 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 233,578,139 | 16 | 228,592,428 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 16,626,093 | 17 | 20,159,347 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 265,952 | 19 | 150,000 |
| | 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 | | 623,915 | 24 | 186,688 |
| | 25 | Other liabilities Complete Part X of Schedule D | | 103,269,557 | 25 | 82,141,829 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 120,785,517 | 26 | 102,637,864 |
| 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 | | 111,679,794 | 27 | 124,662,625 |
| | 28 | Temporarily restricted net assets | | 1,112,828 | 28 | 1,291,939 |
| | 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 | | 112,792,622 | 33 | 125,954,564 |
| | 34 | Total liabilities and net assets/fund balances | | 233,578,139 | 34 | 228,592,428 |

## 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 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133049861

# 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 Ark-La-Tex

**Employer identification number**
75-2796815

**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

## Additional Data

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

**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 | | | |
| Borden Bell<br>Chairperson/Director | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Mary Matthews<br>Vice Chairperson/Director | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Chris Karam<br>President/CEO | 55 0 | X | | X | | | | 379,235 | 0 | 92,375 |
| Brenette Shepherd<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Sister Eleanor Geever<br>Director (Term 12/31/09) | 1 0 | X | | | | | | 0 | 0 | 0 |
| Greg Arnold<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Mary Priscilla Hickerson<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Carlton Jones<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Derrick McGary<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| James Wyly<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Vernon C Shaffer MD<br>Director | 1 0 | X | | | | | | 14,925 | 0 | 0 |
| James M Hurley MD<br>Director | 1 0 | X | | | | | | 5,008 | 0 | 0 |
| Viola Ingram<br>Director (Term 12/31/09) | 1 0 | X | | | | | | 0 | 0 | 0 |
| Sister Katrina LeGrand<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard Hilborn MD<br>Director (Term 12/31/09) | 1 0 | X | | | | | | 0 | 0 | 0 |
| Lowell E Vereen MD<br>Director | 1 0 | X | | | | | | 266 | 0 | 0 |
| Sister Michele O'Brien<br>Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| Shawn Barnett<br>CFO/Treasurer | 40 0 | | | X | | | | 242,577 | 0 | 65,591 |
| Nancy Burleson<br>Secretary (Term 10/11/09) | 40 0 | | | X | | | | 55,282 | 0 | 11,605 |
| Gail White<br>Secretary (Effective 10/11/09) | 40 0 | | | X | | | | 40,082 | 0 | 20,235 |
| G Michael Finley MD<br>VP Med Affs/Reg CMO | 70 0 | | | | X | | | 317,862 | 0 | 90,956 |
| John Edward Phillips<br>Chief Operating Officer | 40 0 | | | | X | | | 203,607 | 0 | 53,323 |
| Nancy Keenan<br>Chief Nurse Executive | 40 0 | | | | X | | | 199,687 | 0 | 52,620 |
| William L Waldrum<br>Pharmacist | 48 0 | | | | | X | | 153,335 | 0 | 22,248 |
| Bart P Russo<br>Pharmacist | 41 0 | | | | | X | | 121,468 | 0 | 17,397 |

## 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 | | | |
| Jeremy K Dobbins<br>Medical Physicist | 40 0 | | | | | X | | 121,635 | 0 | 23,593 |
| Aloma Gender<br>Administrator/CNO | 40 0 | | | | | X | | 168,642 | 0 | 29,083 |
| Ronald Dale Ryan<br>VP Support Services | 40 0 | | | | | X | | 162,493 | 0 | 24,464 |

**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 | 621,110 | 246,457,912 | 246,220,048 | 237,864 | |
| Pharmacy | 446,110 | 4,424,835 | 1,116,518 | 3,308,317 | |
| Rent related to Exempt Function | 900,099 | 3,710,129 | 3,710,129 | | |
| Program Related Investment Income | 900,099 | -837,745 | -981,143 | 143,398 | |
| Fitness Center | 713,940 | 623,983 | 106,670 | 517,313 | |

## 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 for Bad Debt | 13,331,383 | 13,331,383 | | |
| SPONSORSHIP FEES | 14,500 | | 14,500 | |
| Recruitment/Placement Fees | 345,998 | 224 | 345,774 | |
| DUES & MEMBERSHIP | 56,513 | 33,683 | 22,395 | 435 |
| AWARDS&GIFTS - NON-EMPLOYEE | 44,288 | 76 | 44,212 | |

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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 Ark-La-Tex | 75-2796815 |

## 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? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 7,737 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | Yes | | 2,148 |
| j | Total lines 1c through 1i | | | 9,885 |
| 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 | CHRISTUS Health Ark-La-Tex HAD DIRECT CONTACT WITH MEMBERS OF THE ARKANSAS STATE LEGISLATURE, TEXAS STATE LEGISLATURE, U S SENATORS OF TEXAS, TEXAS 4TH CONGRESSIONAL DISTRICT AND ARKANSAS 4TH CONGRESSIONAL DISTRICT AND TEXAS LT GOVERNOR DAVID DEWHURST AND THEIR STAFF THROUGH EMAILS, TELEPHONE CALLS AND MEETINGS ON ISSUES SUCH AS HEALTHCARE FOR THE UNINSURED, HEALTHCARE REFORM, MENTAL HEALTH CHALLENGES, NATIONAL SECURITY, IMMIGRATION, HEALTHCARE COSTS AND ACCESS, STATE BUDGET CHALLENGES, HEALTHCARE WORKFORCE, HEALTH HOME MEDICAL PILOT FOR CHILDREN AND JOB CREATION PROGRAMS THE CEO OF CHRISTUS HEALTH ARK-LA-TEX WROTE SEVERAL LETTERS TO CONGRESSMEN AND THE PRESIDENT OF THE UNITED STATES THE TOPIC OF ALL LETTERS WAS HEALTHCARE REFORM HEALTHCARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH ARK-LA-TEX 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 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 $2,148 CHRISTUS HEALTH ARK-LA-TEX 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 Ark-La-Tex

**Employer identification number**
75-2796815

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 | 1,485,826 | 1,459,037 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | -14,289 | 37,009 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 9,449 | 10,220 | | | |
| g End of year balance | 1,462,088 | 1,485,826 | | | |

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 100.000 %

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 18,029,482 | | 18,029,482 |
| b Buildings | | 157,114,155 | 78,372,178 | 78,741,977 |
| c Leasehold improvements | | 337,581 | 101,667 | 235,914 |
| d Equipment | | 106,139,422 | 89,999,107 | 16,140,315 |
| e Other | | 43,503,843 | 28,742,123 | 14,761,720 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 127,909,408 |

**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 |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| **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 |
|---|---|
| | |
| | |
| | |
| | |
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| | |
| | |
| **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 CHRISTUS Health Bond Fund | 80,306,726 |
| DUE TO RELATED ORGANIZATIONS | 1,835,103 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 82,141,829 |

**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 |
|---|---|---|
| Intended uses of the organization's endowment fund | Form 990, Schedule D, Part V | The earnings of the endowment fund may be used without limitation for buildings, equipment, programs and services of Christus Health Ark-La-Tex, in keeping with its mission and purposes within Christus Health Ark-La-Tex region without restriction to any particular purpose |
| 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 | Per footnote 3 in the Consolidated Financial Statements, there are no material unrecorded tax liabilities as of June 30, 2010 and 2009 |

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ 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 Ark-La-Tex

**Employer identification number**
75-2796815

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

| | | (a) Event #1 GALA (event type) | (b) Event #2 ANNUAL GOLF TNY (event type) | (c) Other Events 1 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 107,695 | 24,930 | 17,878 | 150,503 |
| | 2 Less Charitable contributions | 15,386 | 2,420 | 3,205 | 21,011 |
| | 3 Gross income (line 1 minus line 2) | 92,309 | 22,510 | 14,673 | 129,492 |
| Direct Expenses | 4 Cash prizes | | | 340 | 340 |
| | 5 Non-cash prizes | | 923 | 2,021 | 2,944 |
| | 6 Rent/facility costs | | | 4,933 | 4,933 |
| | 7 Food and beverages | 17,442 | 1,041 | 190 | 18,673 |
| | 8 Entertainment | 18,000 | | | 18,000 |
| | 9 Other direct expenses | 12,677 | 1,437 | 1,256 | 15,370 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 60,260 |
| | 11 Net income summary Combine lines 3, column d, and line 10 ▶ | | | | 69,232 |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | 77,034 | 77,034 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | 33,092 | 33,092 |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | 33,823 | 33,823 |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☑ Yes 90 000 % ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | 66,915 |
| | 8 Net gaming income summary Combine lines 1, column d, and line 7 ▶ | | | | 10,119 |

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities TX | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | | No |
| b | If "No," Explain<br>Texas does not require qualified organizations to register in order to operate raffles in Texas | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | No |
| b | If "Yes," Explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | No |

| | | | Yes | No |
|---|---|---|---|---|
| **13** | Indicate the percentage of gaming activity operated in | | | |
| **a** | The organization's facility | **13a** 0 % | | |
| **b** | An outside facility | **13b** 100 000 % | | |
| **14** | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |

Name ▶ Susan Landreaux

Address ▶ 2600 St Michael Drive
Texarkana, TX 75503

| | | | | |
|---|---|---|---|---|
| **15a** | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | **15a** | | No |
| **b** | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ | | | |
| **c** | If "Yes," enter name and address | | | |

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

| | | | | |
|---|---|---|---|---|
| **17** | Mandatory distributions | | | |
| **a** | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | **17a** | Yes | |
| **b** | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 10,119 | | | |

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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 Ark-La-Tex

**Employer identification number**
75-2796815

## 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<br>☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ 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<br>☐ 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<br>☐ 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 | Yes | |
| 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 | | No |
| 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) | | | 21,694,032 | 0 | 21,694,032 | 9 410 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 22,503,543 | 27,262,857 | -4,759,314 | 2 060 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Charity Care and Means-Tested Government Programs | | | 44,197,575 | 27,262,857 | 16,934,718 | 7 350 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | 5 | | 989,151 | 52,218 | 936,933 | 0 410 % |
| f Health professions education (from Worksheet 5) | 5 | | 1,277,554 | 0 | 1,277,554 | 0 550 % |
| g Subsidized health services (from Worksheet 6) | 1 | | 148,268 | 0 | 148,268 | 0 060 % |
| h Research (from Worksheet 7) | | | 0 | 0 | 0 | 0 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | 9 | | 6,603,560 | 0 | 6,603,560 | 2 860 % |
| j **Total** Other Benefits | 20 | | 9,018,533 | 52,218 | 8,966,315 | 3 880 % |
| k **Total.** Add lines 7d and 7j | 20 | | 53,216,108 | 27,315,075 | 25,901,033 | 11 230 % |

## 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 | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | 1 | | 20,563 | | 20,563 | 0 010 % |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | 1 | | 20,563 | | 20,563 | 0 010 % |

## 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 | 3,110,212 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | 4,568 | | |
| 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 | 95,557,380 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 84,560,849 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | 10,996,531 | | |
| 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 | TEXARKANA PTRS LTD | RENTAL PROPERTY | 38 360 % | | 10 160 % |
| 2 | TGGP LLC | GENERAL PARTNER OF TGLP, LP | 30 000 % | | 52 500 % |
| 3 | TGLP LP | SURGICAL CENTER | 29 700 % | | 52 500 % |
| 4 | TXKNA PET IM INSTLP | IMAGING | 25 130 % | | 12 560 % |
| 5 | NE TEXAS SURGERY CNT | SURGERY CENTER | 20 000 % | | 37 000 % |
| 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 St Michael Health System<br>2600 St Michael Drive<br>Texarkana,TX 75503 | X | X | | | | | X | | |
| Christus St Michael Rehabilit Hospital<br>2400 St Michael Drive<br>Texarkana,TX 75503 | X | | | | | | | | Rehabilitation Hosp |
| | | | | | | | | | |
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## 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

TX

## Additional Data

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

**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 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 including 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

Part I, Line 7 Line 7a Ratio of patient care cost to charges Line 7b Ratio of patient care cost to charges 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

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

Total expenseS from Form 990, Part IX, line 25, column (A) EQUAL $243,978,532 The bad debt expense included in this amount was $13,331,383 This leAVES a total expense of $230,647,149 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 23 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 "

## 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 $(11,160,212) if total expenses ALLOCABLE TO MEDICARE SERVICES were substituted on Schedule H, Part III, Line 6 CHRISTUS Health Ark-La-Tex 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 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

N/A

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

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 ARK-LA-TEX MADE OVER $6,603,560 IN CASH AND IN KIND CONTRIBUTIONS THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REP ORTING 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 I NDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE CHRISTUS HEALTH EST ABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GR OUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUE S AND PHILOSOPHY OF A HEALTHY COMMUNITY CHRISTUS FUND GRANTS TOTALING $166,427 WERE UTILI ZED FOR THE BENEFIT OF THE COMMUNITIES THAT CHRISTUS HEALTH ARK-LA-TEX SERVES THE GRANT D OLLARS WERE USED BY THE REGION TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNIT IES THE CHRISTUS FUND GRANTS WERE USED DIRECTLY BY CHRISTUS HEALTH ARK-LA-TEX TO INTRODUC E COMMUNITY HEALTH WORKERS AND A CARE MANAGEMENT PROGRAM, "CARE PARTNERS," AIMED AT CHRONI C DISEASE MANAGEMENT FOR UNDERSERVED PATIENTS IN OUR FAMILY HEALTH CENTERS AND CLINICS TH IS PROGRAM HAS PROVEN TO BE INSTRUMENTAL IN REDUCING THE NUMBER OF PREVENTABLE HOSPITALIZA TIONS FOR OUR PATIENTS THE CHRISTUS FUND GRANT AMOUNT ALSO INCLUDES GRANTS MADE BY CHRIST US HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITIES SERVED BY THE ARK-LA-TEX R EGION, AS WELL AS GRANTS MADE BY CHRISTUS HEALTH ARK-LA-TEX TO OTHER NONPROFIT ORGANIZATIO NS ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROF IT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY CHRISTUS HEALTH HAS ALSO ESTABL ISHED AN EDUCATION AND RESEARCH FUND CHRISTUS HEALTH ARK-LA-TEX RECEIVED $30,780 FROM THE FUND AND USED SUCH RESOURCES TO BENEFIT THE COMMUNITY BY PROVIDING RESEARCH AND EDUCATION AL PROGRAMS SPONSORED BY THE REGION INDIGENT FUNDING EXPENSE TO NONPROFIT ORGANIZATIONS O F $6,316,425 IS INCLUDED IN SCHEDULE H, PART I, LINE 7(I) INDIGENT FUNDING EXPENSE TO FOR PROFIT ORGANIZATIONS OF $1,167,465 IS NOT INCLUDED IN SCHEDULE H, PART I, LINE 7(I) BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 PART III, SECTION A, LINE 1 CHRISTUS H EALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 T HE 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 T HIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROV IDED 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 UNIN SURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE BAD DEBT EXPENSE ( AT COST) PART III, SECTION A, LINE 2 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, Lin e 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 Ba d debt expense is net of (1) contractual allowances, (2) payments received and (3) recove ries of bad debt previously written off EST OF BAD DEBT EXP ATTRIB TO PTNT'S ELIG UNDER ORG'S CHRTY CARE PRV PART III, SECTION A, LINE 3 IN ORDER TO ESTIMATE THE AMOUNT OF THE O RGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS WHO ARE ELIGIBLE UNDER T HE ORGANIZATION'S CHARITY CARE POLICY, THE FOLLOWING CRITERIA WERE USED TO DETERMINE THE I NCLUSION OF A PATIENT ACCOUNT (1) THE ACCOUNTS HAD NO PATIENT PAYMENTS NOTED, (2) THE ACC OUNTS ARE ALL TRUE SELF-PAY WHERE THE INDIVIDUALS LACK INSURANCE COVERAGE, (3) THE PATIENT S/ GUARANTOR ARE UNEMPLOYED FOR THE MOST PART, (4) THE ACCOUNTS HAVE LIMITED CONTACT INFOR MATION WITH REPEATED RETURN MAIL AND A POSSIBLE PHONE NUMBER OR NO PHONE NUMBER WITH AN AD DRESS, (5) THE ACCOUNTS IN THE BRONZE CATEGORY OF THE ORGANIZATION'S SCORING MODEL INDICAT E THAT THE ACCOUNTS HAVE LITTLE TO NO CONTACT INFORMATION AND SCORE VERY LOW ON THE COLLEC TABILITY/PROBABILITY SCALE THE BRONZE SECTION USUALLY REPRESENTS ONLY 5 PERCENT OF ALL MO NIES 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

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

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 patien t receivables The screening procedures subsequent to discharge to determine charity care and discount applicability include reviewing the attending hospital's records including pa tient submitted charity care applications or other financial information, making contact w ith patients through mailed notice followed by phone call, using a financial assistance qu estionnaire, using software that provides household/income data statistics and credit repo rts As a result of the aforementioned steps, the amount reported as bad debt expense at c ost attributable to patients who are eligible under the organization's charity care policy is relatively small Part I, Line 7b Unreimbursed Medicaid CHRISTUS Health Ark-LA-TEX rei nvests all surplus funds back in to the communities we serve through expanded health servi ces, new technologies, and better facilities COMMUNITY BENEFITS REPORT PART VI, LINE 8 A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF THE ANNUAL STATEME NT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311 045 AND 311 046, NONPROFIT HOSPITALS ARE REQUIRED TO FILE THE ASCBS FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH SER VICES (DSHS) THE 2009 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE P OLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT ALL CHRISTUS HEALTH ENTITIES INCL UDING 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 CATH OLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2008 TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARE D AND DISTRIBUTED BY THE SYSTEM OFFICE

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

Part VI, Line 2 CHRISTUS Health Ark-La-Tex, in collaboration with area community stakeholders including Community Health Centers of Arkansas, Inc (CHCA) and Arkansas Primary Care Association, developed the 2009 Community Benefit Plan based on updates to an initial plan completed in 1995 A focus group conducted community meetings to examine and affirm findings of the community health needs, time and resources required to address all of the unmet needs in the CHRISTUS Ark La Tex region The group has committed to continue work related to the community health needs assessment in the Ark-La-Tex Region for the long-term CHRISTUS Health Ark-La-Tex and the focus group recognized the need for a 20-year plan based on the Texarkana Chamber of Commerce development of the "Bowie Miller Vision 20/20," a process of taking the ideas of many and making them a road map that will define our future health care needs, support disease prevention, and support the health improvement activities of Bowie and Miller counties with specific and measurable objectives A benchmark committee will monitor the progress being made on each goal included in the vision The action plan will be reviewed annually and reported to the steering committee

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

Part VI, Line 3 CHRISTUS Health Ark-La-Tex 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 A public notice regarding the charity care policy is posted in prominent places throughout the hospital, including but not limited to the emergency room waiting area, and the admissions office waiting area, as required by both the State of Texas Community Benefit Standard (which addresses the duties and responsibilities of nonprofit hospitals) and CHRISTUS Health Community Benefit Guidelines #050 In addition, a public notice regarding the charity care policy and information on financial assistance are also posted on the CHRISTUS HEALTH Website The information on financial assistance includes explanations on the availability of financial assistance, who qualifies, and how to apply for financial assistance

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

Part VI, Line 4 CHRISTUS Health Ark-La-Tex is located in Texarkana, Texas and services northeast Texas, northwest Louisiana, southwest Arkansas, and southeast Oklahoma, which covers a population of approximately 338,000 persons Texarkana, Texas and Texarkana, Ark are the largest cities in the region, making up approximately 50 percent of the total population They are located in Bowie and Miller Counties, respectively The population consists of over 70 percent Caucasians and over 20 percent African-Americans according to 2000 census data Over 70 percent of the residents are high school graduates The median household income was $41,822 for Bowie County and $37,106 for Miller County as of 2007 Each county is below their respective state's median household income Miller County is 42 5 percent below 200 percent of the Federal Poverty Level (FPL) and Bowie County is 37 5 percent of the FPL According to a 2008 Arkansas Department of Health and Human Services report, over 31 percent of the population of Miller County and 14 5 percent of the population in Bowie County is eligible for Medicaid According to 2006 U S Census information, 17 8 percent of the population of Miller County and 18 6 percent of the population in Bowie County, Texas are 64 years of age and under are uninsured CHRISTUS Health Ark-La-Tex touches the lives of the people throughout the region because of its commitment to underserved and medically needy populations CHRISTUS Health Ark-La-Tex provides the best care possible regardless of an individual's ability to pay

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

Part VI, Line 5 The CHRISTUS Health Advocacy department works in partnership with local, state and federal policy makers to ensure activities and programs are in place that will enhance public health through improved access to health services and advance general knowledge  During FY 2010, CHRISTUS Health advocated for improving public policies, working to establish and in some instances augment grassroots advocacy and greater access to healthcare services for the constituents we serve  Advocacy efforts focus on the needs of children 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

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

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

Part VI, Line 6 CHRISTUS Health Ark-La-Tex responds to the health care needs of the commun ity through services provided at CHRISTUS St Michael System, which includes CHRISTUS St Michael Hospital, a 312-bed acute care hospital, 50-bed CHRISTUS St Michael Rehabilitatio n Hospital, CHRISTUS St Michael Outpatient Rehabilitation Center, CHRISTUS St Michael He alth & Fitness Center and CHRISTUS St Michael Imaging Center CHRISTUS Health Ark-La-Tex provides a 24 hour emergency room that is open to serve all those in need of emergency car e, regardless of their ability to pay CHRISTUS Health Ark-La-Tex has part ownership in Bo wie Country Clinical Services, Inc providing physician health care services to Medicaid p atients Through Arkansas Integrated Community Health Network, Inc , CHRISTUS Health Ark-L a-Tex has an indirect ownership interest in one diagnostic imaging facility- Texarkana P E T Imagining Institute, L P , one endoscopy center - TGLP, L P and one ambulatory surge ry center- Northeast Texas Surgery Center, L P CHRISTUS Health Ark-La-Tex works to streng then accessibility of quality comprehensive health care services for all, especially the v ulnerable and underserved populations Texarkana has a population of approximately 130,000 persons Texarkana, Texas and Texarkana, Ark are the largest cities with approximately 5 0 percent of the total population served by CHRISTUS Health Ark-La-Tex Rooted in our miss ion and tradition, the founders and sponsors of CHRISTUS Health are constantly seeking inn ovative ways of delivering quality health care that is both affordable and accessible to a ll Collaborative efforts with Texarkana Community Clinic, All for Kids Pediatric Clinic, and Randy Sams Homeless Shelter provide primary care to meet the needs of the poor, unders erved, and homeless CHRISTUS Health Ark-La-Tex also supports the needs of special populat ions in the community by providing education for early detection of cancer and heart disea se and health screenings and immunizations for disease detection and prevention with speci al attention given to children, seniors, and other vulnerable populations CHRISTUS Health Ark-La-Tex provides a full range of inpatient and outpatient services to the people from the communities it serves It conducts its activities and serves its health care mission w ithout regard to race, color, creed, religion, gender, orientation, disability, age or nat ional origin CHRISTUS Health Ark-La-Tex collaborates with communities, churches, business es, and other health care organizations to strengthen its role as a major provider of comp rehensive accessible health care services CHRISTUS Health Ark-La-Tex provides medication assistance for community residents who are unable to afford the medications they need The hospitals work with community pharmacies and other pharmaceutical companies to identify t hese patients and then distribute the needed medications to them Collaborative efforts wi th Texarkana Community Clinic, All for Kids Pediatric Clinic and Randy Sams Homeless Shelt er provide primary care to meet the needs of the poor, underserved and homeless CHRISTUS Health Ark-La-Tex also supports the needs of special populations in the community by provi ding health screenings and education for early detection of cancer and heart disease, and screenings and immunizations for children through a mobile health clinic Health education programs, screenings and adult immunizations assist other targeted populations such as pe rsons age 65 or older and African-Americans "COMMUNITY SERVICES FOR A BROADER COMMUNITY" is also a part of CHRISTUS Health Ark-La-Tex's overall community benefit The greatest sha re of these expenses is for educating health professionals (Graduate Medical Education, nu rsing students, allied health professionals, pharmacists, etc) Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit CHRISTUS Ark-La-Tex had over $988,000 in health professions education during FY2010 that included student internships, clinical ex perience and other education for physicians, nurses, technicians, administrators, social w orkers, therapists and pastoral care professionals CHRISTUS Health has established the CH RISTUS Fund to provide resources to not-for-profit agencies and groups whose vision, missi on and goals are consistent with CHRISTUS Health's mission, values and philosophy of a hea lthy 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 FY2 010, the total grant money distributed to the Ark-La-Tex region was $166,427 The cost of these grants is not included in the Program Service Expenses for CHRISTUS Ark-La-Tex A la rge percentage of the grants were used to provide interim primary care services for the un insured of Texarkana and for a Care Transition Int

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

ervention program The Care Transition Intervention program is focused on improving health outcomes and reducing hospital readmissions for the chronic care population CHRISTUS Hea lth Ark-La-Tex also used cash donations as a vehicle to help our communities Cash donatio ns, in addition to grants awarded through the CHRISTUS Fund, support causes like the fight against cancer, diabetes, heart disease, provision of a continuum of care for our elderly , HIV/AIDS, and many other equally worthy purposes As a not for profit organization and a s part of CHRISTUS Health, a regional governing board comprised largely of independent com munity members representing the makeup of the area we serve guides CHRISTUS Health Ark-La- Tex We are privileged to have an open medical staff comprised of qualified physicians who work with us to provide care to our communities All qualified physicians who are granted privileges to serve with us in our hospitals must undergo a thorough and comprehensive cr edentialing and orientation process All persons employed and affiliated with CHRISTUS Ark -La-Tex are required to complete annual conflict of interest statements CHRISTUS Health A rk-La-Tex 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 7

Part VI, Line 7 CHRISTUS Health Ark-La-Tex 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 Health Ark-La-Tex, develops five-year and 10-year strategic plans that helps set the yearly operational plans and budgets Regional strategic goals are set in collaboration with CHRISTUS Health and include 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 Ark-La-Tex 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 Ark-La-Tex, 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

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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 Ark-La-Tex

**Employer identification number**
75-2796815

## Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 |
|---|---|---|---|---|---|---|---|
| Susan G Komen for the Cure 5005 LBJ Freeway Ste 250 DALLAS,TX 75244 | 751835298 | 501(C)(3) | 14,031 | | | | BREAST CANCER RESEARCH, EDUCATION, SCREENING AND TREATMENT |
| Domestic Violence Prevention IncPO Box 712 Texarkana,TX 75504 | 751688689 | 501(C)(3) | | 6,269 | cost | Miscellaneous items | PREVENTION OF DOMESTIC & SEXUAL VIOLENCE |
| UNIV OF ARKANSAS AREA HEALTH EDU CENTER SW 300 EAST 6TH STREET Texarkana,AR 71854 | 716046242 | 501(C)(3) | 164,092 | | | | CHRISTUS GRANT FOR RESIDENCY PROGRAM SUPPORT (Pass Thru Grant) |
| UNIV OF ARKANSAS AREA HEALTH EDU CENTER SW 300 EAST 6TH STREET Texarkana,AR 71854 | 716046242 | 501(C)(3) | 1,346,848 | | | | MEDICAL EDUCATION PROGRAM SUPPORT |
| UNIV OF ARKANSAS AREA HEALTH EDU CENTER SW 300 EAST 6TH STREET Texarkana,AR 71854 | 716046242 | 501(C)(3) | 422,106 | | | | SUPPORT FOR COMMUNITY CLINIC |
| WADLEY REGIONAL MEDICAL CENTER1000 PINE STREET TEXARKANA,TX 75501 | 264178850 | | 356,489 | | | | INDIGENT HLTHCARE SERV FUNDING BOWIE CNTY CLINICAL SERVICES |
| CHRISTUS SANTA ROSA HEALTH SYSTEM333 N SANTA ROSA ST SAN ANTONIO,TX 78207 | 741109665 | 501(C)(3) | 6,912,442 | | | | INDIGENT HLTHCARE SERV FUNDING |
| BOWIE COUNTY CLINICAL SERVICES26000 ST MICHAEL DRIVE TEXARKANA,TX 75503 | 113794900 | | 214,959 | | | | INDIGENT HLTHCARE SERV FUNDING BOWIE CNTY |
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| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

3 Enter total number of other organizations . . . . . ▶ 2

**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 |
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**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 | 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 In addition to following CHRISTUS Health Management Directive No 0006, the organization has additional guidelines and procedures for grant-making In accordance with the organization's donation policy, Priority will be given to Charity Cases as follows (a) Services and contributions to organizations which provide care for the poor and underserved, (b) health education and prevention, and (c) other health related causes All requests for contributions, sponsorships, etc , regardless of amount, must be submitted in writing to the CHRISTUS St Michael Foundation Director Documentation must support how the donation meets organizational purposes particularly relating to the healing ministry and health care The filing organization provides indigent funding grants to the counties in which it serves via grants paid to other hospitals AND HEALTHCARE ORGANIZATIONS located within such counties This charitable donation helps relieve the additional expense of healthcare for the indigent population within our communities that the filing organization may not directly serve in one of its hospitals This is a result of our mission to extend the healing ministry of Jesus Christ, especially to the poor and underserved |
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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 Ark-La-Tex

**Employer identification number**
75-2796815

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☑ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ 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<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **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 | | | | |
| Chris Karam | (i) | 299,765 | 57,843 | 21,627 | 72,517 | 19,858 | 471,610 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shawn Barnett | (i) | 202,336 | 38,480 | 1,761 | 48,216 | 17,375 | 308,168 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| G Michael Finley MD | (i) | 262,822 | 55,040 | 0 | 73,665 | 17,291 | 408,818 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Edward Phillips | (i) | 169,462 | 34,145 | 0 | 37,705 | 15,618 | 256,930 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nancy Keenan | (i) | 161,487 | 32,768 | 5,432 | 36,009 | 16,611 | 252,307 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| William L Waldrum | (i) | 147,985 | 646 | 4,704 | 13,465 | 8,783 | 175,583 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Aloma Gender | (i) | 125,450 | 24,690 | 18,502 | 15,217 | 13,866 | 197,725 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ronald Dale Ryan | (i) | 142,137 | 20,319 | 37 | 17,677 | 6,787 | 186,957 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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## Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Supplemental Compensation Information | Form 990, Part VII, Question 1a and Schedule J, Part II | DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR SISTERS' COMPENSATION IS PAID TO THE RELIGIOUS CONGREGATION AND NOT THE INDIVIDUAL OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS VERNON C SHAFFER, MD RECEIVED $14,925 FOR SERVICES AS A MEDICAL DIRECTOR JAMES M HURLEY, MD RECEIVED $5,008 FOR SERVICES AS A MEDICAL DIRECTOR LOWELL E VEREEN, MD RECEIVED $266 FOR SERVICES AS A MEDICAL DIRECTOR THE THREE AFOREMENTIONED MEDICAL DIRECTORS RECEIVED NO COMPENSATION FOR SERVING AS DIRECTORS SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART I, LINES 1 AND 2 CHRIS KARAM, THE ORGANIZATION'S PRESIDENT/CEO, WAS REIMBURSED FOR AND TAXED ON $332 FOR SPOUSAL TRAVEL RELATED ORGANIZATION DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION FORM 990, SCHEDULE J, PART I, LINE 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 A BI-ANNUAL COMPENSATION SURVEY SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FORM 990, SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT FORM 990, SCHEDULE J, PART I, LINE 4B ALOMA GENDER WAS PAID $8,008 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 ALOMA GENDER INCLUDES PAYMENTS FROM EXECUTIVE DEFERRED INCOME ACCOUNT and SUPPLEMENTAL EXECUTIVE RETENTION AND RETIREMENT 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 Chris Karam, Shawn Barnett and Nancy Keenan 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 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 COMPENSATION INFORMATION FORM 990, Part VII, Section A, Line 1 SISTER DAMIEN MURPHY, WHO WOULD BE LISTED AS A FIVE HIGHEST COMPENSATED EMPLOYEE ON PART VII, RECEIVES COMPENSATION, BUT HER COMPENSATION IS PAID DIRECTLY TO THE RELIGIOUS CONGREGATION AND NOT TO HER INDIVIDUALLY SINCE THIS COMPENSATION GOES TO THE CONGREGATION, NO FORM W-2 IS ISSUED, AND THUS NO AMOUNTS ARE LISTED AT SCHEDULE J-2 FOR INFORMATIONAL PURPOSES, COMPENSATION PAID FROM THE ORGANIZATION ON HER BEHALF WAS $177,234 SISTER MICHELE O'BRIEN RECEIVES COMPENSATION, BUT HER COMPENSATION IS PAID DIRECTLY TO THE RELIGIOUS CONGREGATION AND NOT TO HER INDIVIDUALLY SINCE THIS COMPENSATION GOES TO THE CONGREGATION, NO FORM W-2 IS ISSUED, AND THUS NO AMOUNTS ARE LISTED AT SCHEDULE J-2 FOR INFORMATIONAL PURPOSES, COMPENSATION PAID FROM THE ORGANIZATION ON HER BEHALF WAS $3,711 |

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 3 | 29,382 | cost / selling price |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (_____) | | | | |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | Yes | |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, SCHEDULE M, PART 1, LINE 32A | | CHRISTUS HEALTH ARK-LA-TEX USED AN INVESTMENT FIRM TO SELL THE NONCASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES |

**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 Ark-La-Tex

**Employer identification number**
75-2796815

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule O - Supplemental Information | | Description of Other Program Services FORM 990, PART III, Question 4d COMMUNITY SERVICES F OR 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 DE LIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THA N EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS T HAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE G IVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERV ED 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 RECO VERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVE S THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROG RAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, TRANSPORTATION SERVICES, AND A VARIETY OF OTHER SO CIAL SERVICES CHRISTUS HEALTH ARK-LA-TEX PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RES IDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED THE HOSPITALS WORK WITH COMMUNI TY PHARMACIES AND OTHER PHARMACEUTICAL COMPANIES TO IDENTIFY THESE PATIENTS AND THEN DISTR IBUTE THE NEEDED MEDICATIONS TO THEM COLLABORATIVE EFFORTS WITH TEXARKANA COMMUNITY CLINI C, ALL FOR KIDS PEDIATRIC CLINIC AND RANDY SAMS HOMELESS SHELTER PROVIDE PRIMARY CARE TO M EET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPO RTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING HEALTH SCREENINGS AND E DUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE, AND SCREENINGS AND IMMUNIZATIONS FOR CHILDREN THROUGH A MOBILE HEALTH CLINIC HEALTH EDUCATION PROGRAMS, SCREENINGS AND AD ULT IMMUNIZATIONS ASSIST OTHER TARGETED POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER AND AF RICAN-AMERICANS 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 CH RISTUS 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 C REATE SUSTAINABLE HEALTH IN OUR COMMUNITIES DURING FY2010, THE TOTAL GRANT MONEY DISTRIBU TED TO THE ARK-LA-TEX REGION WAS $166,427 THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES FOR CHRISTUS ARK-LA-TEX A LARGE PERCENTAGE OF THE GRANTS WERE U SED TO PROVIDE INTERIM PRIMARY CARE SERVICES FOR THE UNINSURED OF TEXARKANA AND FOR A CARE TRANSITION INTERVENTION PROGRAM THE CARE TRANSITION INTERVENTION PROGRAM IS FOCUSED ON I MPROVING HEALTH OUTCOMES AND REDUCING HOSPITAL READMISSIONS FOR THE CHRONIC CARE POPULATIO N SEVERAL CHRISTUS REGIONS PROVIDE INDIGENT FUNDING DONATIONS OR "GRANTS" TO AID THE COUN TIES IN WHICH THEY, OR ANOTHER CHRISTUS REGION, SERVE SUCH GRANTS MAY BE PAID TO THE COUN TY DIRECTLY OR VIA ANOTHER HOSPITAL OR HEALTHCARE ORGANIZATION IN THE AREA THIS CHARITABL E DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT CHRISTUS MAY NOT DIRECTLY SERVE IN ONE OF OUR HOSPITALS THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO T HE POOR AND UNDERSERVED TOTAL PROGRAM SERVICE EXPENSE = $8,172,297 GRANTS = $7,484,166 TO TAL PROGRAM SERVICE REVENUE = $0 DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, QUESTION 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPE NSES IS FOR EDUCATING HEALTH PROFESSIONALS IN ORDER TO PROVIDE CLINICALLY TRAINED PROFESS IONALS, CHRISTUS HEALTH ARK-LA-TEX COOPERATES WITH THE UNIVERSITY OF ARKANSAS MEDICAL SCIE NCES AREA HEALTH EDUCATION CENTER-SOUTHWEST TO PROVIDE SUPPORT FOR SCHOOLS OF MEDICAL TECH NOLOGY, RADIOLOGY TECHNOLOGY, RADIOLOGY IMAGING/MEDICAL SONOGRAPHY TECHNOLOGY, NUCLEAR MED ICINE TECHNOLOGY AND RESPIRATORY IN EFFORTS TO MEET THE NEEDS FOR PRIMARY CARE PHYSICIANS IN THE AREA, CHRISTUS PROVIDES SUPPORT FOR A THREE-YEAR PRIMARY CARE RESIDENCY PROGRAM FO R PHYSICIANS THROUGH THE UNIVERSITY OF ARKANSAS MEDICAL SCIENCES AREA HEALTH EDUCATION CEN TER-SOUTHWEST HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHA RACTERISTIC 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 CA SH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES L IKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AIDS A ND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule O - Supplemental Information | | FY2010, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH AND IN SOME INSTANCES AUGMENT GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES F OR THE CONSTITUENTS WE SERVE TOTAL PROGRAM SERVICE EXPENSES = $3,488,155 GRANTS = $1,971, 370 TOTAL PROGRAM SERVICE REVENUE = $0 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule O - Supplemental Information | | DESCRIPTION OF RELATIONSHIPS FORM 990, PART VI, QUESTION 2 CHRIS KARAM AND SHAWN BARNETT S ERVE AS OFFICERS AND VERNON SHAFFER AND RICHARD HILLBORN SERVE AS DIRECTORS FOR ARK-LA-TEX HEALTH NETWORK CHRIS KARAM AND SHAWN BARNETT SERVE AS OFFICERS AND SISTER DAMIAN MURPHY SERVES AS DIRECTOR OF ARKANSAS INTEGRATED COMMUNITY HEALTH NETWORK CHRIS KARAM AND SHAWN BARNETT SERVE AS OFFICERS OF TGGP, L L C CHRIS KARAM AND SHAWN BARNETT SERVE AS MANAGEMEN T COMMITTEE MEMBERS OF SOUTHWEST HEALTH LINK, LLC DESCRIPTION OF CLASSES OF MEMBERS OR ST OCKHOLDERS FORM 990, PART VI, QUESTION 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF T HE FILING ORGANIZATION DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS F ORM 990, PART VI, QUESTION 7A CHRISTUS HEALTH, THE SOLE CORPORATE MEMBER OF THE FILING ORG ANIZATION, HAS THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BOD Y DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PA RT 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 BYLA WS, APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS, APPOINT AN D 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 LIQUI DATION BY THE FILING ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION, APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATOR S FOR THE FILING ORGANIZATION, APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZ ATION, APPROVE CAPITAL PROJECTS GREATER THAN $10 MILLION FOR THE FILING ORGANIZATION, APPR OVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGA L 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 RELAT IONSHIP OF ANY LOCAL ENTITY, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DO CUMENTS 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, L EASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPER TY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER $5 MILLION BUT MORE THAN $1 MILLIO N, APPROVE THE INCURRENCE OF DEBT UP TO A $5 MILLION CAP OR $25 MILLION ANNUALLY BY THE FI LING 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 CH RISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HO USTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTO NIO) THE CHRISTUS HEALTH MEMBER HAS THE FOLLOWING POWERS APPROVE THE ADOPTION AND AMENDM ENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RE LATED 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 REQUIRE D BY CANON LAW FOR THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, E ASEMENT, 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, MA NAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) T HE 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 CONNECTI ON WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MER GER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY EXPLAIN HOW ORG ENSURES LOCAL UNIT ACTIVITIES ARE CO NSISTENT WITH ITS OWN FORM 990, PART VI, QUESTION 10B CHRISTUS ST MICHAEL HEALTH SYSTEM A UXILIARY IS TREATED AS A DEPARTMENT (OPERATES UNDER THE SAME TAX ID NUMBER AS CHRISTUS HEA LTH ARK-LA-TEX) AND IS REQUIRED TO FOLLOW CHRISTUS ST MICHAEL'S POLICIES AND PROCEDURES THE CEO/PRESIDENT OR DESIGNEE (SISTER DAMIAN MURPHY, VP OF MISSION INTEGRATION) IS A MEMBE R OF THE AUXILIARY BOARD VOLUNTEERS ARE SUPERVISED AND OPERATE UNDER THE DIRECTION OF SIS TER DAMIAN MURPHY NEW VOLUNTEER CANDIDATES ARE REQUIRED TO SUBMIT APPLICATIONS, UNDERGO B ACKGROUND CHECKS AND COMPLETE OTHER REQUIREMENTS T |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule O - Supplemental Information | | HAT ARE APPLICABLE TO CHRISTUS ST MICHAEL APPLICANTS ALL VOLUNTEERS ARE REQUIRED TO ATTE ND ORIENTATION, SIGN CODE OF ETHICS, COMPLETE THE CONFLICT OF INTEREST STATEMENTS, ETC , A LL OF WHICH ARE RETAINED ON FILE REVENUES AND EXPENSES ARE SUBMITTED TO THE ACCOUNTING DE PARTMENT AT MONTH-END CLOSE AND EACH MONTH ARE RECORDED ON THE CHRISTUS ST MICHAEL FINANC IAL STATEMENTS AND ARE INCLUDED IN AUDITS THE ACCOUNTING DEPARTMENT RETAINS COPIES OF ALL BANK STATEMENTS, DEPOSITS, AND DISBURSEMENTS THE ACCOUNTING DEPARTMENT RECONCILES THE MO NTHLY BANK STATEMENTS DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVI EW 990 FORM 990, PART VI, QUESTION 11 THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZ ATION'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 ORG ANIZATION'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 D IRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING 2011 VIA EITHER MEETING, CONFERENCE CALL, OR WEB PORTAL POLLING TOOL BY THE AUDIT A ND/OR FINANCE SUBCOMMITTEES OF THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SE T OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH DESCRIPTION OF PROCESS TO MO NITOR 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 INT EREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETIO N 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 AN D THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOAR D OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE OR GANIZATION |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule O - Supplemental Information | | COMPENSATION DETERMINATION PROCESS FORM 990, PART VI, QUESTIONS 15A & 15B THE EXECUTIVE CO MPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTI VE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTH ER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH ARK-LA-T EX THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT O F 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 COM PENSATION COMMITTEE THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SEL ECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATI ONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS ON AN ANNUAL BASIS THE EXTERNAL CONSULTA NT 1 COMPLETES A REVIEW OF THE COMPENSATION AND BENEFITS OF THE CEO OF CHRISTUS HEALTH A ND PROVIDES A WRITTEN REPORT, AND APPEARS IN PERSON WITH THE COMMITTEE TO ADDRESS THE ANNU AL COMPENSATION REVIEW AND ANY DECISIONS RELATED TO SUCH COMPENSATION FOR THE CEO THE CON SULTANT ALSO PROVIDES ALL OF THE COMPARABLE MARKET DATA TO SUPPORT RECOMMENDATIONS AND DEC ISIONS 2 DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVE S 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 D ESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS THIS GROUP INCLUDES ALL TOP MANAGE MENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION THE REVIEW INCLUDES RE COMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUI TY UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION CO MMITTEE MAKES FINAL COMPENSATION DECISIONS ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMI TTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAI NTAINED 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 F OR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DI FFERENTIAL THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION BASED THE AFOR EMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMI TTEE PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T FORM 990, PART VI, QUESTION 18 CHRIS TUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INC LUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHIC H COVERS THE ORGANIZATION LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALT H'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 AVAIL ABLE UPON REQUEST AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBL IC FORM 990, PART VI, QUESTION 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTU S HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE THE ORGANIZATIO N'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBL IC HOURS WORKED FOR RELATED ORGANIZATION FORM 990, PART VII, SECTION A THROUGH 8/14/2009, SISTER MICHELE O'BRIEN DEDICATED AN AVERAGE OF 39 HOURS PER WEEK TO CHRISTUS SANTA ROSA H EALTH CARE CORPORATION, A RELATED ENTITY OF THE FILING ORGANIZATION SISTER MICHELE WAS TH E DIRECTOR OF ADULT ADVOCACY AT CHRISTUS SANTA ROSA HEALTH CARE CORPORATION DOING BUSINES S AS FORM 990, PAGE 1, ITEM C CHRISTUS HEALTH ARK-LA-TEX OPERATES UNDER THE FOLLOWING NAME S CHRISTUS ST MICHAEL HEALTH SYSTEM CHRISTUS ST MICHAEL REHABILITATION CENTER |

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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 Ark-La-Tex

**Employer identification number**
75-2796815

**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 |
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**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 | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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**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 |
|---|---|---|---|---|---|---|---|
| ARK-LA-TEX HEALTH NETWORK<br>PO BOX 2911<br>TEXARKANA, TX755042911<br>75-2562459 | HLTHCARE SVC | TX | NA | C corp | 1,813,125 | 403,487 | 100 000 % |
| ARKANSAS INTEGRATED COMMUNITY HEALTH NET<br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX75503<br>76-0480684 | HLTHCARE SVC | TX | NA | C corp | 1,705,310 | 13,213,242 | 100 000 % |
| CHRISTUS Muguerza SAPI de CV<br>Carretera Nacional No 6501 Col E<br>Monterrey, N L 64988<br>MX | HLTHCARE SVC | MX | NA | C corp | | | |
| EMERALD ASSURANCE CAYMAN LTD<br>PO BOX 1051<br>GRAND CAYMAN, CAYMAN ISLANDS KY1-1-1102<br>CJ<br>98-0407545 | INSURANCE | CJ | NA | C CORP | | | |
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## 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 |
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**Additional Data** Return to Form

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

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity |
|---|---|---|---|---|---|
| CHRISTUS HEALTH<br><br>2707 NORTH LOOP WEST<br>HOUSTON, TX77008<br>76-0590551 | SPT HLTH SVC | TX | 501C3 | 11-TYPE 1 | NA |
| CHRISTUS HEALTH CENTRAL LOUISIANA<br><br>3330 MASONIC DRIVE<br>ALEXANDRIA, LA71301<br>72-0408984 | HLTHCARE SVC | LA | 501C3 | 3 | NA |
| CHRISTUS HEALTH GULF COAST<br><br>PO BOX 922037<br>HOUSTON, TX77292<br>76-0591592 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| CHRISTUS HEALTH NORTHERN LOUISIANA<br><br>ONE SAINT MARY PLACE<br>SHREVEPORT, LA71101<br>72-0408982 | HLTHCARE SVC | LA | 501C3 | 3 | NA |
| CHRISTUS SPOHN HEALTH SYSTEM CORPORATION<br><br>600 ELIZABETH STREET<br>CORPUS CHRISTI, TX78404<br>74-1109836 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| CHRISTUS HEALTH SOUTHEAST TEXAS<br><br>3010 HARRISON STREET<br>BEAUMONT, TX77702<br>76-0591590 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| CHRISTUS HEALTH SOUTHWESTERN LOUISIANA<br><br>524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA70601<br>72-0411322 | HLTHCARE SVC | LA | 501C3 | 3 | NA |
| CHRISTUS SANTA ROSA HEALTH CARE CORP<br><br>333 N SANTA ROSA STREET<br>SAN ANTONIO, TX78207<br>74-1109665 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| CHRISTUS HEALTH UTAH<br><br>451 BISHOP FEDERAL LANE<br>SALT LAKE CITY, UT84115<br>87-0231682 | HLTHCARE SVC | UT | 501C3 | 9 | NA |
| CHRISTUS CONTINUING CARE<br><br>1700 WEST LOOP SOUTH STE 1100A<br>HOUSTON, TX77027<br>74-2898615 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| CH WILKINSON PHYSICIAN NETWORK<br><br>1700 WEST LOOP SOUTH STE 400B<br>HOUSTON, TX77027<br>76-0422435 | HLTHCARE SVC | TX | 501C3 | 11-TYPE I | NA |
| CHRISTUS HEALTH FOUNDATION<br><br>2707 NORTH LOOP WEST<br>HOUSTON, TX77008<br>61-1500100 | SPT HLTH SVC | TX | 501C3 | 11-TYPE I | NA |
| ST JOSEPH COMMUNITY FOUNDATION<br><br>2800 LAMAR AVE CAPITAL ONE 2ND F<br>PARIS, TX75460<br>42-1619230 | SPT HLTH SVC | TX | 501C3 | 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 | 501C3 | 3 | NA |
| CHRISTUS STEHLIN FND FOR CANCER RESEARCH<br><br>10301 Stella Link Suite A<br>HOUSTON, TX77025<br>74-1622404 | HLTHCARE SVC | TX | 501C3 | 9 | NA |
| DUBUIS HEALTH SYSTEM INC<br><br>10333 RICHMOND AVE SUITE 300<br>HOUSTON, TX77042<br>72-1270964 | HLTHCARE SVC | TX | 501C3 | 3 | NA |
| Christus Health Liability Retention TRST<br><br>2707 NORTH LOOP WEST<br>Houston, TX77008<br>76-0259623 | Self Ins Trst | TX | 501C3 | 11 - Type I | NA |

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved ($) |
|---|---|---|---|
| (1) | ARK-LA-TEX HEALTH NETWORK | N | 342,540 |
| (2) | ARK-LA-TEX HEALTH NETWORK | P | 66,739 |
| (3) | ARK-LA-TEX HEALTH NETWORK | O | 176,761 |
| (4) | ARK-LA-TEX HEALTH NETWORK | K | 422,106 |
| (5) | ARK-LA-TEX HEALTH NETWORK | L | 75,250 |
| (6) | ARK-LA-TEX HEALTH NETWORK | R | 753,108 |
| (7) | CH WILKINSON PHYSICIAN NETWORK | L | 66,308 |
| (8) | ARKANSAS INTEGRATED COMMUNITY HEALTH NETWRK | C | 193,000 |
| (9) | DUBUIS HEALTH SYSTEM INC | I | 639,604 |
| (10) | DUBUIS HEALTH SYSTEM INC | K | 964,074 |
| (11) | CHRISTUS CONTINUING CARE | I | 107,690 |
| (12) | CHRISTUS SANTA ROSA HEALTH CARE CORPORATION | Q | 6,912,442 |