



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

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 organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 53,120,472 including grants of \$ 55,522) (Revenue \$ 129,408,891)

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 147-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 HAS THE SAME OBJECTIVE - TO FULFILL OUR MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY CHRISTUS HEALTH ARK-LA-TEX IS LOCATED IN TEXARKANA, TEXAS AND SERVICES NORTHEAST TEXAS, SOUTHWEST ARKANSAS, AND SOUTHEAST OKLAHOMA, WHICH COVERS A POPULATION OF MORE THAN 338,000 INDIVIDUALS IN FISCAL YEAR 2012 ALONE, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 64,214 VISITS TO OUR EMERGENCY DEPARTMENT, 4,168 SURGERY PROCEDURES WITHIN OUR HOSPITALS, 3,712 OUTPATIENT SURGERY PROCEDURES, 15,924 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE AND 200,319 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 NEEEDY 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, LEVEL III NEONATAL INTENSIVE CARE UNIT, 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 DEPARTMENT, LEVEL III TRAUMA DESIGNATION 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 \$ 109,956,559 including grants of \$ 0) (Revenue \$ 100,505,869)

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

4c

(Code) (Expenses \$ 21,638,215 including grants of \$ 0) (Revenue \$ 33,550,088)

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 WHO'S 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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 32,480,338 including grants of \$ 15,423,006) (Revenue \$ 0)

4e

Total program service expenses

\$ 217,195,584

Form 990 (2011)

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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	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. 	11b	No
c	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. 	11c	No
d	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. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a288	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
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. .	2a2,410	
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, 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?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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. M GLEN BOLES CFO 4802 TEXAS BOULEVARD Texarkana, TX 75503 (903) 614-2007

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Mary T Matthews Chairperson/Director	1 0	X		X				887	0	0
(2) James C Wylly Vice Chairpreson/Director	1 0	X		X				887	0	0
(3) Chris Karam President/CEO	27 0	X		X				306,264	246,530	122,176
(4) Lowell E Vereen MD Director (Term 6/15/12)	1 0	X						1,820	0	0
(5) Bryan J Griffin MD Director (Term 12/31/11)	1 0	X						0	0	0
(6) Vernon C Shaffer MD Director (Eff 1/1/12)	1 0	X						54,225	0	0
(7) Borden E Bell Jr Director	1 0	X						887	0	0
(8) James W Bramlett Director	1 0	X						887	0	0
(9) Sister Katrina LeGrand Director	1 0	X						0	0	0
(10) Mary P Hickerson Director	1 0	X						887	0	0
(11) Sonja Y Hubbard Director	1 0	X						887	0	0
(12) James M Hurley MD Director	1 0	X						5,001	0	0
(13) Viola J Ingram Director	1 0	X						887	0	0
(14) Carlton D Jones Director	1 0	X						887	0	0
(15) Derrick T McGary Director	1 0	X						887	0	0
(16) Sister Michelle O'Brien Director	1 0	X						0	0	0
(17) Brenette L Sheperd Director	1 0	X						887	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) Thomas G Harvey Interim CFO (Term 3/23/12)	40 0			X				91,839	0	19,934
(19) C Gail White Secretary	40 0			X				47,902	0	18,106
(20) M Glen Boles CFO (Eff 2/27/12)	40 0			X				0	0	0
(21) John Phillips COo (Term 8/12/11)	40 0				X			164,270	40,029	45,213
(22) Nancy Keenan Chief Nurse Executive	40 0				X			177,746	32,149	57,028
(23) Jason Rounds COO(Eff 11/6/11)	40 0				X			46,359	196,330	56,648
(24) G Michael Finley MD Chief Medical Officer	40 0				X			329,266	50,023	97,956
(25) Aloma Gender Admin/Chief Nursing Officer	40 0					X		178,589	29,435	29,402
(26) John Graham VP Medical Affairs	40 0					X		196,052	31,029	59,927
(27) Pamela Kennedy VP Human Resources	40 0					X		106,287	81,587	51,018
(28) Ronald Ryan VP Support Services	40 0					X		154,716	22,528	21,016
(29) Jeremy K Dobbins Physicist	40 0					X		137,962	0	18,948
(30) Shawn Barnett CFO (Trnsf 7/1/11)	0 0						X	142,352	186,215	75,874
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,149,520	915,855	673,246

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶49

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORP 2571 NETWORK PLACE CHICAGO, IL 606731252	OUTSOURCING HOUSKPNG	13,344,452
COGENT HEALTHCARE OF TEXAS PA P O BOX 645037 CINCINNATI, OH 452645037	PHYSICIAN STAFFING	2,929,137
CALIFORNIA EMERGENCY PHY MED GRP 2100 POWELL ST STE 920 EMERYVILLE, CA 94608	PHYSICIAN STAFFING	1,940,476
E A HEALTH CORPORATION 440 STEVENS AVE STE 150 SOLANA BEACH, CA 92075	PHYSICIAN STAFFING	1,032,874
BURNETT ASSOCIATES ANESTHESIA P O BOX 779 TEXARKANA, TX 75504	PHYSICIAN STAFFING	932,036

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶34

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	81,167					
	d	Related organizations	1d	23,215					
	e	Government grants (contributions)	1e	146,600					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	498,429					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		749,411					
Program Service Revenue			Business Code						
	2a	Net Patient Service Revenue	621990	252,467,084	251,959,898	507,186			
	b	Pharmacy	446110	5,127,837	4,028,032	1,099,805			
	c	Rent Related to Exempt Purpose	900099	3,632,830	3,632,830				
	d	Fitness Center	713490	592,146	592,146				
	e	Wadley Regional Medical Center Payment	900099	1,163,032	1,163,032				
	f	All other program service revenue		481,919	154,925	326,994			
	g	Total. Add lines 2a-2f		263,464,848					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		54,889			54,889		
	4	Income from investment of tax-exempt bond proceeds . .		0					
	5	Royalties		0					
	6a	Gross rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			1,336,509	1,880					
			1,298,556						
			37,953	1,880					
	d	Net gain or (loss)		39,833			39,833		
	8a	Gross income from fundraising events (not including \$ 81,167 of contributions reported on line 1c) See Part IV, line 18	a	74,885					
			b	Less direct expenses	61,453				
			c	Net income or (loss) from fundraising events . .	13,432			13,432	
	9a	Gross income from gaming activities See Part IV, line 19	a	62,141					
			b	Less direct expenses	50,221				
			c	Net income or (loss) from gaming activities . .	11,920			11,920	
	10a	Gross sales of inventory, less returns and allowances	a						
			b	Less cost of goods sold					
			c	Net income or (loss) from sales of inventory . .	0				
	Miscellaneous Revenue		Business Code						
	11a	Food Service	900099	1,351,389			1,351,389		
b	Gift Shop	900099	210,361			210,361			
c	Vending	900099	55,692			55,692			
d	All other revenue		137,765			137,765			
e	Total. Add lines 11a-11d		1,755,207						
12	Total revenue. See Instructions		266,089,540	261,530,863	1,933,985	1,875,281			

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	15,473,487	15,473,487		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,041	5,041		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,707,085	1,516,904	188,109	2,072
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	180,076	161,689	18,214	173
7	Other salaries and wages	74,519,945	66,217,908	8,211,570	90,467
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,432,534	4,304,630	127,904	
9	Other employee benefits	7,432,102	6,304,225	1,127,626	251
10	Payroll taxes	5,341,356	4,837,482	496,869	7,005
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	256,304		256,304	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	16,352			16,352
g	Other	25,309,233	16,755,697	8,553,136	400
12	Advertising and promotion	307,376	5,851	300,545	980
13	Office expenses	16,707,632	14,100,155	2,581,840	25,637
14	Information technology	9,377,745	9,377,745		
15	Royalties	0			
16	Occupancy	6,825,980	4,241,119	2,584,861	
17	Travel	281,588	139,886	140,168	1,534
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	213,341	108,234	104,697	410
20	Interest	3,649,002	3,649,002		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,116,009	13,970,334	145,675	
23	Insurance	3,387,411	3,381,691	5,720	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Provision for Uncollectible Ac	8,870,062	8,870,062		
b	Federal Income Tax	173,000	173,000		
c	Medical Supplies	43,440,958	43,362,091	78,867	
d	Recruitment/Placement Fees	309,841	27,494	282,348	
e					
f	All other expenses	437,038	211,857	224,200	980
25	Total functional expenses. Add lines 1 through 24f	242,770,498	217,195,584	25,428,653	146,261
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			79,188,928	1	102,860,264
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			31,689,236	4	25,114,147
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			130,582	7	139,774
	8	Inventories for sale or use			5,163,321	8	5,241,399
	9	Prepaid expenses and deferred charges			632,051	9	596,019
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	335,946,241			
	b	Less: accumulated depreciation	10b	214,077,843	122,686,430	10c	121,868,398
	11	Investments—publicly traded securities			3,072,951	11	3,201,916
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			1,127,970	13	1,360,146
	14	Intangible assets			0	14	887,417
	15	Other assets. See Part IV, line 11			444,008	15	2,665,282
	16	Total assets. Add lines 1 through 15 (must equal line 34)			244,135,477	16	263,934,762
Liabilities	17	Accounts payable and accrued expenses			19,293,702	17	20,932,998
	18	Grants payable			0	18	0
	19	Deferred revenue			150,000	19	150,000
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			80,390,549	25	75,088,876
	26	Total liabilities. Add lines 17 through 25			99,834,251	26	96,171,874
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			142,769,271	27	166,180,683
	28	Temporarily restricted net assets			1,531,955	28	1,582,205
	29	Permanently restricted net assets			0	29	0
	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			144,301,226	33	167,762,888
	34	Total liabilities and net assets/fund balances			244,135,477	34	263,934,762

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	266,089,540
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,770,498
3	Revenue less expenses Subtract line 2 from line 1	3	23,319,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,301,226
5	Other changes in net assets or fund balances (explain in Schedule O)	5	142,620
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	167,762,888

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	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	Yes	

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

2011

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization CHRISTUS HEALTH ARK-LA-TEX	Employer identification number 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 on behalf of or in opposition to candidates for public office 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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-														
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,587
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		11,108
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		4,355
j	Total lines 1c through 1i			17,050
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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobbying Description	Form 990, Schedule C, Part II-B, Lines 1b, 1d and 1g	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. CHRISTUS HEALTH ARK-LA-TEX HAD DIRECT CONTACT WITH MEMBERS OF THE TEXAS AND ARKANSAS STATE LEGISLATURES AND THEIR STAFF THROUGH EMAILS, TELEPHONE CALLS AND MEETINGS ON ISSUES SUCH AS HEALTHCARE FOR THE UNINSURED, UNCOMPENSATED CARE, HEALTHCARE COSTS AND ACCESS, STATE BUDGET CHALLENGES, ACCESS TO PRIMARY CARE, BEHAVIORAL HEALTH CHALLENGES, AND MEDICAID/CHIP SECTION 1115 WAIVERS. 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 2012 PROFESSIONAL AND MEMBERSHIP ASSOCIATION DUES ALLOCATED TO LOBBYING EFFORTS BY THE RESPECTIVE ASSOCIATIONS TOTALING \$4,355. CHRISTUS HEALTH ARK-LA-TEX DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-12.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

\$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
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	1,541,331	1,462,088	1,485,826	1,459,037
b	Contributions				
c	Investment earnings or losses	94,732	89,433	-14,289	37,009
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	16,353	10,190	9,449	10,220
g	End of year balance	1,619,710	1,541,331	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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,275,469		18,275,469
b Buildings		158,746,142	88,157,389	70,588,753
c Leasehold improvements		337,580	158,448	179,132
d Equipment		108,925,968	90,073,085	18,852,883
e Other		49,661,082	35,688,921	13,972,161
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				121,868,398

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, Line 2	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 ASC 740	Form 990, Schedule D, Part X, Line 2	PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2012 AND 2011.

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

2011

Open to Public
Inspection

Name of the organization
CHRISTUS HEALTH ARK-LA-TEX

Employer identification number
75-2796815

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

1

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

a

☐ Mail solicitations

b

☐ 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 services?

☐ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Gala</u>	<u>Golf Tournament</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	86,688	37,969	31,395	156,052	
	2	Less Charitable contributions	36,288	17,741	27,138	81,167	
3	Gross income (line 1 minus line 2)	50,400	20,228	4,257	74,885		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	4,476	4,140	1,903	10,519	
	7	Food and beverages	14,636	2,206	7,141	23,983	
	8	Entertainment	3,125	0	12,362	15,487	
	9	Other direct expenses	3,783	2,087	5,594	11,464	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(61,453)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					13,432

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		62,141	62,141
	2	Cash prizes		0	0
Direct Expenses	3	Non-cash prizes		25,148	25,148
	4	Rent/facility costs		10,928	10,928
	5	Other direct expenses		14,145	14,145
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes 50.000 % ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					(50,221)
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					11,920

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? ☐ Yes ☒ No

b If "No," Explain 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? ☐ Yes ☒ No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☒ 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?

☐ Yes

☒ No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	7 600 %
b	An outside facility	13b	92 400 %

- 14

Provide 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?

☐ Yes

☒ 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?

☒ Yes

☐ No
- 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 \$ 11,920

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2011

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	Did 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 had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100%☐ 150%☒ 200%☐ Other _____% b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☐ 300%☐ 350%☒ 400%☐ Other _____% c If the organization did 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	3a	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Worksheet 1)			18,582,542	0	18,582,542	7 940 %
b Medicaid (from Worksheet 3, column a)			21,523,483	33,550,088	-12,026,605	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0		0	0 %
d Total Charity Care and Means-Tested Government Programs			40,106,025	33,550,088	6,555,937	2 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	22,221	1,257,518	31,205	1,226,313	0 520 %
f Health professions education (from Worksheet 5)	2	180	1,156,547	209,337	947,210	0 400 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	133	14,950,219	0	14,950,219	6 390 %
j Total Other Benefits	17	22,534	17,364,284	240,542	17,123,742	7 310 %
k Total. Add lines 7d and 7j	17	22,534	57,470,309	33,790,630	23,679,679	10 110 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	1		22,310	0	22,310	0.010 %
8Workforce development						
9Other						
10Total	1		22,310	0	22,310	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense	2	8,870,062	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	336,175	
4Provide 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 a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	86,627,018	
6Enter Medicare allowable costs of care relating to payments on line 5	6	81,013,834	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	5,613,184	
8Describe 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

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures (see instructions)

(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 %
1TEXARKANA PTRS LTD	RENTAL PROPERTY	38.360 %		10.160 %
2TGLP LP	SURGICAL CENTER	29.700 %		52.500 %
3TXKNA PET IM INSTLP	IMAGING	25.130 %		12.560 %
4NE TEXAS SURGERY CNT	SURGERY CENTER	20.000 %		37.000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

CHRISTUS St Michael Health System

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet those needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a ☐ Hospital facility's website b ☐ Available upon request from the hospital facility c ☐ Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community b ☐ Execution of the implementation strategy c ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in community-wide community benefit plan e ☐ Inclusion of a community benefit section in operational plans f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA g ☐ Prioritization of health needs in the community h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☒ Income level b ☐ Asset level c ☒ Medical indigency d ☒ Insurance status e ☒ Uninsured discount f ☒ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)	11	Yes
12	Explained the method for applying for financial assistance?	12	Yes
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☒ The policy was available upon request g ☒ Other (describe in Part VI)	13	Yes

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☐ Notified patients of the financial assistance policy upon admission b ☐ Notified patients of the financial assistance policy prior to discharge c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Christus St Michael Rehabilit Hospital

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet those needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a ☐ Hospital facility's website b ☐ Available upon request from the hospital facility c ☐ Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community b ☐ Execution of the implementation strategy c ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in community-wide community benefit plan e ☐ Inclusion of a community benefit section in operational plans f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA g ☐ Prioritization of health needs in the community h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☒ Income level b ☐ Asset level c ☒ Medical indigency d ☒ Insurance status e ☒ Uninsured discount f ☒ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)	11	Yes
12	Explained the method for applying for financial assistance?	12	Yes
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☒ The policy was available upon request g ☒ Other (describe in Part VI)	13	Yes

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☐ Notified patients of the financial assistance policy upon admission b ☐ Notified patients of the financial assistance policy prior to discharge c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

Name and address		Type of Facility (Describe)
1	TGLP LP 1920 MOORES LANE TEXARKANA, TX 75503	ENDOSCOPY CENTER
2	TEXARKANA PET IMAGING INSTITUTE 920 PIERREMONT ROAD SUITE 411 SHREVEPORT, LA 71106	DIAGNOSTIC IMAGING FACILITY
3	NORTHEAST TEXAS SURGERY CENTER LP 4009 HILLBORO PIKE SUITE 409 NASHVILLE, TN 37215	AMBULATORY SURGERY CENTER
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6 **Affiliated health care system.** 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 communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 5	BUDGETED CHARITY CARE	The organization budgets charity care for internal financial review purposes only. The provision of charity care is not limited to amounts established for budgetary purposes. Part I, Line 6a Annual Community Benefit Report A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY. CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST." THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH 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. Part I, Line 7b Unreimbursed Medicaid Christus Health Arkansas-La-Tex reinvests all surplus funds back in to the communities we serve through expanded health services, new technologies, and better facilities. Part I, Line 7, column (f) Percentage of Total Expense TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$242,770,498. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$8,870,062. THIS LEAVES A TOTAL EXPENSE OF \$233,900,436 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F). Part I, Line 7, Column (f) Description of Financial Assistance and Other Community Benefits as Percentage 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 24.57%, which exceeds the amount reported on Part I, Line 7k Column (f) which is computed using net community benefit expense. Part I, Line 7i CASH AND IN-KIND CONTRIBUTIONS CHRISTUS HEALTH ARK-LA-TEX MADE OVER \$14,900,000 IN CASH AND IN-KIND CONTRIBUTIONS DURING FISCAL YEAR 2012. THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8. AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALING \$39,980 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS HEALTH ARK-LA-TEX. THE GRANT DOLLARS ARE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS HEALTH ARK-LA-TEX SERVES. ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY. THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(i). CHRISTUS HEALTH HAS ALSO ESTABLISHED AN EDUCATION AND RESEARCH FUND. CHRISTUS HEALTH ARK-LA-TEX RECEIVED \$21,215 FROM THE FUND AND USED SUCH RESOURCES TO BENEFIT THE COMMUNITY BY PROVIDING RESEARCH AND EDUCATIONAL PROGRAMS SPONSORED BY THE REGION. Indigent Funding Expense of \$14,700,253 is included in Schedule H, Part I, Line 7(i). Part I, Line 7a Ratio of patient care cost to charges based on Schedule H, worksheet 2. Line 7b Ratio of patient care cost to charges based on Schedule H, worksheet 2. Line 7e Actual expenses less any direct offsetting revenue. Line 7f Actual expenses less any direct offsetting revenue. Line 7i Actual expense of the contributions. Part II Community Building Activities 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 2012, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES BY 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, SENIORS AND OTHER VULNERABLE POPULATIONS BY PROMOTING PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS PROVIDING IMMUNIZATIONS TO THESE POPULATIONS. Part III, Section A, Line 1 Bad Debt Reporting in Accordance with HFMA Statement 15 CHRISTUS Health follows in principle Healthcare Financial Management Association Statement No. 15. The system has adopted an uncompensated care policy where revenue from services provided to the uninsured is recognized at the time of payment, rather than at the time of service. This policy is the result of a lack of reasonable assurance of collection for services provided to the uninsured due to the system's historically low collection rate. Management has

Identifier	ReturnReference	Explanation
PART I, LINE 5	BUDGETED CHARITY CARE	estimated that the difference between recording revenue from the uninsured on a cash basis, rather than the accrual basis, is immaterial. Accordingly, all accounts receivable from the uninsured have been fully reserved in the allowance for uncompensated care. Part III, Section A, Line 2 Methodology Used in Determining Bad Debt The organization's total bad debt expense (total of all hospital facilities) is in accordance with the organization's financial statements, which is computed as bad debt net of contractual allowance, payments received and recoveries of bad debt previously written off.

Identifier	ReturnReference	Explanation
PART III, SECTION A, LINE 3		ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY The filing organization recognizes that some patients are unable or unwilling to seek financial assistance due to barriers such as educational level, literacy, documentation requirements, or being intimidated by the application process. In order to estimate the amount of the organization's bad debt expense attributable to patients who may be eligible for financial assistance but have not submitted an application, the organization engaged PARO Decision Support, LLC. PARO Charity Score is designed to identify patients that likely qualify for financial assistance based on a predictive model and other financial and asset estimates for the patient derived from public record sources. In order to assess the bad debt accounts that would likely qualify for charity care, the following criteria were established based on an analysis of historical data of Christus Health and its related organizations: 1. PARO Score of less than or equal to 586, which is a predictor defining the likely socioeconomic conditions for the patient, 2. Estimated Federal Poverty Level of less than or equal to 226%, which is based on estimated household size and household estimated income, and 3. Third party data available on patient accounts which indicate that the patient is not a homeowner or a probable homeowner. For the fiscal year ending June 30, 2011, the organization reported that 30% of bad debt expenses were attributable to patients who may have been eligible for financial assistance but were not responsive to the application process existing at that time. This figure was based on the PARO analysis and estimates of patients' financial needs that examined whether patients were characteristic of others who historically qualified for assistance under the traditional application process. The presumptive charity care analysis performed for the prior fiscal year determined a benchmark of bad debt accounts in the Christus Health System that lacked the information to qualify for charity care under the filing organization's customary process but would have likely qualified for assistance. During the fiscal year ending June 30, 2012, the organization utilized the PARO score to identify the accounts of individual patients that were likely eligible for financial assistance despite having not completed an application, and such analysis determined that 26.21% of such accounts were likely eligible for financial assistance. The organization granted presumptive eligibility for these accounts and they were reclassified under our financial assistance policy. These amounts were not reported as bad debt. The amount reported on Schedule H, Part III, Line 3 is the difference between the presumptive charity care benchmark established in the previous fiscal year ending June 30, 2011 and the aggregate of individual accounts for which the organization granted presumptive eligibility in the fiscal year ending June 30, 2012. Thus, the organization estimates that only 3.79% of the bad debt expenses in fiscal year ending June 30, 2012 are attributable to patients who would likely have qualified for financial assistance. It is important to note that the figure calculated for fiscal year ending June 30, 2011 was estimated and not exact, and therefore the difference between the amounts qualified as presumptive charity care in any fiscal year may vary from the benchmark established in fiscal year ending June 30, 2011. Part III, Section A, Line 4 Bad Debt Expense Footnote The footnote to the CHRISTUS Health consolidated financial statements says, "The preparation of the accompanying consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management of the system to make assumptions, estimates, and judgments 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 include 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, determination of fair value of certain goodwill and long-lived assets, 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." Part III, Section B, Line 8 Extent to which shortfall should be treated as community benefit Costing Methodology The amount on Schedule H,

Identifier	ReturnReference	Explanation
PART III, SECTION A, LINE 3		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 provisions of services to Medicare patients. Schedule H, Part III, Line 7 would equal a shortfall of (\$15,470,790) if total expenses allocable to Medicare services were substituted on Schedule H, Part III, Line 6. Part III, Section C, Line 9b Collection Policy. It is the policy of the organization to pursue collections of patient balances from patients who have the ability to pay for these services. The organization applies its collection efforts consistently and fairly to all patients regardless of insurance. If a patient does not have the financial resources to pay their outstanding balances, the goal of the organization is to qualify these patients through the organization's charity policy or screen the patients through the organization's presumptive charity tests. If the patient qualifies under either policy, the account will be written off based upon level of qualification. These policies support the mission and vision of the organization and are approved by senior leadership. Part V, Section B, Line 10 Determination of eligibility for discounted care. The hospital facility provides discounted care to all uninsured patients. In order to determine discounts for uninsured patients, the facility utilizes a sliding scale based on federal poverty guidelines and other criteria applied to a uniform fee schedule. The facility has implemented a 3-tier uninsured fee schedule wherein individuals between 201%-300% of the Federal Poverty Level receive a specific discount percentage off of the uninsured discounted price, individuals between 301%-400% of the Federal Poverty Level receive a specific discount percentage off of the uninsured discounted price, and individuals above 401% of the Federal Poverty Level receive no additional discount off of the uninsured discounted price. There is no Federal Poverty Limit for the uninsured population to receive discounted care because all charges by the facility are based on the uninsured discounted price. The uninsured discounted price is based on the FY 2009 managed care average reimbursement rate, excluding implant and drug contribution dollars. Part V, Section B, Line 13 & 13g How the hospital facility publicizes the financial assistance policy. The hospital facility's complete financial assistance policy is not posted in the facility's emergency rooms, waiting rooms or admissions offices; however, a notice that the financial assistance policy is available at the business office and online is posted in the facility's emergency rooms, waiting rooms and admission offices. PART V, SECTION B, LINE 14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained action the hospital facility may take upon non-payment? The organization does not have a policy that addresses actions in the event of non-payment. The organization does not pursue any of the listed actions at lines 15 or 16 in pursuit of collections from individuals prior to making a reasonable effort to determine the patient's eligibility for financial assistance under CHRISTUS Health Management Directive 11. Part V, Section B, Line 19 Determine the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. The hospital facility used the average managed care reimbursement rate from the fiscal year ending 6-30-09 in order to determine the maximum amounts that can be charged to FAP-eligible patients. The average managed care rate

Identifier	ReturnReference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION	CHRISTUS HEALTH ARK-LA-TEX IS LOCATED IN TEXARKANA, TEXAS AND SERVICES NORTHEAST TEXAS, NO RTHWEST LOUISIANA, SOUTHWEST ARKANSAS, AND SOUTHEAST OKLAHOMA, WHICH COVERS A POPULATION O F APPROXIMATELY 338,000 PERSONS TEXARKANA, TEXAS AND TEXARKANA, ARKANSAS 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 APPROXIMAT ELY 72 PERCENT CAUCASIANS AND OVER 24 PERCENT AFRICAN-AMERICANS ACCORDING TO 2011 CENSUS D ATA OVER 83 PERCENT OF THE RESIDENTS ARE HIGH SCHOOL GRADUATES THE MEDIAN HOUSEHOLD INCO ME WAS \$43,210 FOR BOWIE COUNTY AND \$40,200 FOR MILLER COUNTY AS OF 2011 BOTH COUNTIES FA LL BELOW THE STATE'S MEDIAN HOUSEHOLD INCOME CHRISTUS HEALTH ARK-LA-TEX TOUCHES THE LIVES OF THE PEOPLE THROUGHOUT THE REGION BECAUSE OF ITS COMMITMENT TO THE UNDERSERVED AND MEDI CALLY NEEDY POPULATIONS CHRISTUS HEALTH ARK-LA-TEX PROVIDES THE BEST CARE POSSIBLE REGARD LESS OF AN INDIVIDUAL'S ABILITY TO PAY Part VI, Line 5 Promotion of Community Health CHRI STUS HEALTH ARK-LA-TEX RESPONDS TO THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH SERVICES PROVIDED AT CHRISTUS ST MICHAEL HEALTH SYSTEM, WHICH INCLUDES CHRISTUS ST MICHAEL HOSPI TAL, A 312-BED ACUTE CARE HOSPITAL, CHRISTUS ST MICHAEL REHABILITATION HOSPITAL, A 50-BED HOSPITAL, CHRISTUS ST MICHAEL OUTPATIENT REHABILITATION CENTER, AND CHRISTUS ST MICHAEL IMAGING CENTER CHRISTUS HEALTH ARK-LA-TEX PROVIDES A 24 HOUR EMERGENCY DEPARTMENT, LEVEL III TRAUMA DESIGNATION THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENCY CARE, REGARDL ESS OF THEIR ABILITY TO PAY CHRISTUS HEALTH ARK-LA-TEX WORKS TO STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, ESPECIALLY THE VULNERABLE AND UNDER SERVED POPULATIONS TEXARKANA HAS A POPULATION OF APPROXIMATELY 66,325 PERSONS THE BOWIE COUNTY, TEXAS AND MILLER COUNTY, ARKANSAS POPULATION IS 136,027 TEXARKANA, TEXAS AND TEXA RKANA, ARKANSAS ARE THE LARGEST CITIES SURROUNDING CHRISTUS HEALTH ARK-LA-TEX, WITH APPROX IMATELY 50 PERCENT OF THE TOTAL POPULATION SERVED BY CHRISTUS HEALTH ARK-LA-TEX ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH ARE CONSTANTLY SE EKing INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESS IBLE TO ALL 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 POO R, UNDERSERVED, AND HOMELESS CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPORTS THE NEEDS OF SPECIA L POPULATIONS IN THE COMMUNITY BY PROVIDING EDUCATION FOR EARLY DETECTION OF CANCER AND HE ART DISEASE AS WELL AS HEALTH SCREENINGS AND IMMUNIZATIONS FOR DISEASE DETECTION AND PREVE NTION WITH SPECIAL ATTENTION GIVEN TO CHILDREN, SENIORS, AND OTHER VULNERABLE POPULATIONS THROUGH A MOBILE HEALTH CLINIC HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATI ONS ASSIST OTHER TARGETED POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER AND AFRICAN-AMERICAN S CHRISTUS HEALTH ARK-LA-TEX PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES T O THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS HEA LTH CARE MISSION WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISA BILITY, AGE OR NATIONAL ORIGIN CHRISTUS HEALTH ARK-LA-TEX COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO STRENGTHEN ITS ROLE AS A MAJO R PROVIDER OF COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES CHRISTUS HEALTH ARK-LA-TE X PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDI CATIONS THEY NEED THE HOSPITALS WORK WITH COMMUNITY PHARMACIES AND OTHER PHARMACEUTICAL C OMPANIES TO IDENTIFY THESE PATIENTS AND DISTRIBUTE THE NEEDED MEDICATIONS TO SUCH PERSONS "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF CHRISTUS HEALTH ARK-LA-TEX 'S OVERALL COMMUNITY BENEFIT THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS (GRADUATE MEDICAL EDUCATION, NURSING STUDENTS, ALLIED HEALTH PROFESSIONALS, PHARMACISTS, ETC) HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHIN G CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BEN EFIT CHRISTUS ARK-LA-TEX HAD OVER \$1,200,000 IN HEALTH PROFESSIONS EDUCATION EXPENSES DUR ING FY2012 THAT INCLUDED STUDENT INTERNSHIPS, CLINICAL EXPERIENCE AND OTHER EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, THERAPISTS AND PASTORAL C ARE PROFESSIONALS CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT B Y WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES DUR

Identifier	ReturnReference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION	ING FY2012, THE TOTAL GRANT MONEY DISTRIBUTED BY CHRISTUS HEALTH TO THE ARK-LA-TEX REGION WAS \$39,980 CHRISTUS HEALTH ARK-LA-TEX ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES CASH DONATIONS, 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 PREVENTION, AND MANY OTHER EQUALLY WORTHY PURPOSES CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK INTO THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES DURING FY 2012, CHRISTUS HEALTH ADVOCATED FOR IMPROVEMENT PUBLIC POLICIES AND WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR ALL AS A NOT FOR PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPOSED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE GUIDES CHRISTUS HEALTH ARK-LA-TEX WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPOSED 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 AND ORIENTATION PROCESS ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS ARK-LA-TEX ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS CHRISTUS HEALTH ARK-LA-TEX HAS PART OWNERSHIP IN BOWIE COUNTY CLINICAL SERVICES, INC WHICH PROVIDES PHYSICIAN AND OTHER RELATED HEALTH CARE SERVICES TO INDIGENT PATIENTS CHRISTUS HEALTH ARK-LA-TEX ALSO HAS PART OWNERSHIP IN TEXARKANA PARTNERS LIMITED THROUGH ARKANSAS INTEGRATED COMMUNITY HEALTH NETWORK, INC , CHRISTUS HEALTH ARK-LA-TEX HAS INDIRECT OWNERSHIP INTERESTS IN TEXARKANA PET IMAGING INSTITUTE, LP, A DIAGNOSTIC IMAGING FACILITY, TGLP, LP, AN ENDOSCOPY CENTER, NORTHEAST TEXAS SURGERY CENTER, LP, AN AMBULATORY SURGERY CENTER, AND SOUTHWEST HEALTH LINK, LLC

Identifier	ReturnReference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM DESCRIPTION	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 60 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 health system. Each region, including CHRISTUS Health Ark-La-Tex, develops five-year and ten-year strategic plans that help set the yearly operational plans and budgets. Regional strategic goals are set in collaboration with CHRISTUS Health 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. 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.

Identifier	ReturnReference	Explanation
Part VI, Line 7	Community Benefit Report	A community benefit report is filed for the State of Texas in the form of the Annual Statement of Community Benefits Standard (ASCBS) form as required by the Health and Safety Code, Sections 311.045 and 311.046. The Code requires nonprofit hospitals to file the ASCBS form and annual report of the Community Benefits Plan with the Texas Department of State Health Services (DSHS). The 2012 ASCBS form is expanded to collect the information on charity care policies and community benefits in a standardized format. All CHRISTUS Health entities including facilities located in states that do not require annual community benefit reporting (i.e., Louisiana, and New Mexico), follow the same reporting rules as outlined in the Catholic Health Association Guide to Planning and Reporting Community Benefit, copyright 2008. Total community benefit for CHRISTUS Health is also reported in the annual report prepared and distributed by the system office. State Filing of Community Benefit Report. TX.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTUS HEALTH ARK-LA-TEX

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

2011

Open to Public
Inspection

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
(1) University of AR Area Hlth Education CTR SW300 East 6th Street Texarkana,AR 71854	71-6046242	501(c)(3)	658,523				support for community clinic
(2) Sabine Valley Regional MHMR Center107 Woodbine Place Longview,TX 75601	75-1724017	501(c)(3)	92,890				NURSING PROGRAM
(3) Susan G Komen For the Cure5005 LBJ Freeway Ste 250 Dallas,TX 75244	75-1835298	501(c)(3)	9,281				SCHOLARSHIP PROGRAM
(4) Bowie County Clinical Services Inc2801 Via Fortuna Ste 500 Austin,TX 787467573	11-3794900		250,641				indigent healthcare services for bowie county
(5) Bexar County Clinical Services Inc2801 Via Fortuna Ste 500 Austin,TX 787467573	87-0781228		14,438,435				indigent healthcare services for bowie county

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

3

Enter total number of other organizations listed in the line 1 table ▶

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
(1) Indigent Assistance	380		5,041	Cost	Cab Fare

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, Part I, Line 2	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE AN IRS SECTION 501(C) (3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE 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

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

2011

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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 accrued 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) Chris Karam	(i)	236,587	0	69,677	67,929	22,724	396,917	22,171
	(ii)	163,077	83,314	139	31,523	0	278,053	0
(2) Shawn Barnett	(i)	115,582	0	26,770	26,014	11,710	180,076	26,554
	(ii)	120,558	41,238	24,419	26,429	11,721	224,365	0
(3) John Phillips	(i)	164,235	0	35	32,986	12,227	209,483	0
	(ii)	0	40,029	0	0	0	40,029	0
(4) Nancy Keenan	(i)	167,291	0	10,455	37,121	19,907	234,774	3,529
	(ii)	0	32,149	0	0	0	32,149	0
(5) Jason Rounds	(i)	27,089	0	19,270	6,896	2,421	55,676	0
	(ii)	178,268	7,166	10,896	30,115	17,216	243,661	10,870
(6) G Michael Finley MD	(i)	267,883	0	61,383	79,903	18,053	427,222	39,960
	(ii)	0	50,023	0	0	0	50,023	0
(7) Aloma Gender	(i)	156,235	0	22,354	18,348	11,054	207,991	21,184
	(ii)	0	29,435	0	0	0	29,435	0
(8) John Graham	(i)	195,670	0	382	51,594	8,333	255,979	0
	(ii)	0	31,029	0	0	0	31,029	0
(9) Pamela Kennedy	(i)	102,316	2,191	1,780	24,551	15,267	146,105	0
	(ii)	62,418	19,169	0	11,200	0	92,787	0
(10) Ronald Ryan	(i)	154,681	0	35	17,793	3,223	175,732	0
	(ii)	0	22,528	0	0	0	22,528	0
(11) Jeremy K Dobbins	(i)	137,166	796	0	0	18,948	156,910	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Schedule J, Part I, Line 1a, Companion Travel-	TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS FORM 990, PART VII, QUESTION 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS VERNON C SHAFFER, MD RECEIVED \$54,750 FOR SERVICES AS A MEDICAL DIRECTOR JAMES M HURLEY, MD RECEIVED \$6,906 FOR SERVICES AS A MEDICAL DIRECTOR LOWELL VEREEN, MD RECEIVED \$933 FOR SERVICES AS A MEDICAL DIRECTOR THE AFOREMENTIONED MEDICAL DIRECTORS RECEIVED NO COMPENSATION FOR SERVING AS DIRECTORS Compensation in the amount of \$887 reported to the following persons was for Ipads provided to such persons by Christus Health Ark-La-Tex as a requisite for serving as a board member of the filing entity Mary Matthews, James Wyly, Lowell Vereen, MD, Borden Bell, Jr , James Bramlett, Mary Hickerson, Sonja Hubbard, James Hurley, MD, Viola Ingram, Carlton Jones, Derrick McGary and Brenette Sheperd 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 and FORM 990, SCHEDULE J, PART II, COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990 CHRIS KARAM WAS PAID \$22,171 DURING CALENDAR YEAR 2011 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SHAWN BARNETT WAS PAID \$26,554 DURING CALENDAR YEAR 2011 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN NANCY KEENAN WAS PAID \$3,529 DURING CALENDAR YEAR 2011 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN G MICHAEL FINLEY WAS PAID \$39,960 DURING CALENDAR YEAR 2011 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ALOMA GENDER WAS PAID \$21,184 DURING CALENDAR YEAR 2011 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN Jason Rounds was paid \$10,870 during Calendar Year 2011 under a supplemental nonqualified retirement plan SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2011 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 Form 990, Part VII, Section A and Schedule J, Part II Supplemental Compensation Information The Bonus and Incentive Compensation reported as related compensation was paid to the following persons by Christus Health, a related organization of the filing entity Chris Karam, Shawn Barnett, John Phillips, Nancy Keenan, Jason Rounds, G Michael Finley, MD, Aloma Gender, John Graham, Pamela Kennedy, and Ronald Ryan

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTUS HEALTH ARK-LA-TEX

Employer identification number

75-2796815

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IVBusiness Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) See Part V	SEE PART V	645,417	SEE SUPPLEMENTAL INFORMATION		No

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
DESCRIPTION OF TRANSACTIONS		1) Name of Interested Person - Ark-La-Tex Health Network Relationship - M Glen Boles, Jason Rounds, Thomas Harvey, Chris Karam, and Vernon Shaffer, MD are officers of Ark-La-Tex Health Network Amount of Transaction - \$645,417 Description of Transaction - Reimbursement for Salaries paid by Ark-La-Tex Health Network M Glen Boles, Thomas Harvey and Chris Karam served as officers of Christus Health Ark-La-Tex and officers of Ark-La-Tex Health Network Jason Rounds served as a key employee of Christus Health Ark-La-Tex and officer of Ark-La-Tex Health Network Vernon Shaffer, MD served as a director of Christus Health Ark-La-Tex and officer of Ark-La-Tex Health Network

2011

Open to Public
Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
CHRISTUS HEALTH ARK-LA-TEX

Employer identification number

75-2796815

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	CHRISTUS HEALTH ARK-LA-TEX OPERATES UNDER THE FOLLOWING NAMES CHRISTUS St Michael Health System CHRISTUS St Michael Rehabilitation Hospital CHRISTUS St Michael Senior Health Ce nter Health Care Center Pharmacy Glenw ood Pharmacy CHRISTUS St Michael Glenw ood Pharmacy CHRISTUS St Michael Health Care Center Pharmacy CHRISTUS St Michael Quick Clinic New Bos ton CHRISTUS St Michael Spine Center CHRISTUS St Michael Hip Fracture Center CHRISTUS St Michael Hospital - Atlanta CHRISTUS St Michael Health & Fitness Center - Atlanta CHRIST US St Michael Outpatient Rehabilitation Center - Atlanta CHRISTUS St Michael Home Health - Atlanta CHRISTUS ST MICHAEL FAMILY CLINIC CHRISTUS St Michael Health Center Prescott OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UND ERSERVED - ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEAL TH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SE RVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL A TTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SE RVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHI CH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORT ION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTIC E FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SY STEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FO R CHILDREN AND SENIORS, TRANSPORTATION SERVICES, AND A VARIETY OF OTHER SOCIAL SERVICES C HRISTUS HEALTH ARK-LA-TEX PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE U NABLE TO AFFORD THE MEDICATIONS THEY NEED THE HOSPITALS WORK WITH COMMUNITY PHARMACIES AN D OTHER PHARMACEUTICAL COMPANIES TO IDENTIFY THESE PATIENTS AND THEN DISTRIBUTE THE NEEDED MEDICATIONS TO THEM COLLABORATIVE EFFORTS WITH TEXARKANA COMMUNITY CLINIC, ALL FOR KIDS PEDIATRIC CLINIC AND RANDY SAMS HOMELESS SHELTER PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELESS CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING HEALTH SCREENINGS AND EDUCATION FOR EAR LY DETECTION OF CANCER AND HEART DISEASE AS WELL AS SCREENINGS AND IMMUNIZATIONS FOR CHILD REN THROUGH A MOBILE HEALTH CLINIC HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNI ZATIONS ASSIST OTHER TARGETED POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER AND AFRICAN-AMER ICANS CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-P ROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEA LTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TO GETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUST AINABLE HEALTH IN OUR COMMUNITIES DURING FY 2012, THE TOTAL GRANT MONEY DISTRIBUTED BY CH RISTUS HEALTH TO THE CHRISTUS HEALTH ARK-LA-TEX REGION WAS \$ 39,980 THE COST OF THESE GRA NTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES FOR CHRISTUS HEALTH ARK-LA-TEX THIS G RANT WAS USED TO PROVIDE ASSISTANCE IN A CHILD FRIENDLY HOMELIKE FACILITY THAT UTILIZES A MULTI-DISCIPLINARY TEAM APPROACH IN THE INVESTIGATIONS OF CHILD ABUSE CASES SEVERAL CHRIS TUS REGIONS PROVIDE INDIGENT FUNDING DONATIONS OR "GRANTS" TO AID THE COUNTIES IN WHICH TH EY, OR ANOTHER CHRISTUS REGION, SERVE SUCH GRANTS MAY BE PAID TO THE COUNTY DIRECTLY OR V IA ANOTHER HOSPITAL OR HEALTHCARE ORGANIZATION IN THE AREA THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMU NITIES THAT CHRISTUS MAY NOT DIRECTLY SERVE IN ONE OF OUR HOSPITALS THIS IS A RESULT OF O UR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDE RSERVED TOTAL PROGRAM SERVICE EXPENSE = \$30,165,840 GRANTS = \$14,694,118 TOTAL PROGRAM SE RVICE REVENUE = \$ 0 COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THE SE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS IN ORDER TO PROVIDE CLINICALLY TRAINED PROFESSIONALS, CHRISTUS HEALTH ARK-LA-TEX COOPERATES WITH THE UNIVERSITY OF ARKANSAS MEDIC AL SCIENCES AREA HEALTH EDUCATION CENTER- SOUTHWEST TO PROVIDE SUPPORT FOR SCHOOLS OF MEDIC AL TECHNOLOGY, RADIOLOGY TECHNOLOGY, RADIOLOGY IMAGING/MEDICAL SONOGRAPHY TECHNOLOGY, NUCL EAR MEDICINE TECHNOLOGY AND RESPIRATORY IN EFFORTS TO MEET THE NEEDS FOR PRIMARY CARE PHY SICIANS IN THE AREA, CHRISTUS PROVIDES SUPPORT FOR A THREE-YEAR PRIMARY CARE RESIDENCY PRO GRAM FOR PHY SICIANS THROUGH THE UNIVERSITY OF ARKA

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	NSAS MEDICAL SCIENCES AREA HEALTH EDUCATION CENTER-SOUTHWEST HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AIDS AND FOR MANY OTHER EQUALLY WORTHY PURPOSES DURING FY 2012, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE TOTAL PROGRAM SERVICE EXPENSES = \$2,314,498 GRANTS = \$728,888 TOTAL PROGRAM SERVICE REVENUE = \$ 0

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	Chris Karam, Thomas Harvey, M Glen Bones, Jason Rounds and Vernon Shaffer, MD serve as of ficers of Ark-La-Tex Health Netw ork, a w holly ow ned subsidiary of Christus Health Ark-La-T ex Chris Karam, Gail White, Thomas Harvey and M Glen Boles serve as officers of Arkansas Integrated Community Health Network, a w holly ow ned subsidiary of Christus Health Ark-La- Tex Chris Karam, Thomas Harvey and M Glen Boles serve as management committee members of Southwest Health Link, LLC DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, P ART VI, QUESTION 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUES TION 7A CHRISTUS HEALTH, THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION, HAS THE POW ER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BODY DESCR CLASSES OF PE RSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B CHR ISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS APPROVE, CHANGE AND/OR INTERPR ET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION, APPROVE THE ADOPTION OR AMEND MENT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION AND BY LAWS, APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS, APPOINT AND REMOVE THE FILING OR GANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS, A PPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY, APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING O RGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATIO N, APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGAN IZATION, APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION, APPROVE CAPITAL PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION, APPROVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENT URE, ANY TRANSACTION INVOLVING A SYSTEM PARTICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LE GAL ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL E NTITY, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOV ERNANCE DOCUMENTS THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSF ER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-D ESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT MORE THAN \$1 MILLION, APPROVE THE INCURRE NCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION, APP ROVE 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, A ND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE C ONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO) THE CHRISTUS HEA LTH MEMBERS HAVE THE FOLLOWING POWERS APPROVE THE ADOPTION AND AMENDMENT OF I NCORPORATION AND BY LAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED PO WERS OF MEMBERS, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF R EAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR T HE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRA NCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION , BUT NOT IN EXCESS OF \$5 MILLION, APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE B Y CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED M INISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED M INISTRY PROPERTY EXPLAIN HOW ORG ENSURES LOCAL UNIT ACTIVITIES ARE CONSISTENT WITH ITS OW N FORM 990, PART VI, QUESTION 10B CHRISTUS ST MICHAEL HEALTH SYSTEM AUXILIARY IS TREATED AS A DEPARTMENT OF CHRISTUS HEALTH ARK-LA-TEX (OPERATES UNDER THE SAME TAX ID NUMBER AS CH RISTUS HEALTH ARK-LA-TEX) AND IS REQUIRED TO FOLLOW CHRISTUS ST MICHAEL'S POLICIES AND PR OCEDURES THE CEO/PRESIDENT OR DESIGNEE IS A MEMBER OF THE AUXILIARY BOARD VOLUNTEERS ARE SUPERVISED AND OPERATE UNDER THE DIRECTION OF THE CEO/PRESIDENT OR OTHER DESIGNEE NEW VO LUNTEER CANDIDATES ARE REQUIRED TO SUBMIT APPLICATIONS, UNDERGO BACKGROUND CHECKS AND COMP LETE OTHER REQUIREMENTS THAT ARE APPLICABLE TO CHR

Identifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	ISTUS ST MICHAEL APPLICANTS ALL VOLUNTEERS ARE REQUIRED TO ATTEND ORIENTATION, SIGN CODE OF ETHICS, COMPLETE THE CONFLICT OF INTEREST STATEMENTS, ETC , ALL OF WHICH ARE RETAINED ON FILE REVENUES AND EXPENSES ARE SUBMITTED TO THE ACCOUNTING DEPARTMENT AT MONTH-END CLOSE AND EACH MONTH ARE RECORDED ON THE CHRISTUS ST MICHAEL FINANCIAL STATEMENTS AND ARE INCLUDED IN AUDITS THE ACCOUNTING DEPARTMENT RETAINS COPIES OF ALL BANK STATEMENTS, DEPOSITS, AND DISBURSEMENTS THE ACCOUNTING DEPARTMENT RECONCILES THE MONTHLY BANK STATEMENTS DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990 THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990 THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2013 VIA EITHER MEETING, CONFERENCE CALL, OR WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, QUESTIONS 15A & 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH ARK-LA-TEX. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS, THE EXTERNAL CONSULTANT 1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS. THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD. THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION. BASED THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE. PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T FORM 990, PART VI, QUESTION 18 CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATION LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST. AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. HOURS WORKED FOR RELATED ORGANIZATION FORM 990, PART VII, SECTION A AVERAGE HOURS PER WEEK LISTED ON FORM 990, PART VII, SECTION A ARE THE AVERAGE HOURS DEVOTED TO THE RESPECTIVE PERSON'S POSITION WHILE SERVING THE ORGANIZATION. CHRIS KARAM DEVOTES AN AVERAGE OF 13 HOURS PER WEEK TO CHRISTUS CONTINUING CARE, A RELATED ORGANIZATION OF THE FILING ENTITY. CHRIS IS THE PRESIDENT/CEO OF CHRISTUS CONTINUING CARE. Pamela Kennedy devotes an average of 13 hours per week to Christus Continuing Care, a related organization of the filing entity. Pamela is the Vice President of Human Resources of Christus Continuing Care. Effective 7/1/11, Shawn Barnett devotes an average of 40 hours per week to Christus Santa Rosa Health Care Corporation, a related organization of the filing entity. Shawn is the CFO of Christus Santa Rosa Health Care Corporation. Through 11/6/11, Jason Rounds devoted an average of 40 hours per week to Christus Health Northern Louisiana, a related organization of the filing entity. Jason was the Administrator-Highlands at Christus Health Northern Louisiana. Form 990, Part X, Column (A), Lines 24 & 25, Beginning of Year Balance Sheet Beginning of year balances on Lines 24 & 25 were reclassified to be consistent with the presentation of end of year balances.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	Transfer of Donations from Net Assets to Revenue = \$607,335, Pension Expense/Liability = \$4,098,201, Pension Funding = (\$4,064,891), Intracompany Transfer = (\$11,150), Transfer from Restricted Net Assets to Unrestricted Net Assets = \$5,127, Temporarily Restricted Net Assets released to Revenue = (\$557,204), Clearing Entries = \$7,056, Unrealized Gain = \$17,398, Adjustment to PV of Pledges Receivable = (\$8,437), Reversal of Accrued Expense = \$53,561, FY 10 Fundraising Check Void = \$13, Adjustment to Clearing Entries (Gaming Receipts) = (\$7,837), Adjustment to Clearing Entries (Gaming Expense) = \$3,448, TOTAL - \$142,620

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

2011

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ARK-LA-TEX HEALTH NETWORK PO BOX 2911 TEXARKANA, TX 755042911 75-2562459	HLTHCARE SVCS	TX	CHALT	C corp	2,826,669	502,234	100 000 %
(2) ARKANSAS INTEGRATED COMM HEALTH NETWORK 2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 76-0480684	HLTHCARE SVC	TX	CHALT	C corp	1,640,591	16,167,368	100 000 %
(3) CHRISTUS Muguerza SAPI de CV Hidalgo PTE 2525 Col Obispado, Monterrey, N L 64060 MX	HLTHCARE SVC	MX	CH	C corp	0	0	
(4) EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1 1102 CJ 98-0407545	INSURANCE	CJ	CH	C CORP	0	0	

Part V

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

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

1

During the tax year, did the organization 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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

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	(g) Section 512 (b)(13) controlled organization	
CHRISTUS HEALTH 919 Hidden Ridge Drive Irving, TX 75038 76-0590551	SPT HLTH SVCS	TX	501(c)(3)	11-TYPE 1	NA		No
CHRISTUS HEALTH CENTRAL LOUISIANA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(c)(3)		3 CH	Yes	
CHRISTUS HEALTH GULF COAST PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
CHRISTUS HEALTH NORTHERN LOUISIANA ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(c)(3)		3 CH	Yes	
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
CHRISTUS HEALTH SOUTHEAST TEXAS 2830 CALDER STREET BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(c)(3)		3 CH	Yes	
CHRISTUS SANTA ROSA HEALTH CARE CORP 333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
CHRISTUS HEALTH UTAH 919 Hidden Ridge Drive Irving, TX 75038 87-0231682	HLTHCARE SVCS	UT	501(c)(3)		9 CH	Yes	
CHRISTUS CONTINUING CARE 1700 WEST LOOP SOUTH STE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
CH WILKINSON PHYSICIAN NETWORK 1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	11-TYPE I	CH	Yes	
ST JOSEPH COMMUNITY FOUNDATION 2800 LAMAR AVE CAPITAL ONE 2ND F PARIS, TX 75460 42-1619230	SPT HLTH SVCS	TX	501(c)(3)	11-TYPE 1	CH	Yes	
CHRISTUS STEHLIN FND FOR CANCER RESEARCH 10301 Stella Link Suite A HOUSTON, TX 77025 74-1622404	CANCER RSCH	TX	501(c)(3)		9 CH	Yes	
DUBUIS HEALTH SYSTEM INC 1700 WEST LOOP SOUTH STE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(c)(3)		3 CH	Yes	
Christus Health Liability Retention TRST 919 Hidden Ridge Drive Irving, TX 75038 76-0259623	Self Ins Trst	TX	501(c)(3)	11-Type I	CH	Yes	
CHRISTUS HEALTH FOUNDATION 919 Hidden Ridge Drive Irving, TX 75038 61-1500100	SPT HLTH SVCS	TX	501(c)(3)	11-TYPE I	CH	Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	ARK-LA-TEX HEALTH NETWORK	a(iv)	14,352	accrual
(2)	CH WILKINSON PHYSICIAN NETWORK	a(iv)	83,581	accrual
(3)	DUBUIS HEALTH SYSTEM INC	a(iv)	555,629	accrual
(4)	DUBUIS HEALTH SYSTEM INC	k	547,627	accrual
(5)	ARK-LA-TEX HEALTH NETWORK	l	362,599	ACCRUAL
(6)	CH WILKINSON PHYSICIAN NETWORK	l	420,640	ACCRUAL
(7)	Christus Continuing Care	n	56,131	ACCRUAL
(8)	DUBUIS HEALTH SYSTEM INC	N	421,214	ACCRUAL
(9)	ARK-LA-TEX HEALTH NETWORK	n	593,443	ACCRUAL
(10)	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	O	90,620	ACCRUAL

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

CHRISTUS Health
Years Ended June 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



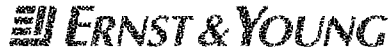
CHRISTUS Health

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2012 and 2011

Contents

Independent Auditors' Report.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	8
Supplementary Information	
Independent Auditors' Report on Supplementary Information	53
Community Benefit (Unaudited)	54



Ernst & Young LLP
One Victory Park
Suite 2000
2223 Victory Avenue
Dallas, TX 75219
Tel: +1 214 969 3000
Fax: +1 214 969 3557
www.ey.com

Independent Auditors' Report

The Board of Directors
CHRISTUS Health

We have audited the consolidated balance sheets of CHRISTUS Health as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of CHRISTUS Health's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of CHRISTUS Health's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CHRISTUS Health's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of CHRISTUS Health at June 30, 2012 and 2011, and the results of its consolidated operations and changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

Ernst & Young LLP

September 27, 2012

CHRISTUS Health

Consolidated Balance Sheets

	June 30	
	2012	2011
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 366,043	\$ 418,376
Short-term investments	366,527	444,893
Equity investments in managed funds	163,211	100,721
Assets whose use is limited or restricted, required for current liabilities	56,903	71,367
Patient accounts receivable, net of allowance for uncompensated care of \$200,508 and \$171,310 at June 30, 2012 and 2011, respectively	334,971	313,652
Notes and other receivables	57,499	125,705
Inventories	89,658	88,432
Assets held for sale	617	2,150
Securities pledged to creditors	46,518	40,211
Security lending collateral	46,257	39,155
Other current assets	51,167	38,690
Total current assets	<u>1,579,371</u>	<u>1,683,352</u>
Assets whose use is limited or restricted, less current portion	907,962	812,963
Property, plant, and equipment, net of accumulated depreciation	1,719,060	1,786,833
Other assets:		
Investments in unconsolidated organizations	209,938	188,550
Derivative financial instruments	—	12,375
Goodwill	101,858	91,569
Other assets	74,472	81,074
Other restricted assets	15,540	13,453
Total other assets	<u>401,808</u>	<u>387,021</u>
Total assets	<u><u>\$ 4,608,201</u></u>	<u><u>\$ 4,670,169</u></u>

	June 30	
	2012	2011
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 358,097	\$ 365,852
Accrued employee compensation and benefits	172,633	163,645
Accrued pension benefits, current portion	7,755	6,927
Estimated third-party settlements	33,267	42,081
Current portion of long-term debt	48,405	57,904
Payable under security lending agreement	47,288	39,462
Total current liabilities	667,445	675,871
Long-term debt, less current portion	1,124,556	1,175,036
Accrued pension benefits, long-term portion	197,177	116,446
Derivative financial instruments	136,786	72,348
Other long-term obligations – primarily related to self-funded liabilities, less current portion	176,799	180,428
Total liabilities	2,302,763	2,220,129
Net assets:		
Unrestricted:		
Attributable to CHRISTUS Health	2,115,411	2,261,844
Attributable to noncontrolling interest	119,299	113,249
Total unrestricted	2,234,710	2,375,093
Temporarily restricted	54,183	61,396
Permanently restricted	16,545	13,551
Total net assets	2,305,438	2,450,040
Total liabilities and net assets	\$ 4,608,201	\$ 4,670,169

See accompanying notes

CHRISTUS Health

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2012	2011
	<i>(In Thousands)</i>	
Unrestricted revenues:		
Net patient service revenue	\$ 3,417,777	\$ 3,410,683
Premium revenue	174,283	164,735
Other revenue	182,736	172,118
Equity in income of unconsolidated organizations	27,539	33,417
Total revenues	3,802,335	3,780,953
Expenses:		
Employee compensation and benefits	1,625,972	1,629,067
Services and other	1,021,156	984,578
Supplies	638,700	631,169
Depreciation and amortization	218,352	220,933
Provision for uncollectible accounts	205,977	172,703
Interest	42,166	42,803
Total expenses	3,752,323	3,681,253
Operating gain	50,012	99,700
Nonoperating investment (loss) gain	(91,519)	114,785
Other nonoperating gain (loss)	112	(18,435)
Revenues in (deficit) excess of expenses	(41,395)	196,050
Less revenues in excess of expenses attributable to noncontrolling interest	12,601	18,717
Revenues in (deficit) excess of expenses attributable to CHRISTUS Health	(53,996)	177,333

CHRISTUS Health

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended June 30	
	2012	2011
	<i>(In Thousands)</i>	
Changes in unrestricted net assets:		
Revenues in (deficit) excess of expenses attributable to CHRISTUS Health	\$ (53,996)	\$ 177,333
Net change in unrealized (loss) gain on investments	(6,390)	5,823
Change in pension liabilities	(89,525)	100,462
Change in noncontrolling interest	6,050	9,535
Other	3,478	939
Changes in unrestricted net assets before effect of change in accounting principle	(140,383)	294,092
Effect of change in accounting principle (<i>Note 3</i>)	—	(34,752)
Changes in unrestricted net assets	(140,383)	259,340
Temporarily restricted net assets:		
Contributions	3,229	11,823
Net change in unrealized (loss) gain on investments	(2,190)	1,943
Net assets released from restrictions and other	(8,252)	(10,276)
Changes in temporarily restricted net assets	(7,213)	3,490
Changes in permanently restricted net assets	2,994	431
Changes in net assets	(144,602)	263,261
Net assets – beginning of year	2,450,040	2,186,779
Net assets – end of year	<u>\$ 2,305,438</u>	<u>\$ 2,450,040</u>

See accompanying notes

CHRISTUS Health

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2012	2011
	<i>(In Thousands)</i>	
Operating activities		
Changes in net assets:	\$ (144,602)	\$ 263,261
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Change in pension liabilities	80,731	(100,702)
Contributions of temporarily restricted net assets	(3,229)	(11,823)
Equity in income of unconsolidated organizations	(27,539)	(33,417)
Equity earnings on investments in managed funds	5,493	(10,591)
Depreciation and amortization	218,352	220,933
Provision for uncollectible accounts	205,977	172,703
Change in derivative fair value	76,813	(29,803)
Loss on early extinguishment of debt	—	508
Gain on disposal of property, plant, and equipment	(2,716)	(3,779)
Impairment of goodwill	—	34,752
Impairment of long-lived assets	—	7,041
Changes in operating assets and liabilities, net of acquisitions:		
Increase in net patient accounts receivable	(227,296)	(180,236)
Decrease (increase) in trading securities	1,084	(387,208)
Decrease (increase) in notes and other receivables	68,206	(36,220)
(Increase) decrease in inventories	(1,226)	995
Decrease in other current assets	234	6,342
Increase in accounts payable, accrued expenses, and accrued employee compensation and benefits	4,193	66,221
(Decrease) increase in net third-party payor settlements	(8,815)	27,599
Increase in liability for self-funded liabilities	3,782	14,773
Net cash provided by operating activities	249,442	21,349
Investing activities		
Purchases of property, plant, and equipment	(166,264)	(143,707)
Proceeds from sale or disposal of property, plant, and equipment	8,633	24,119
(Increase) decrease in equity investments in managed funds	(71,234)	5,110
Decrease in investments in unconsolidated organizations	6,151	19,447
(Increase) decrease in securities pledged to creditors	(6,307)	8,445
(Increase) decrease in other assets	(6,120)	10,650
(Increase) decrease in security lending collateral	(7,102)	9,982
Net cash used in investing activities	(242,243)	(65,954)

CHRISTUS Health

Consolidated Statements of Cash Flows (continued)

	Year Ended June 30	
	2012	2011
	<i>(In Thousands)</i>	
Financing activities		
Contributions of temporarily restricted net assets	\$ 3,229	\$ 11,823
Other costs associated with debt refinancing/conversion	(859)	(1,295)
Proceeds from debt issuance	–	99,617
Payments on long-term debt	(69,728)	(161,323)
Increase (decrease) in payable under security lending agreements	7,826	(10,104)
Net cash used in financing activities	<u>(59,532)</u>	<u>(61,282)</u>
Net decrease in cash and cash equivalents	(52,333)	(105,887)
Cash and cash equivalents – beginning of year	418,376	524,263
Cash and cash equivalents – end of year	<u>\$ 366,043</u>	<u>\$ 418,376</u>
Noncash investing and financing transactions		
Capital lease obligations incurred for property, plant, and equipment	<u>\$ 1,064</u>	<u>\$ 15,022</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized)	<u>\$ 45,372</u>	<u>\$ 43,736</u>

See accompanying notes

CHRISTUS Health

Notes to Consolidated Financial Statements

June 30, 2012

1. Mission, Vision, and Organization of CHRISTUS Health

CHRISTUS Health was incorporated as a Texas nonprofit corporation on December 15, 1998. CHRISTUS Health (CHRISTUS or the System) is sponsored by the Congregation of the Sisters of Charity of the Incarnate Word of Houston, Texas, and the Congregation of the Sisters of the Incarnate Word of San Antonio, Texas. The Congregation of the Sisters of Charity of the Incarnate Word of Houston, Texas, sponsors the Sisters of Charity Health Care System (SCH), and the Congregation of the Sisters of Charity of the Incarnate Word of San Antonio, Texas, sponsors the Incarnate Word Health System (IWHS). SCH and IWHS continue to exist and carry out their ministries.

The mission of CHRISTUS Health is to extend the healing ministry of Jesus Christ. The Gospel values underlying the mission statement challenge CHRISTUS Health to make choices that respond to the economically disadvantaged and the underserved with health care needs. The growth and development of CHRISTUS Health are determined by the health care needs of the communities that CHRISTUS Health serves, its available resources, and the interrelationship of those serving and those being served. Responsible stewardship mandates that CHRISTUS searches out new, effective means to deliver quality health care and to promote wholeness in the human person.

The vision of CHRISTUS Health 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 consolidated financial statements of CHRISTUS Health include activities of its affiliated market-based organizations and other related entities, all of which are wholly or majority-owned and commonly referred to as regions or entities. For purposes of these consolidated financial statements, the "System" is defined as CHRISTUS Health's affiliated market-based organizations and other related entities. The other related entities include, but are not limited to, hospital foundations, professional office buildings, management services organizations, physician groups, outpatient surgery centers, a collection agency, self-insurance trusts, an offshore captive insurance company, health plans, integrated community health networks, and diagnostic imaging companies.

CHRISTUS Health controls or owns, directly or indirectly, or manages various nonprofit and for-profit corporations and other organizations that currently operate in the states of Texas, Arkansas, Georgia, Louisiana, Missouri, New Mexico, Iowa, and in the Republic of Mexico.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

1. Mission, Vision, and Organization of CHRISTUS Health (continued)

CHRISTUS Health and certain affiliated nonprofit corporations are generally exempt from federal income taxes under Section 501(a) of the Internal Revenue Code, as organizations described in Section 501(c)(3).

2. Community Health

In accordance with its mission and philosophy, the System commits significant resources to improving the health of the communities it serves. In support of its mission, the System provides programs and services for entire communities, with a special consideration for those who are poor and underserved.

Programs and Services for the Poor and Underserved – These programs and services represent the financial commitment to serve those who have inadequate resources and/or are uninsured or underinsured. Services are offered with the conviction that health care is a basic human right and all deserve access. The categories included as programs and services for the poor and the underserved are as follows:

Charity Care – In accordance with the Catholic Health Association (CHA) guidelines, charity care represents the unpaid costs of free or discounted health services provided to persons who cannot afford to pay and who meet the organization's criteria for financial assistance. Traditional charity care is defined by the state of Texas as the unreimbursed costs of providing, funding, or otherwise financially supporting the health care services provided to a person with income at or below 200% of the federal poverty level. Charity care services provided to these patients are not reported as revenue in the consolidated statements of operations and changes in net assets as there is minimal or no expectation of payment. The amount of traditional charity care provided, determined on the basis of cost, excluding the provision for bad debt expense, was approximately \$168,645,000 and \$172,473,000 for the years ended June 30, 2012 and 2011, respectively.

Unpaid Costs of Medicaid and Other Public Programs for the Indigent – This category represents the cost of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of any payments received from all sources.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

2. Community Health (continued)

Community Services for the Poor and Underserved – This category represents the unpaid cost of services provided for which a patient is not billed, or for which a fee has been assessed that recovers only a portion of the cost of the rendered service. This category includes services to those in need through community health programs. The programs cover a broad spectrum of services, from community health centers to immunizations for children and seniors, Meals on Wheels, transportation services, home repair projects, and a variety of other social services. These programs may also seek justice for the vulnerable and work to bring about changes in political and economic systems.

Examples of CHRISTUS Health Community Benefits accounted for under Community Services for the Poor and Underserved include:

- The CHRISTUS Community Direct Investment (CDI) Program was established to support community-driven initiatives primarily for affordable housing and economic development by providing financing at below-market interest rates. The majority of the support is provided to programs in the CHRISTUS operating regions. The amount the System would have earned on these monies is the forgone income that is considered a community benefit.
- The CHRISTUS Fund was established for the purpose of providing grants to support community planning, healthy community initiatives, and community-based programs, with a focus on the poor and underserved areas where CHRISTUS Health ministries and sponsoring congregations are involved.

Community Services Provided for the Broader Community – This category represents the unpaid cost of services provided for the benefit of the entire community. The majority of these expenditures are for graduate medical education programs, either through CHRISTUS-sponsored or affiliated programs. Other benefits for the broader community include health promotion and wellness programs, health screenings, newsletters, and radio or television programs intended for health education. These programs are not intended to be financially self-supporting.

Education and Research – This category represents the direct costs associated with medical education and other health professional educational programs in excess of governmental payments.

Other Community Services – This category represents leadership activities, community planning, and advocacy.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies

Basis of Consolidation

The consolidated financial statements include the accounts of all entities of the System (see Note 1). All significant inter-entity transactions and accounts have been eliminated in consolidation.

Use of Estimates

The preparation of the accompanying consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management of the System to make assumptions, estimates, and judgments 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 include 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; determination of fair value of certain goodwill and long-lived assets; 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 judgments and estimates. Actual results could differ materially from these estimates.

Cash and Cash Equivalents

Cash equivalents include short-term, highly liquid investments with original maturities of three months or less.

Investments

The System's investment portfolio is classified as trading, with unrealized gains and losses included in revenues in excess of expenses. Investments in equity securities and funds with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investments also include equity investments in managed funds structured as limited liability corporations or partnerships. These investments are accounted for under the equity method. Investment income or loss (including equity investment

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

earnings on managed funds; realized and unrealized gains and losses, computed on the average-cost basis of the security at the time of sale; and interest and dividends) is included in revenues in (deficit) excess of expenses unless the income or loss is restricted by donor or law.

Investment income earned on assets held by trustees under bond indenture agreements, assets held by foundations, assets deposited in trust funds for self-insurance purposes, and funds held by insurance subsidiaries in accordance with industry practices are included in other revenue in the consolidated statements of operations and changes in net assets.

Derivative Financial Instruments

The System utilizes interest rate swaps to hedge interest rate exposures. Changes in the fair value of the System's interest rate swaps are recorded as a component of nonoperating investment gain (loss) in the consolidated statements of operations and changes in net assets. The expense representing the net of the payments made and received under the swap agreements is also recorded as a component of nonoperating investment gain (loss).

Inventories

The System values inventories, which consist principally of medical supplies and pharmaceuticals, at the lower of cost (first-in, first-out, or weighted-average cost valuation method) or market basis.

Property, Plant, and Equipment

Property, plant, and equipment acquisitions are recorded at cost or, if donated, at fair value at the time of donation. Expenditures that materially increase values, change capacities, or extend useful lives are capitalized. Routine maintenance, repairs, and minor equipment replacement costs are charged against operations.

Depreciation is calculated and recorded over the estimated useful life of each class of depreciable assets using the straight-line method. The *American Hospital Association – Estimated Useful Lives of Depreciable Hospital Assets* is used as a general guide in establishing depreciable lives. Amortization of capital leases is included in depreciation expense.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

Assets Held for Sale

A long-lived asset or disposal group of assets and liabilities that is expected to be sold, and for which it is probable that the sale will be completed within one year, is classified as held for sale. For long-lived assets held for sale, an impairment charge is recorded if the carrying amount of the asset exceeds its fair value less costs to sell. Such valuations include estimates of fair values generally based upon discounted cash flows less incremental direct costs to transact a sale.

Asset Impairment

The System periodically evaluates the carrying value of its operating long-lived assets and assets held for sale for impairment when indicators of impairment are identified. These evaluations are primarily based on the estimated recoverability of the assets' carrying value. Impairment write-downs are recognized as a reduction in operating gain for the operating long-lived assets and as a reduction in nonoperating gain for the assets held for sale at the time the impairment is identified.

Investments in Unconsolidated Organizations

The System has investments in certain organizations for which it does not have a majority ownership interest or significant control, and, therefore, these organizations do not require consolidation. Generally, these investments are recorded using the equity method of accounting for those organizations in which the System owns greater than 20%. The cost method of accounting is used for organizations in which the System owns 20% or less.

Securities Lending

The System participates in securities lending transactions facilitated by the lending agent. Such loans are secured by collateral of 102% of the market value of domestic securities at the time of the loan. Per the securities lending agreement, such collateral will typically be cash or debt securities issued by the U.S. government or any of its agencies. Cash collateral received in connection with these loans is currently invested in a pooled fund of securities that mature in no more than 13 months and is maintained by the lending agent. The securities on loan and invested collateral are marked to market throughout the duration of the loan.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

Goodwill

The System records goodwill arising from a business combination as the excess of purchase price over the fair value of identifiable tangible and intangible assets acquired and liabilities assumed. At June 30, 2012 and 2011, the System had goodwill of \$101,858,000 and \$91,569,000, respectively. Beginning in fiscal year 2011 with the adoption of Accounting Standards Update (ASU) 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, the amortization of goodwill ceased and goodwill is tested at least annually for impairment at the reporting unit level. Impairment is the condition that exists when the carrying amount of goodwill exceeds its implied fair value. The System has determined that its reporting units are the various geographic Regions of the System. The first step in the impairment process is to determine the fair value of the reporting unit and then compare it to the carrying value, including goodwill. If the fair value exceeds the carrying value, no further action is required and no impairment loss is recognized.

The System determined that the use of the income and market approaches were the most appropriate methods of measuring fair value of the reporting units. These are considered Level 3 valuations in the valuation hierarchy described in Note 6. Under the income approach, fair value is estimated using a discounted cash flow analysis. Under the market approach, fair value is estimated using a guideline company method and a comparable transaction method. Both the income approach and the market approach require significant assumptions to determine the fair value of each reporting unit. The significant assumptions used in the income approach include estimates of future revenues, profits, capital expenditures, working capital requirements, operating plans, industry data, and an appropriate discount rate for each reporting unit. The significant assumptions utilized in the market approach include the determination of appropriate market comparables and estimated multiples of net revenue and earnings before interest, taxes, depreciation, and amortization.

Additional impairment assessments may be performed on an interim basis if the System encounters events or changes in circumstances that would indicate that it is more likely than not that the carrying value of goodwill has been impaired. The System performed a transitional impairment test as of July 1, 2010, upon adoption of the guidance in ASU 2010-07. As a result of the transitional impairment test, goodwill at the Northern Louisiana, Central Louisiana, and Spohn Regions totaling \$34,752,000 was written off, which is recorded as the effect of a change in accounting principle in the consolidated statement of operations and changes in net assets in fiscal year 2011.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

The System elected early adoption of ASU 2011-08, *Intangibles – Goodwill and Other: Testing Goodwill for Impairment*. A qualitative impairment analysis concluded that it was more likely than not that the carrying value exceeded the fair value of the applicable reporting units. Therefore, no two-step impairment analysis was required and no impairment charges were recorded in fiscal year 2012.

Deferred Financing Costs

Deferred financing costs, net of accumulated amortization, included in other assets at June 30, 2012 and 2011, are \$18,576,000 and \$20,019,000, respectively, which are being amortized using the interest method over the terms of the indebtedness to which they relate.

Temporary and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity.

Patient Accounts Receivable, Estimated Payables to Third-Party Payors, and Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from established rates. Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from third-party payors and others for services rendered. Estimated retroactive adjustments under reimbursement agreements with third-party payors are included in net patient service revenue and estimated third-party payor settlements. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

The System has adopted an uncompensated care policy whereby revenue from services provided to the uninsured is recognized at the time of payment, rather than at the time of service. This policy is a result of the lack of reasonable assurance of collection for services provided to the uninsured due to the System's historically low collection rate. Management has estimated that the difference between recording this revenue on the cash basis versus the accrual basis is immaterial to net patient service revenue for fiscal years 2012 and 2011. Accordingly, all

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

accounts receivable from the uninsured have been fully reserved in the allowance for uncompensated care. The resulting adjustment is recorded as revenue deductions from gross charges to arrive at net patient service revenue.

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 (ARRA) included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

CHRISTUS accounts for HITECH incentive payments under the grant accounting model as grants related to income. Income from Medicare incentive payments is recognized as revenue after CHRISTUS has determined it is reasonably assured to comply with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended. CHRISTUS recognized revenue from Medicaid incentive payments after it adopted certified EHR technology. Incentive payments totaling \$27,668,000 and \$4,233,000 for the years ended June 30, 2012 and 2011, respectively, are included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, CHRISTUS's compliance with the meaningful use criteria is subject to audit by the federal government.

Accounts Receivable Allowance

The System's recorded allowance for uncompensated care is based on expected net collections, after contractual adjustments, primarily from patients. Management routinely assesses these recorded allowances relative to changes in payor mix, cash collections, write-offs, recoveries, and market dynamics.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

Premium Revenue and Associated Costs

Premium revenue represents revenues derived under capitated arrangements with third parties. In return for these premiums, the contracting entity is responsible for providing essentially all health care services to enrolled participants. Costs for providing these services, including services provided by other health care providers, are included as operating expenses in the consolidated financial statements. At June 30, 2012 and 2011, the respective contracting entities have accrued expenses for incurred but not reported claims based upon claims experience. The contracting entities maintain stop-loss insurance coverage to limit exposure for certain catastrophic claims.

Other Revenue

Other revenue is derived from services other than providing health care services or coverage to patients, residents, or enrollees. This revenue typically includes investment income from all funds held by a trustee, malpractice funds, or other miscellaneous investment activities; rental of health care facility space; sales of medical and pharmaceutical supplies to employees, physicians, and others; proceeds from sales of cafeteria meals and guest trays to employees, medical staff, and visitors; and proceeds from sales at gift shops, snack bars, newsstands, parking lots, vending machines, or other service facilities operated by the health care organization.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

International Operations

The System owns a 64.6% interest in CHRISTUS Muguerza, S.A. de C.V. (CHRISTUS Muguerza), headquartered in Monterrey, Mexico. CHRISTUS Muguerza is a private health care system and is subject to taxes in accordance with the regulations of the Republic of Mexico. The financial statements of CHRISTUS Muguerza are presented in accordance with accounting principles generally accepted in the United States and are consolidated in the CHRISTUS Health consolidated financial statements.

Effective May 3, 2012, CHRISTUS Health increased its ownership interest in CHRISTUS Muguerza from 59.6% to 64.6% by purchasing 11,300,168 additional shares for cash consideration in the amount of \$6,000,000.

Minimum Revenue Guarantees

CHRISTUS enters into agreements with non-employed physicians that include minimum revenue guarantees. These guarantees primarily arise through physician recruiting efforts and vary by physician specialty. Generally, the term of these guarantees ranges from one to two years, with the majority including a forgiveness period that begins during the second year of the guarantees. The estimated amount of the liability for CHRISTUS' obligation under these guarantees was \$9,129,000 and \$6,798,000 at June 30, 2012 and 2011, respectively, and is included in accrued expenses and other long-term obligations in the accompanying consolidated balance sheets.

The maximum amount of future payments that the System could be required to make under all existing guarantees is approximately \$25,814,000.

Asset Retirement Obligations

CHRISTUS estimates the conditional asset retirement obligation primarily associated with asbestos abatement to be \$7,483,000 and \$7,430,000 as of June 30, 2012 and 2011, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

Uncertainty in Income Taxes

The authoritative guidance in Accounting Standards Codification (ASC) Topic 740, *Income Taxes*, creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Under the requirements of this guidance, tax-exempt organizations could be required to record an obligation as the result of a tax position they have historically taken on various tax exposure items. There are no material unrecorded tax liabilities as of June 30, 2012 and 2011.

New and Pending Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued ASU 2010-23, *Health Care Entities: Measuring Charity Care for Disclosure*. ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care. ASU 2010-23 requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care, and requires disclosure of the method used to identify or determine such costs. This ASU was effective for CHRISTUS on July 1, 2011. The adoption of this ASU resulted in the disclosure of the cost of providing charity care in Note 3.

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries*. The amendments in the ASU clarify that a health care entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries. This ASU was effective for CHRISTUS on July 1, 2011. Due to the level of self-retention for such claims, the adoption of this ASU did not have a material effect on CHRISTUS's consolidated financial position at June 30, 2012.

In September 2011, the FASB issued ASU 2011-08. The amendments in the ASU permit an entity to first assess qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment test described in ASC Topic 350, *Intangibles – Goodwill and Impairment*. This ASU is effective for CHRISTUS on July 1, 2012, with early adoption permitted. CHRISTUS early adopted the guidance in this ASU for purposes of its annual goodwill impairment test performed on April 1, 2012.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The amendments in the ASU require CHRISTUS to change the presentation of its consolidated statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, the ASU requires enhanced disclosure about CHRISTUS's policies for recognizing revenue and assessing bad debts, patient service revenue (net of contractual allowances and discounts), and qualitative and quantitative information about changes in the allowance for doubtful accounts. This ASU is effective for CHRISTUS on July 1, 2012, with early adoption permitted. CHRISTUS does not believe its adoption of ASU 2011-07 will have a material effect on its consolidated financial position and results of operations from the adoption of this pronouncement.

4. Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Amounts subject to retroactive adjustments are estimated and recorded in the period the related services are rendered and adjusted in future periods as final settlements are determined. The estimated settlements recorded at June 30, 2012 and 2011, could differ from actual settlements. Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient diagnosis-related group classification system that is based on clinical, diagnostic, and other factors.

For fiscal years 2012 and 2011, net patient service revenue increased approximately \$16,629,000 and \$16,403,000, respectively, related to changes in estimates for cost report re-openings, appeals, and tentative and final cost report settlements on filed cost reports, of which some are still subject to audit, additional re-opening, and/or appeal.

Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid under cost reimbursement methodologies, prospectively determined rates per discharge, and prospectively determined or negotiated rates.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

4. Net Patient Service Revenue (continued)

Revenue from the Medicare and Medicaid programs accounted for approximately 26.8% and 2.4%, respectively, of the System's net patient revenue for the fiscal year ended June 30, 2012, and 26.6% and 3.5%, respectively, of the System's net patient revenue for the fiscal year ended June 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and negotiated daily rates.

Federal law requires that state Medicaid programs make special payments to hospitals that serve a disproportionately large number of Medicaid and low-income patients. Such hospitals are called disproportionate share hospitals and receive disproportionate share funding under the program known as "DSH." DSH funds are different from most other Medicaid payments because they are not tied to specific services for Medicaid-eligible patients. There were 172 and 182 Texas hospitals that qualified to receive such payments in 2012 and 2011, respectively. The state of Texas has been making DSH payments to providers since 1987.

Additionally, the federal Medicaid rules allow for hospitals to be reimbursed for some of the uncompensated cost of treating Medicaid and uninsured patients up to an Upper Payment Limit (UPL) as modified by the 1115(b) demonstration waiver further discussed below. UPL programs act as mechanisms to draw federal Medicaid dollars into local communities. The Texas Medicaid program has chosen a county-specific UPL strategy to receive supplemental federal matching funds. Under these programs, various hospital participants in the respective counties have elected to provide health care services to the indigent population in the county as charity services and, as such, no third party has an obligation to pay for these services. Separately, and with no legal obligation or link to the hospitals' provision of charity services, the tax-supported governmental entity may choose, entirely at its discretion, to contribute a portion of its tax revenues into the state's Medicaid program. The amounts transferred by the governmental entity to the state Medicaid program are then matched at the federal level, and the total amount (the amount transferred to the state Medicaid program by the governmental entity and the related federal match) is then paid to the hospital participants based upon each hospital's individual applicable funding entitlement. In addition to the allocations received by the Medicaid program, hospital participants in some communities may make charity community benefit transfers to each other throughout the year to reach a previously agreed-upon sharing ratio.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

4. Net Patient Service Revenue (continued)

Medicaid supplemental payments, which include Medicaid DSH and UPL payments, net of settlements and amounts transferred between program participants, of approximately \$252,756,000 and \$334,267,000 were recorded in 2012 and 2011, respectively. Net patient service revenue in the accompanying consolidated statements of operations and changes in net assets includes all Medicaid supplemental funds.

The Texas Health and Human Services Commission (HHSC) filed an application with the Centers for Medicare and Medicaid Services (CMS) to approve a 1115(b) demonstration waiver (the 1115(b) waiver) from traditional Medicaid financial and eligibility rules. CMS approved the five-year waiver in December 2011 and it allowed for one transition year to ensure proper transitions for providers. The transition year ends and the mechanics of the waiver program (year two) begin October 1, 2012. The waiver could impact the amount of revenue the System receives under the Medicaid supplemental payments, and the amounts of future reimbursements under these programs cannot be assured beyond September 30, 2012. While DSH and UPL funds are separate, the implementation of the 1115b waiver created a disincentive for transferring hospitals to participate in the DSH program, jeopardizing the full funding of the program. These funds helped to offset the uncompensated cost of care due to the State of Texas's limited Medicaid funding and the growing uninsured population.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, participation requirements of government health care programs, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. There are matters currently under audit and/or review by regulatory and government officials. These reviews and audits may or may not result in revisions to cost reports, resubmitted billings, unasserted possible claims that are probable of assertion, or loss contingencies. Compliance with such laws and regulations may be subject to future government review and interpretation, as well as regulatory actions.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

5. Cash and Investments

Total cash and investments for the System at June 30, including assets whose use is limited, are as follows (in thousands):

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 549,591	\$ 615,867
Certificates of deposit	9,428	25,465
Domestic equities and equity funds	240,732	283,297
Preferred stocks	494	1,712
Fixed-income securities and fixed-income funds	705,134	547,914
International equities	97,290	110,466
U.S. government securities	115,257	158,907
Equity in managed funds	188,642	144,806
Other investments	596	97
	<u>\$ 1,907,164</u>	<u>\$ 1,888,531</u>

Cash and cash equivalents include cash, money market bank accounts, interest-bearing bank accounts, and debt securities with original maturities of less than three months. United States government securities include debt securities issued by the U.S. government or a U.S. government agency. Fixed-income securities include corporate debt securities and common collective trusts. Domestic equities and equity funds, preferred stocks, and international equities include domestic and foreign stocks, as well as mutual funds and common collective trusts. Equity in managed funds includes investments in limited liability partnerships or corporations and other alternative investments. Other investments include municipal and foreign fixed-income instruments and restricted investments held by the System's philanthropic foundations.

The System's equity investments in managed funds are recorded based on the System's share of the underlying value of marketable securities held by these funds, as reported to the System. Equity-method investments include reported changes in value as reported to the System by the fund custodians. These investments are recorded at amounts confirmed by fund custodians. These amounts cannot be validated by the management of the System, and there can be no assurance such reported amounts will be ultimately realized.

The System's investments are subject to various types of risks, as explained below.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

5. Cash and Investments (continued)

Fixed Income

This investment class includes investments in various fixed-income instruments that include investment-grade and high-yield domestic and international bonds, preferred stocks, mortgage pools, master limited partnership units, and bonds issued by U.S. government agencies. This investment class also includes investments in common trust funds, mutual funds, and exchange-traded funds that hold investments in fixed-income securities. The fixed-income investments are exposed to various kinds and levels of risk, including interest rate risk, credit risk, foreign exchange risk, and liquidity risk.

Equities

This investment class consists primarily of common and preferred equity securities of domestic and foreign companies. These securities trade through the major public domestic and international exchanges. This investment class also includes investments in common trust funds, mutual funds, and exchange-traded funds that hold investments in equity securities. The equity securities investments are exposed to various risks, including market risk, individual security risk, foreign exchange risk, and, for common equity of companies with a small market capitalization, liquidity risk.

Equity Investments in Managed Funds

These funds are invested with external investment managers who invest primarily in various alternative categories, including long and short equity positions, managed futures, emerging markets, distressed enterprises, and arbitrage positions. These investments are domestic and international in nature, are illiquid, and may not be realized for a period of several years after the investments are made. The risks associated with these investments are numerous, resulting in a greater likelihood of losing invested capital. The risks include the following:

Nonregulation Risk – Some of these funds are not required to register with the Securities and Exchange Commission (SEC) and are not subject to regulatory controls.

Managerial Risk – Fund managers may fail to produce the intended returns and are not subject to oversight.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

5. Cash and Investments (continued)

Minimal Liquidity – Many funds impose lock-up periods that prevent investors from redeeming their shares or impose penalties to redeem.

Limited Transparency – As unregistered investment vehicles, funds are not required to disclose the holdings in their portfolios to investors.

Investment Strategy Risk – The funds often employ sophisticated, risky investment strategies, are speculative, and may use leverage, which could result in volatile returns.

The System has no commitments for funding to equity investments in managed funds as of June 30, 2012.

Assets whose use is limited or restricted consisted of the following at June 30 (in thousands):

	<u>2012</u>	<u>2011</u>
Assets whose use is limited or restricted, required for current bond indenture and self-insurance liabilities	\$ 56,903	\$ 71,367
Other investments, internally designated for capital expansion and other purposes	577,105	499,205
Under bond indenture agreement – held by trustee	83,555	81,475
Under liability retention and self-insurance funding arrangement – held by trustee	12,572	10,968
Under Emerald Assurance funding arrangements	177,423	158,930
Restricted cash and investments	57,307	62,385
Total assets whose use is limited or restricted	<u>\$ 964,865</u>	<u>\$ 884,330</u>

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

5. Cash and Investments (continued)

Investment returns and gains and (losses) for assets limited as to use, cash equivalents, and other unrestricted investments consisted of the following for the years ended June 30 (in thousands):

	<u>2012</u>	<u>2011</u>
Operating interest and dividend income	\$ 5,189	\$ 5,094
Operating gain, realized and unrealized	5,881	17,413
Equity investment (loss) earnings on managed funds	(894)	250
Total operating investment income	<u>10,176</u>	<u>22,757</u>
Nonoperating interest and dividend income	13,191	12,555
Nonoperating (loss) gain, realized and unrealized	(14,327)	80,170
Equity investment (loss) earnings on managed funds	(3,994)	9,850
Net swap agreement activity	(86,389)	12,210
Total nonoperating investment (loss) gain	<u>(91,519)</u>	<u>114,785</u>
Total investment (loss) gain	<u>\$ (81,343)</u>	<u>\$ 137,542</u>

6. Fair Value Measurements

The three-level valuation hierarchy for disclosure of fair value measurements is based on the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices for similar assets and liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based on the lowest level of input that is significant to the fair value measurement.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

6. Fair Value Measurements (continued)

The following tables present the financial instruments carried at fair value as of June 30 (in thousands) by the valuation hierarchy (as described above):

	2012			
	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 545,853	\$ 3,738	\$ —	\$ 549,591
Certificates of deposit	—	9,428	—	9,428
Domestic equities and equity funds	240,732	—	—	240,732
Preferred stocks	494	—	—	494
Fixed-income securities and fixed-income funds	—	705,134	—	705,134
International equities	97,290	—	—	97,290
U.S. government securities	—	115,257	—	115,257
Other investments	—	596	—	596
Total investments	884,369	834,153	—	1,718,522
Total assets at fair value	\$ 884,369	\$ 834,153	\$ —	\$ 1,718,522
Liabilities				
Interest rate swap agreements	\$ —	\$ 136,786	\$ —	\$ 136,786
Total liabilities at fair value	\$ —	\$ 136,786	\$ —	\$ 136,786

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

6. Fair Value Measurements (continued)

	2011			
	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 613,726	\$ 2,141	\$ –	\$ 615,867
Certificates of deposit	–	25,465	–	25,465
Domestic equities and equity funds	201,054	82,243	–	283,297
Preferred stocks	1,712	–	–	1,712
Fixed-income securities and fixed-income funds	–	547,914	–	547,914
International equities	110,466	–	–	110,466
U.S. government securities	–	158,907	–	158,907
Other investments	–	97	–	97
Total investments	926,958	816,767	–	1,743,725
Interest rate swap asset	–	12,375	–	12,375
Total assets at fair value	\$ 926,958	\$ 829,132	\$ –	\$ 1,756,100
Liabilities				
Interest rate swap agreements	\$ –	\$ 72,348	\$ –	\$ 72,348
Total liabilities at fair value	\$ –	\$ 72,348	\$ –	\$ 72,348

The valuation methodologies used for instruments measured at fair value as presented in the tables above are as follows:

- *Investments* – Investments valued at quoted prices available in an active market are classified within Level 1 of the valuation hierarchy. Investments valued based on evaluated bid prices provided by third-party pricing services where quoted market prices are not available are classified within Level 2 of the valuation hierarchy.
- *Interest rate swap agreements* – Interest rate swap agreements are valued using third-party models that use observable market conditions as their input and are classified within Level 2 of the valuation hierarchy.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

6. Fair Value Measurements (continued)

At June 30, 2012 and 2011, the System's financial instruments included cash and cash equivalents, accounts receivable, assets limited as to use, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt. The carrying amounts reported in the consolidated balance sheets for these financial instruments, except for long-term debt, approximate their fair values.

The System's fixed-rate debt is enhanced with bond insurance. The estimated fair value of the fixed-rate debt, if it were not enhanced by insurance, approximates \$627,055,000 at June 30, 2012, as compared to its carrying value of \$562,587,000.

At June 30, 2012, the System has several issues of variable-rate demand and auction-rate bonds outstanding. The System's continued participation in these debt programs depends on its ability to extend or replace the existing credit facilities supporting the respective standby purchase agreements. If these credit facilities are not available, the System will likely refund these outstanding series with available funds or funds derived from fixed-rate series proceeds. It is not practicable to estimate the fair value of the variable-rate demand and auction-rate bonds separate from the value supported by the credit facilities.

7. Property, Plant, and Equipment

Property, plant, and equipment at June 30, consisted of the following (in thousands):

	<u>2012</u>	<u>2011</u>
Land	\$ 211,243	\$ 217,307
Land improvements	73,229	73,391
Buildings and fixed equipment	2,373,120	2,330,211
Major movable equipment	1,868,107	1,822,097
Less accumulated depreciation	<u>(2,861,319)</u>	<u>(2,710,751)</u>
	1,664,380	1,732,255
Construction-in-progress (estimated cost to complete is \$82 million and \$75 million at June 30, 2012 and 2011, respectively)	54,680	54,578
Total	<u>\$ 1,719,060</u>	<u>\$ 1,786,833</u>

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

7. Property, Plant, and Equipment (continued)

Depreciation expense for the System for fiscal years 2012 and 2011 totaled \$209,018,000 and \$210,668,000, respectively.

8. Investments in Unconsolidated Organizations

The System has unrestricted investments in unconsolidated organizations of \$209,938,000 and \$188,550,000 at June 30, 2012 and 2011, respectively. The following investments account for 95% of the System's total investments in unconsolidated organizations in both 2012 and 2011:

Baptist St. Anthony's Health System

CHRISTUS Health has a 50% membership interest in Baptist St. Anthony's Health System (BSAHS), a Texas nonprofit corporation. BSAHS is a market leader in the Amarillo area. CHRISTUS Health's recorded investment in BSAHS, accounted for under the equity method, was \$184,367,000 and \$162,488,000 at June 30, 2012 and 2011, respectively. The 2012 and 2011 balances include \$11,592,000 and \$8,648,000, respectively, of restricted net assets that are included in other restricted assets. CHRISTUS Health recorded its share of BSAHS's gains from operations of \$19,906,000 and \$24,707,000 in 2012 and 2011, respectively. The System also recorded its share of the change in unrealized losses on investments of \$538,460 at June 30, 2012, and unrealized gains on investments of \$249,000 at June 30, 2011, as changes in unrestricted net assets. The System is currently marketing its membership interest in BSAHS for sale.

Preferred Professional Insurance Company

CHRISTUS Health has a 13.1% ownership interest in Preferred Professional Insurance Company (PPIC), a taxable Nebraska corporation. This corporation, formed in 1988, was established to provide excess professional and general liability insurance. CHRISTUS Health's recorded investment in PPIC, accounted for under the cost method, was \$17,059,000 at both June 30, 2012 and 2011. The System recorded income from its investment in PPIC in fiscal years 2012 and 2011 of \$296,000 and \$789,000, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

8. Investments in Unconsolidated Organizations (continued)

CS/USP Surgery Centers, L P

CHRISTUS Spohn Health System Corporation has a 50% ownership interest in a Texas limited liability partnership with United Surgical Partners International, Inc. for the purpose of owning and operating ambulatory surgery centers in Corpus Christi, Texas. The venture consists of two surgery centers near the campus of Spohn Shoreline, specifically Corpus Christi Outpatient Surgery and SurgiCare. CHRISTUS Health's recorded investment, accounted for under the equity method, was \$5,755,000 and \$5,762,000 at June 30, 2012 and 2011, respectively. The System recorded its share of income from operations in fiscal years 2012 and 2011 of \$754,000 and \$645,000, respectively.

Omega Lab Joint Venture

CHRISTUS Health has a 40% ownership interest in Omega Lab Joint Venture. At June 30, 2012 and 2011, the System's recorded investment in Omega Lab Joint Venture, accounted for under the equity method, was \$3,088,000 and \$3,152,000, respectively. The System recorded its share of Omega Lab Joint Venture income from operations in fiscal years 2012 and 2011 of \$702,000 and \$520,000, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt

Long-term debt at June 30, consisted of the following (in thousands):

	<u>2012</u>	<u>2011</u>
Revenue bonds, in variable-rate demand mode, with weighted-average trading rates of .16% and .25% in fiscal 2012 and 2011, respectively, due in 2047	\$ 268,795	\$ 269,250
Revenue bonds, in auction mode, with weighted-average interest rates of .64% and 1.17% in fiscal 2012 and 2011, respectively, due in 2031	212,150	219,125
Revenue bonds, in fixed-rate mode, bearing interest from 3.00% to 6.50%	562,587	592,506
Capital lease payable to Nueces County Hospital District, bearing interest at a fixed rate of 6.9%, with annual principal payments through 2026, secured by the assets of CHRISTUS Spohn Hospital Memorial	45,043	46,907
Capital lease payable to Bee County, bearing interest at a fixed rate of 6.0%, with annual principal payments through 2030, secured by the assets of CHRISTUS Spohn Hospital Beeville	9,033	9,367
Nonobligated bank notes and capital leases related to CHRISTUS Muguerza investment	41,672	55,263
Other note and capital lease note obligations	33,681	40,522
	<u>1,172,961</u>	<u>1,232,940</u>
Less current portion	(48,405)	(57,904)
Total	<u>\$ 1,124,556</u>	<u>\$ 1,175,036</u>

According to the terms of the CHRISTUS Health Master Trust Indenture, the Obligated Group consists of CHRISTUS Health and eight of the System's regions as follows: CHRISTUS Spohn Health System, CHRISTUS Health Gulf Coast, CHRISTUS Health Southeast Texas, CHRISTUS Santa Rosa Health Care Corporation, CHRISTUS Health Ark-La-Tex, CHRISTUS Health Northern Louisiana, CHRISTUS Health Central Louisiana, and CHRISTUS Health Southwestern Louisiana.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt (continued)

Certain entities of CHRISTUS Health that are otherwise included in the consolidated financial statements of CHRISTUS Health are excluded from the CHRISTUS Health Obligated Group. These entities include, but are not limited to, the CHRISTUS Health Liability Retention Trust, Emerald Assurance, CHRISTUS St. Vincent Regional Medical Center, CHRISTUS Health Utah, CHRISTUS Provider Network, CHRISTUS Continuing Care, CHRISTUS Muguerza, S.A. de C.V., and various philanthropic foundations.

Under the provisions of the Master Trust Indenture, the obligations of CHRISTUS Health and the other members of the Obligated Group are secured by a pledge of gross revenues. Additionally, each member of the Obligated Group has undertaken certain covenants, including the following: to ensure the payment of debt service; to ensure the payment of taxes and other claims; to deliver compliance statement(s); to preserve corporate existence; to maintain books and records subject to inspection by the Master Trustee; to maintain insurance; to conform to defined lien limitations; to establish adequate service rates; to maintain a sufficient debt service coverage and indebtedness ratio; to maintain a required aggregate amount of unrestricted cash and investments; and to adhere to certain defined conditions with respect to consolidation, merger, conveyance, or transfer, and admission or withdrawal of Obligated Group members pursuant to the Master Trust Indenture, insurer, and letter of credit bank agreements.

CHRISTUS Health has letter of credit bank agreements on Series 2008C and 2009B variable-rate demand bonds (VRDB). The Series 2009B VRDBs are supported by letters of credit issued by The Bank of New York Mellon that expire on July 31, 2014. The outstanding Series 2008C VRDBs are supported by letters of credit issued by Bank of America that expire on December 17, 2015. In December 2010, CHRISTUS Health converted \$93,380,000 of auction-rate securities to fixed-rate bonds through a reoffering of the Series 2005 A-5 and 2005 A-6 bonds. The fixed-rate bonds are insured by Assured Guaranty Municipal Corp (AGMC).

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

9. Long-Term Debt (continued)

Principal payments for all long-term debt for the next five years and thereafter are as follows (in thousands):

2013	\$ 48,405
2014	60,048
2015	56,608
2016	59,314
2017	59,927
Thereafter	888,659
Total debt	<u>\$ 1,172,961</u>

10. Derivative Financial Instruments

Interest rate swap contracts between the System and third parties (counterparties) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate and expose the System to market risk and credit risk. Credit risk is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics that would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for the System's counterparties. The counterparties to these contracts are financial institutions that carry investment-grade credit ratings.

The interest rate swap contracts contain certain collateral provisions applicable to both parties to mitigate credit risk. CHRISTUS has complied with these provisions as required. No collateral was posted at June 30, 2012. The System does not anticipate nonperformance by its counterparties.

Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degrees of market risk that may be undertaken. Management also mitigates risk through periodic reviews of their derivative positions in the context of their blended cost of capital. As of June 2012, CHRISTUS Health has interest rate swap agreements to manage interest rate risk exposure, not designated as hedging instruments, with a total notional amount of \$961,435,000.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

10. Derivative Financial Instruments (continued)

At June 30, 2012, the fair value of these swap agreements was a liability of \$136,786,000 recorded as a liability on the balance sheet. At June 30, 2011, the fair value of these swap agreements was a net liability of \$59,973,000, with \$72,348,000 recorded as a liability and \$12,375,000 recorded as an asset on the consolidated balance sheet. The change in fair value of (\$76,813,000) and \$29,803,000 for the years ended June 30, 2012 and 2011, respectively, is combined with the payments, net of receipts made under the agreements, of \$9,576,000 and \$17,592,000 for the years ended June 30, 2012 and 2011, respectively. This total is included in nonoperating investment (loss) gain in the statements of operations and changes in net assets.

On August 26, 2011, CHRISTUS terminated two swaps with counterparty Citigroup, N.A. CHRISTUS terminated one of the 2005 Fixed Payer Swaps with an original notional amount of \$54,075,000 and a termination date of July 1, 2022, and the Constant Maturity Swap with a notional amount of \$200,000,000 and a termination date of June 1, 2022. CHRISTUS received net proceeds of \$5,785,000 as a result of the terminations.

On December 28, 2011, CHRISTUS Health entered into a swap novation with Citibank, N.A. as transferor and Wells Fargo Bank, N.A. as transferee of the Fixed Payer Swap with a notional of \$212,175,000 and had an effective date of January 4, 2012. The original transaction with Citibank, N.A. had a notional amount of \$225,925,000, a trade date of July 13, 2005, and an effective date of November 8, 2005. The original transaction was insured by FSA (now – Assured Guaranty Municipal Corp.). The swap insurance was terminated in connection with the novation. The payment terms, expiration, events of default and termination events remain substantially the same. The collateral posting threshold under the novated swap increased from \$15 million to \$45 million.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

10. Derivative Financial Instruments (continued)

The following tables summarize the fair value at June 30, 2012 and 2011, and the income (loss) recorded related to the interest rate swap agreements as of and for the years ended June 30, 2012 and 2011, in thousands.

Counterparty	Description	Termination Date	Interest Rate Agreements	Notional Amount	Fair Value		Change in Fair Value		Paid/(Received)	
					6/30/2012	6/30/2011	6/30/2012	6/30/2011	6/30/2012	6/30/2011
Merrill Lynch	Variable basis	2021–2023	6	\$ 470 000	\$ (7 910)	\$ (7 093)	\$ (818)	\$ 7 317	\$ (197)	\$ 248
*Wells Fargo	Fixed payor	2022 and 2031	1 2	212 175 217 805	(35 107)	(23 084)	(12 022)	4 427	13 649	8 264
Citigroup	**Constant maturity	2022	0 1	0 200 000	–	12 375	(12 375)	7 551	(12 975)	–
Citigroup	Fixed payor	2047	2	166 100	(56 095)	(25 414)	(30 681)	6 242	5 435	5 423
Citigroup	Fixed payor	2047	1	113 160	(37 674)	(16 757)	(20 917)	4 266	3 665	3 657
				\$ 961 435						
			12	1 167 065	\$ (136 786)	\$ (59 973)	\$ (76 813)	\$ 29 803	\$ 9 577	\$ 17 592

*Citigroup was the counterparty prior to the novation effective January 4, 2012. The swap originally scheduled to terminate in 2022 was early terminated August 26, 2011.

**CHRISTUS amended and restated the Constant Maturity Swap which was modified to include suspension of cash flows from June 5, 2009 through September 1, 2012.

CHRISTUS Health is required to post collateral for negative valuations on each of its swaps according to the terms of (i) the swap insurance agreements, where applicable and (ii) the agreement with each counterparty. CHRISTUS Health has complied with this requirement. At June 30, 2011 and 2012, no collateral was posted. The fixed payor swaps are insured by either AMBAC (terminated August 26, 2011), Assured Guaranty Municipal Corp, previously known as FSA (insurance terminated in connection with novation effective January 4, 2012), or MBIA.

CHRISTUS Health currently voluntarily posts, on a quarterly basis, selected information relating to its outstanding interest rate swap transactions on the Municipal Securities Rulemaking Board's (MSRB) Electronic Municipal Market Access system (EMMA) and the Texas State Repository – Texas Municipal Advisory Council (MAC). No assurances can be given that CHRISTUS Health will continue to post such information in the future.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits

Cash Balance Plan

The System has established a noncontributory, defined-benefit retirement plan that operates as a cash balance plan and covers substantially all CHRISTUS Health employees who meet age and service requirements. The plan benefits are calculated based on a cash balance formula wherein participants earn an annual accrual of 6% of compensation and participant account balances accrue interest at a rate that tracks 10-year treasury notes; the maximum rate is 8% and the minimum rate is 2%.

Postretirement Health Care Benefits

Comprehensive medical benefits are provided to eligible active employees who, immediately upon retirement and attainment of the age of 55, will receive a pension under the CHRISTUS Health retirement plan. Postretirement benefits are also provided to former employees who are currently receiving pension benefits. The comprehensive medical program, which is self-insured, provides reimbursement benefits until the participant attains the age of 65. The program also covers dependents of retirees, in addition to former employees. Contributions are required. Retirees may choose one of two self-insured indemnity plan options. Effective February 1, 1999, the CHRISTUS Health postretirement benefit plan was curtailed prospectively. As of the effective date, new employees or employees that had not vested as of that date are not eligible for the postretirement health care benefits. The liability associated with the postretirement plan will be reduced as employee participation decreases.

Simplified Early Retirement Plan (SERP)

Prior to the formation of CHRISTUS, a plan for executives was curtailed prospectively. Under this plan, eligible participants receive a cash benefit payment until death and participate in the System's retiree health, dental, and group term life program. Fewer than two dozen participating retirees currently maintain benefit payment status. Benefits are recalculated when participants attain the age of 65 and remain constant thereafter. At June 30, 2012 and 2011, the total liability recorded pertaining to this SERP was \$5,215,000 and \$5,175,000, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

Restoration Plan

The restoration plan, a nonqualified, deferred compensation plan, was designed to restore benefits that are lost under the cash balance plan due to the statutory limit on recognizable compensation. Eligibility is limited to designated executives. The plan provides benefits upon termination of employment to qualifying participants. Plan benefits are calculated using the same methodology for the cash balance plan; vesting requirements are also the same. The restoration plan is unfunded.

The measurement date for all plans is June 30. Components of net periodic benefit cost, recorded as a component of employee compensation and benefits, for the years ended June 30, consisted of the following (in thousands):

	Cash Balance Plan		Postretirement		SERP		Restoration Plan	
	2012	2011	2012	2011	2012	2011	2012	2011
Service cost	\$ 41,937	\$ 43,135	\$ 512	\$ 578	\$ —	\$ —	\$ 187	\$ 203
Interest cost	40,431	37,887	1,039	1,056	—	—	135	103
Expected return on assets	(41,929)	(44,720)	—	—	—	—	—	—
Amortization of prior service cost	(642)	(775)	(3)	—	—	—	103	103
Recognized net actuarial loss (gain)	7,897	19,589	—	—	40	(306)	—	(67)
Net benefit cost	<u>\$ 47,694</u>	<u>\$ 55,116</u>	<u>\$ 1,548</u>	<u>\$ 1,634</u>	<u>\$ 40</u>	<u>\$ (306)</u>	<u>\$ 425</u>	<u>\$ 342</u>

At June 30, 2012 and 2011, unrestricted net assets have been reduced by \$223,045,000 and \$133,519,000, respectively, of amounts arising from defined-benefit plans that have not yet been recognized in net periodic benefit cost. Amounts recognized in unrestricted net assets expected to be recognized in net periodic benefit cost during fiscal 2013 are \$18,575,000.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

The following table sets forth the changes in benefit obligations, changes in plan assets, and funded status of the plans measured as of June 30 (in thousands):

	Cash Balance Plan		Postretirement		SERP		Restoration Plan	
	2012	2011	2012	2011	2012	2011	2012	2011
Changes in benefit obligation								
Benefit obligations – beginning of year	\$ 802,683	\$ 800,271	\$ 21,507	\$ 21,987	\$ 5,175	\$ 5,481	\$ 2,877	\$ 2,374
Service cost	41,937	43,135	512	578	–	–	187	203
Interest cost	40,431	37,887	1,039	1,056	–	–	135	103
Actuarial loss (gain)	49,355	(45,342)	(3,582)	(1,567)	40	(306)	1,076	407
Benefits paid	(33,632)	(33,268)	(388)	(547)	–	–	(161)	(210)
Benefit obligation – end of year	\$ 900,774	\$ 802,683	\$ 19,088	\$ 21,507	\$ 5,215	\$ 5,175	\$ 4,114	\$ 2,877
Change in plan assets								
Fair value of plan assets – beginning of year	\$ 688,606	\$ 585,018	\$ –	\$ –	\$ –	\$ –	\$ –	\$ –
Actual return on plan assets	(4,523)	80,991	–	–	–	–	–	–
Employer contributions	56,400	55,865	388	547	–	–	161	210
Benefits paid	(33,632)	(33,268)	(388)	(547)	–	–	(161)	(210)
Fair value of plan assets – end of year	\$ 706,851	\$ 688,606	\$ –	\$ –	\$ –	\$ –	\$ –	\$ –
Funded status of the plans								
Underfunded	\$ (193,923)	\$ (114,078)	\$ (19,088)	\$ (21,506)	\$ (5,215)	\$ (5,175)	\$ (4,114)	\$ (2,878)
Unrecognized net actuarial loss (gain)	223,449	135,538	(5,760)	(2,181)	–	–	841	(234)
Unrecognized prior service cost	(1,605)	(2,247)	–	–	–	–	360	463
Prepaid (accrued) benefit cost	\$ 27,921	\$ 19,213	\$ (24,848)	\$ (23,687)	\$ (5,215)	\$ (5,175)	\$ (2,913)	\$ (2,649)

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

As of June 30, 2012 and 2011, the CHRISTUS cash balance plan had accumulated benefit obligations of \$848,224,000 and \$767,586,000, respectively. Assumptions used to determine benefit obligations and net periodic benefit cost for the fiscal years were as follows:

	Cash Balance Plan		Postretirement		SERP		Restoration Plan	
	2012	2011	2012	2011	2012	2011	2012	2011
Benefit obligations								
Discount rate	4.21%	5.15%	3.79%	4.96%	4.21%	5.15%	4.21%	5.15%
Rate of compensation increase	4.09	4.09	N/A	N/A	N/A	4.09	4.09	4.09
Net periodic benefit cost								
Discount rate	5.15	4.83	4.96	4.92	5.15	4.83	5.15	4.83
Expected long-term return on plan assets	6.00	7.50	N/A	N/A	N/A	N/A	N/A	N/A
Rate of compensation increase	4.09	4.61	N/A	N/A	N/A	4.61	4.09	4.61

The investment objective with regard to the plan assets is one of long-term capital appreciation and generation of a stream of current income. This balanced approach is expected to earn long-term total returns, consisting of capital appreciation and current income, that are commensurate with the expected rate of return used by the plans.

The following information pertains only to the CHRISTUS Health postretirement plan. The first table details information pertaining to assumed health care cost trend rates. The second table depicts the effect of a 1% point change in assumed health care cost trend rates.

	Postretirement			Postretirement	
	2012	2011		1% Point Increase	1% Point Decrease
Assumed health care cost trend rates at June 30	8.5%	9.0%			
Health care cost trend rate assumed for next year	7.75	8.0	Effect on total of service cost and interest cost components	\$ 121	\$ (107)
Ratio to which the cost trend rate is assumed to decline (the ultimate trend rate)	5.5	5.5			
Year that the rate reaches the ultimate trend rate	2016	2015	Effect on postretirement benefit obligation	1,589	(1,424)

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

Investment Policy and Asset Allocations

The investment policies and strategies for the assets of the cash balance plan incorporate a well-diversified approach that is expected to generate long-term returns from capital appreciation and a growing stream of current income. This approach recognizes that assets are exposed to risk and the market value of the plan assets may fluctuate from year to year. Risk tolerance is determined based on the plan's financial stability and the ability to withstand return volatility. In developing the expected return on plan assets, the System evaluates the historical performance of total plan assets, the relative weighting of plan assets, interest rates, economic indicators, and industry forecasts. In line with the investment return objective and risk parameters, the mix of assets includes a diversified portfolio of equity, fixed income, and alternative investments. Equity investments include international stocks and a blend of domestic growth and value stocks of various sizes of capitalization. The aggregate asset allocation is rebalanced as needed, but not less than on an annual basis.

The asset allocations for the cash balance plan at June 30, by asset category, are detailed below (in thousands). The postretirement plan, SERP, and restoration plan are unfunded.

	2012	2011
Cash and cash equivalents	\$ 86,985	\$ 98,516
Domestic common stocks	108,304	165,710
Fixed-income securities	210,713	203,298
International equities	66,015	39,217
Equity investments in managed funds	233,568	179,676
Other	1,266	2,189
Total	<u>\$ 706,851</u>	<u>\$ 688,606</u>

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

The allocation of plan assets by asset category for the cash balance plan as of June 30 is as follows:

	2012	2011
Allocation of plan assets by asset category:		
Cash and cash equivalents	12.0%	14.0%
Equity investments in managed funds (as discussed in <i>Note 5</i>)	33.0	27.0
Fixed-income securities	30.0	29.0
Equity securities	25.0	30.0
Total	100.0%	100.0%

The value of the plan assets measured at fair value on a recurring basis was determined using the following inputs, as described in Note 6, at June 30, 2012 (in thousands):

	Level 1	Level 2	Level 3	Total
Assets				
Investments:				
Cash and cash equivalents	\$ 416	\$ 86,569	\$ —	\$ 86,985
Domestic common stocks	108,304	—	—	108,304
Fixed-income securities	—	210,713	—	210,713
International equities	66,015	—	—	66,015
Equity investments in managed funds	—	—	233,568	233,568
Other	1,266	—	—	1,266
Total investments	176,001	297,282	233,568	706,851
Total assets at fair value	\$ 176,001	\$ 297,282	\$ 233,568	\$ 706,851

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

The following table is a rollforward of the pension plan assets classified within Level 3 of the valuation hierarchy (in thousands):

	Hedge Funds	Private Equity	Real Estate	Natural Resources
Fair value at June 30, 2011	\$ 100,760	\$ 61,340	\$ 12,453	\$ 5,123
Purchases, issuances, and settlements	42,685	17,473	509	2,066
Actual return on plan assets	(5,835)	(5,633)	1,405	1,222
Fair value at June 30, 2012	<u>\$ 137,610</u>	<u>\$ 73,180</u>	<u>\$ 14,367</u>	<u>\$ 8,411</u>

The cash balance plan has \$56,354,000 of funding commitments to equity investments in managed funds as of June 30, 2012.

Contributions

In fiscal year 2012, CHRISTUS expects to contribute \$60,000,000 to the cash balance plan based on asset values for the plan year beginning January 1, 2012. Contributions to the cash balance plan of \$56,400,000, and \$55,865,000 were made for plan years beginning January 1, 2011 and 2010, respectively. Since the postretirement plan, SERP, and restoration plan are unfunded, no cash contributions are expected.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

Benefit Payments

The following benefit payments, which reflect expected future service relative to the cash balance plan and expected benefit payments for services previously rendered relative to the postretirement plan and the SERP, are expected to be paid as follows (in thousands):

	Cash Balance Plan	Post retirement	SERP	Restoration Plan
2013	\$ 39,205	\$ 990	\$ 588	\$ 880
2014	42,411	1,132	569	345
2015	44,848	1,299	548	369
2016	47,335	1,413	525	388
2017	51,076	1,594	501	404
Years 2018–2020	300,613	8,370	2,089	1,886

Defined-Contribution Plans

The System has a defined-contribution plan (the Matched Savings Plan) covering substantially all CHRISTUS Health employees. Annual employee contributions are limited to 50% of compensation, up to the Internal Revenue Service dollar limits. The System will match 50% of employee contributions, not to exceed 4% of annual compensation. Employer contributions vest to the employee over a five-year period. For the years ended June 30, 2012 and 2011, expenses attributable to the Matched Savings Plan amounted to \$8,059,023 and \$8,173,381, respectively.

CHRISTUS St. Vincent Regional Medical Center (St. Vincent) has two 403(b) defined-contribution plans for union and nonunion employees. St. Vincent makes a set lump-sum contribution per year for nurse union employees and a contribution of 3.5% of gross salaries for nonunion employees, as defined by the plans' agreements. For fiscal years 2012 and 2011, St. Vincent has incurred approximately \$3,885,000 and \$3,960,000 in expenses related to the plans, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

11. Cash Balance Plan and Postretirement Health Care Benefits (continued)

ExecuFLEX Benefit Plan

The System established an ExecuFLEX plan (ExecuFLEX), which is limited to designated executives. Plan participants receive an ExecuFLEX allowance to be allocated among four different components: CHRISTUS Health ExecuFLEX Individual Long-Term Disability Plan, CHRISTUS Health ExecuFLEX Supplemental Survivor Plan, CHRISTUS Health ExecuFLEX Spouse Survivor Plan, and CHRISTUS Health ExecuFLEX Deferred Income Account (DIA) Plan.

CHRISTUS Health maintains a collateral interest in the individual life insurance policies under the supplemental survivor plan and the spouse survivor plan to the extent of the cumulative advanced premiums paid on behalf of the participant(s). Upon termination of employment, a participant is required to surrender any policy with a cash surrender value less than the advanced premiums.

The DIA Plan is a nonqualified, deferred compensation plan; eligibility is limited to designated executives. Benefits vest based on certain qualifying events and are paid to participants when fully vested. The funds contributed by participants to this component of the ExecuFLEX Plan are held in a Rabbi Trust until vesting requirements have been satisfied. The System has an asset recorded for the investments in the Rabbi Trust with a corresponding liability. As of June 30, 2012 and 2011, the total asset and the corresponding liability were \$6,717,000 and \$9,044,000, respectively.

12. Self-Funded Liabilities

The System self-funds and insures for primary professional and general liability, workers' compensation, and employee medical benefits. A wholly owned, captive insurance company, Emerald Assurance Cayman Ltd. (Emerald), is used to fund primary professional and general liability. Additionally, the System internally sets aside funds for workers' compensation and employee medical benefits. Funding amounts are based on actuarial recommendations.

The assets of the captive insurance company, internally designated funds, and the estimated liability for losses are reported in the consolidated balance sheets. Investment income from the assets and the provision for estimated self-funded losses and administrative costs are reported in the consolidated statements of operations and changes in net assets. The estimated self-funded

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

12. Self-Funded Liabilities (continued)

losses include expected claim payments, including settlement costs for reported claims and an actuarial determination of expected losses related to claims that have been incurred but not reported.

Emerald was incorporated in the Cayman Islands on June 27, 2003, and operates subject to the provisions of the Companies Law (2003 Revision) of the Cayman Islands. Emerald was granted an Unrestricted Class “B” Insurer’s license on June 30, 2003, which it holds subject to the provisions of the Insurance Law (2003 Revision) of the Cayman Islands. Emerald has received an undertaking from the Cayman Islands government exempting it from local income, profits, and capital gains taxes until July 29, 2023. No such taxes are currently levied in the Cayman Islands.

13. Concentrations of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents of the geographies of the various System health care centers and are insured under third-party payor agreements. The mix of gross accounts receivables from patients and third-party payors at June 30, was as follows:

	2012	2011
Medicare	23.2%	24.6%
Medicaid	6.1	5.3
Managed care organizations	37.3	36.6
Commercial insurance	6.4	4.6
Self-pay	16.9	15.9
Others	10.1	13.0
	100.0%	100.0%

14. Commitments and Contingencies

Operating Leases

The System leases various equipment and facilities under noncancelable operating leases expiring at various dates through May 20, 2045. Total rental expense in 2012 and 2011 for all operating leases was approximately \$47,617,000 and \$46,948,000, respectively.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

14. Commitments and Contingencies (continued)

The System's leases have varying terms, which may include renewal or purchase options and escalation clauses that are factored into determining minimum lease payments. The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2012, that have initial or remaining lease terms in excess of one year (in thousands):

2013	\$ 33,981
2014	29,128
2015	24,883
2016	18,558
2017	20,575
Thereafter	30,291
Total	<u>\$ 157,416</u>

From time to time, the System is subject to litigation in the ordinary course of operations. In management's opinion, any future settlements or judgments on asserted or unasserted claims will not have a material effect on the System's consolidated financial statements.

CHRISTUS Health has received notification that several regions have been identified as part of the nationwide Department of Justice (DOJ) investigation to determine whether, in certain cases, implantable cardioverter defibrillators (ICD) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. Through September 27, 2012, the DOJ has not asserted any claims against the System. The System continues to fully cooperate with the DOJ in its investigation. While maximum penalties could have a material impact on CHRISTUS Health's financial condition, management anticipates that any final settlement will not have a material adverse impact on its financial condition.

Because the government's enforcement efforts presently are widespread within the industry and may vary from region to region, there can be no assurance that the compliance program will significantly reduce or eliminate the exposure of the System to civil or criminal sanctions or adverse administrative determinations.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

15. Functional Expenses

The System provides general health care services to residents throughout various geographic locations. Expenses related to providing these services at June 30, are as follows (in thousands):

	<u>2012</u>	<u>2011</u>
Health care services	\$ 2,716,421	\$ 2,721,502
Physician services	232,584	188,017
General and administrative	803,318	771,734
Total	<u>\$ 3,752,323</u>	<u>\$ 3,681,253</u>

16. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets at June 30, are available for the following purposes (in thousands):

	<u>2012</u>	<u>2011</u>
Purchase of equipment/capital improvement	\$ 11,123	\$ 13,263
Indigent care	2,536	2,744
Health education	1,959	1,985
Health care services	4,413	7,076
Community outreach	13,057	13,281
Other	21,095	23,047
Total	<u>\$ 54,183</u>	<u>\$ 61,396</u>

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

16. Temporarily and Permanently Restricted Net Assets (continued)

Permanently restricted net assets at June 30, are restricted as follows (in thousands):

	2012	2011
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as operating income)	\$ 7,801	\$ 7,699
Endowment requiring income to be added to original gift	6,866	3,922
Other	1,878	1,930
Total	<u>\$ 16,545</u>	<u>\$ 13,551</u>

17. Assets Held for Sale

During fiscal year 2009, the System implemented a plan to monetize nonoperational assets where appropriate. As a result, several properties were identified and marketing plans were developed. The System classified certain long-lived assets as held for sale in fiscal years 2012 and 2011. The System has classified \$617,000 and \$2,150,000 as assets held for sale at June 30, 2012 and 2011, respectively.

Approximately \$353,000 of the assets held for sale balance at June 30, 2012, is land. The remaining \$264,000 represents nonoperational buildings in several Regions. Approximately \$617,000 of the assets held for sale at June 30, 2011, continue to be classified as held for sale at June 30, 2012. This classification is considered appropriate due to market conditions and length of time required to execute sale transactions. The assets are recorded at the lower of the book or estimated fair value at June 30, 2012.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

18. Changes in Consolidated Unrestricted Net Assets

Changes in consolidated unrestricted net assets that are attributable to the System and the noncontrolling interests in subsidiaries are as follows:

	Controlling Interest	Noncontrolling Interest	Total
Balance, June 30, 2010	\$ 2,012,039	\$ 103,714	\$ 2,115,753
Unrestricted revenues, gains, and other support in excess of expenses	177,333	18,717	196,050
Distributions	—	(11,592)	(11,592)
Other activities	72,472	2,410	74,882
Balance, June 30, 2011	2,261,844	113,249	2,375,093
Unrestricted revenues, gains, and other support in excess of expenses	(53,996)	12,601	(41,395)
Distributions	—	(5,858)	(5,858)
Other activities	(92,437)	(693)	(93,130)
Balance, June 30, 2012	\$ 2,115,411	\$ 119,299	\$ 2,234,710

19. Significant Events

Start-up of New CHRISTUS Health Plan

The Texas Department of Health and Human Services awarded a contract to CHRISTUS Health Plan to provide managed care services to Medicaid managed care members and Children's Health Insurance Program (CHIP) members in Nueces County and surrounding areas. In November 2011, the Texas Department of Insurance issued a license to CHRISTUS Health Plan as a managed care organization to begin accepting members effective March 1, 2012. CHRISTUS Health Plan was capitalized with an initial investment of \$12,500,000 as of June 30, 2012. Membership in CHRISTUS Health Plan was 7,796 as of June 30, 2012.

Relocation of Corporate Office

In January 2012, CHRISTUS Health announced the corporate functions located primarily in Irving, Houston, and San Antonio, Texas, would be consolidated into a new location in Irving, Texas. The relocation process resulted in the recognition of approximately \$24,000,000 of

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

19. Significant Events (continued)

relocation related costs for the year ended June 30, 2012. This relates primarily to lease termination costs and certain employee severance costs, which are included in services and other expenses and employee compensation and benefits, respectively, in the consolidated statement of operations. Of these amounts, approximately \$2,000,000 has been paid and the remaining balance is recorded in accounts payable and accrued expenses in the consolidated balance sheet at June 30, 2012. Other relocation costs, including moving and employee relocation expenses, will be recognized as incurred. The transition is scheduled to begin in August 2012 and be substantially complete by the spring of 2013. CHRISTUS does not expect to incur additional costs related to the relocation in fiscal year 2013 that will have a material effect on the System's consolidated financial statements.

St Joseph Villa

On February 4, 2011, substantially all the operating assets of CHRISTUS St. Joseph Villa in Salt Lake City, Utah, were sold to The Ensign Group for a sale price of \$16,500,000. CHRISTUS St. Joseph Villa is a continuing care retirement facility with 327 beds/units offering independent and assisted living, long-term care, post-acute care and geri-psych services. The gain from operations for the year ended June 30, 2011, was \$647,000, which is included in other nonoperating loss on the accompanying consolidated statement of operations and changes in net assets. The transaction resulted in a gain from the sale of \$4,300,000, which is included in other nonoperating activity in the accompanying consolidated statement of operations and changes in net assets.

20. Subsequent Events

The System evaluated events and transactions occurring subsequent to June 30, 2012, and through September 27, 2012, the date of issuance of the accompanying consolidated financial statements. During this period, there were no subsequent events requiring recognition in the consolidated financial statements.

CHRISTUS Santa Rosa City Center

In April 2012, CHRISTUS Santa Rosa announced plans to transform the City Center campus in downtown San Antonio into a free-standing children's hospital. In July 2012, CHRISTUS Santa Rosa ceased adult services in the City Center facility.

CHRISTUS Health

Notes to Consolidated Financial Statements (continued)

20. Subsequent Events (continued)

The \$135,000,000 facility expansion and renovation program is expected to be completed in 24 months. Once completed, the CHRISTUS Santa Rosa Children's Hospital will be licensed for 275 beds.

CHRISTUS Spohn and Nueces County Hospital District Relationship

CHRISTUS Spohn Health System (Spohn) is in negotiation with Nueces County Hospital District (NCHD) to enter into a co-membership agreement. The agreement will allow NCHD to have a percentage membership in Spohn entitling NCHD to a portion of the patient receipts, as well as change the current obligations regarding lease payments and funds flow for services delivered to the Nueces County indigent care patients.

and the fact that the
 1990s were a period of rapid
 economic growth and
 technological innovation
 in the United States, it is
 not surprising that the
 1990s were a period of
 rapid economic growth
 and technological innovation
 in the United States.

[illegible]

1. 1990年12月，在“中国环境与发展”高层论坛上，江泽民总书记在会上的讲话中，第一次提出了“可持续发展”的概念。

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			
Mary T Matthews Chairperson/Director	10	X		X				887	0	0
James C Wyly Vice Chairpreson/Director	10	X		X				887	0	0
Chris Karam President/CEO	270	X		X				306,264	246,530	122,176
Lowell E Vereen MD Director (Term 6/15/12)	10	X						1,820	0	0
Bryan J Griffin MD Director (Term 12/31/11)	10	X						0	0	0
Vernon C Shaffer MD Director (Eff 1/1/12)	10	X						54,225	0	0
Borden E Bell Jr Director	10	X						887	0	0
James W Bramlett Director	10	X						887	0	0
Sister Katrina LeGrand Director	10	X						0	0	0
Mary P Hickerson Director	10	X						887	0	0
Sonja Y Hubbard Director	10	X						887	0	0
James M Hurley MD Director	10	X						5,001	0	0
Viola J Ingram Director	10	X						887	0	0
Carlton D Jones Director	10	X						887	0	0
Derrick T McGary Director	10	X						887	0	0
Sister Michelle O'Brien Director	10	X						0	0	0
Brenette L Sheperd Director	10	X						887	0	0
Thomas G Harvey Interim CFO (Term 3/23/12)	400			X				91,839	0	19,934
C Gail White Secretary	400			X				47,902	0	18,106
M Glen Boles CFO (Eff 2/27/12)	400			X				0	0	0
John Phillips COo (Term 8/12/11)	400				X			164,270	40,029	45,213
Nancy Keenan Chief Nurse Executive	400				X			177,746	32,149	57,028
Jason Rounds COO (Eff 11/6/11)	400				X			46,359	196,330	56,648
G Michael Finley MD Chief Medical Officer	400				X			329,266	50,023	97,956
Aloma Gender Admin/Chief Nursing Officer	400					X		178,589	29,435	29,402

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			
John Graham VP Medical Affairs	40 0					X		196,052	31,029	59,927
Pamela Kennedy VP Human Resources	40 0					X		106,287	81,587	51,018
Ronald Ryan VP Support Services	40 0					X		154,716	22,528	21,016
Jeremy K Dobbins Physicist	40 0					X		137,962	0	18,948
Shawn Barnett CFO (Trnsf 7/1/11)	0 0						X	142,352	186,215	75,874