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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
Christus Health Central Louisiana

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3330 Masonic Drive
Suite

City or town, state or country, and ZIP + 4
Alexandria, LA 71301

D Employer identification number
72-0408984

E Telephone number
(318) 487-1122

G Gross receipts $ 222,301,294

F Name and address of principal officer
Stephen F Wright
3330 Masonic Drive
Alexandria, LA 71301

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www cabrini org

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

L Year of formation 1946

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS IN EXTENDING THE HEALING MINISTRY OF JESUS CHRIST IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	2,508
6	Total number of volunteers (estimate if necessary)	**6**	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	519,905
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	329,107

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,075,020	2,332,239
9	Program service revenue (Part VIII, line 2g)	220,461,920	217,874,874
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,801	6,934
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,403,562	2,084,143
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,937,701	222,298,190
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,302,456	3,360,273
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,299,081	93,165,326
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶146,211		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	125,429,394	120,770,800
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	216,030,931	217,296,399
19	Revenue less expenses Subtract line 18 from line 12	9,906,770	5,001,791

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	228,359,089	231,363,498
21	Total liabilities (Part X, line 26)	131,867,904	129,973,035
22	Net assets or fund balances Subtract line 21 from line 20	96,491,185	101,390,463

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-05-12

Scott Merryman CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 201 MAIN STREET SUITE 1100 FORT WORTH, TX 76102			Phone no (817) 335-1900	

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

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 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 $ 49,364,770 including grants of $ 0) (Revenue $ 94,893,641)

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS HEALTH WAS FORMED IN 1999 WHEN THE SISTERS OF CHARITY HEALTH CARE SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON, AND THE INCARNATE WORD HEALTH CARE SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF SAN ANTONIO, BROUGHT THEIR HEALTH CARE MINISTRIES TOGETHER BISHOP CLAUDE MARIE DUBUIS FOUNDED BOTH CONGREGATIONS MORE THAN 140 YEARS AGO, AND HIS ORIGINAL CALL TO THE SISTERS CONTINUES TO CHALLENGE CHRISTUS HEALTH TO FULFILL ITS MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST AND TO REACH OUT TO THOSE IN NEED IN THE MORE THAN 60 COMMUNITIES IT SERVES THE VISION OF CHRISTUS HEALTH, A CATHOLIC, FAITH-BASED HEALTH 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 CENTRAL LOUISIANA REGION OF CHRISTUS HEALTH RESPONDS TO COMMUNITY NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS ST FRANCES CABRINI HOSPITAL IN ALEXANDRIA, LOUISIANA, A 283-BED FACILITY, CHRISTUS COUSHATTA HEALTH CARE CENTER IN COUSHATTA, LOUISIANA, A 25-BED, CRITICAL ACCESS HOSPITAL, AND CHRISTUS ST JOSEPH'S HOME IN MONROE, LOUISIANA, A LONG TERM CARE AND ASSISTED LIVING FACILITY WITH 130 LICENSED BEDS AND 60 RESIDENTIAL UNITS CHRISTUS HEALTH CENTRAL LOUISIANA ALSO OWNS PARTS OF CHRISTUS CABRINI SURGERY CENTER, LLC, THE CENTRAL LOUISIANA IMAGING CENTER (CLIC), AND THE LOUISIANA ATHLETIC CLUB (LAC) EACH FACILITY IN THIS REGION SHARES THE ONE OBJECTIVE OF LEADING THE WAY TOWARD HEALTHIER COMMUNITIES CHRISTUS ST FRANCES CABRINI HOSPITAL SERVES RAPIDES AND NINE SURROUNDING CIVIL PARISHES, WHICH HAVE A TOTAL POPULATION OF MORE THAN 375,000, OF WHICH MORE THAN 18 7 PERCENT LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL IN FY 2013 ALONE, THE HOSPITAL ADMITTED 11,165 PATIENTS AND TREATED 169,924 PATIENTS IN ITS OUTPATIENT FACILITIES IN ADDITION, THE HOSPITAL PROVIDED EMERGENCY SERVICES TO 46,016 INDIVIDUALS CHRISTUS ST FRANCES CABRINI IS CENTRAL LOUISIANA'S LEADER IN CARDIAC SERVICES, OFFERING A COMPLETE RANGE OF CARDIACE DIAGNOSTIC SERVICES INCLUDING CTA, CARDIOVASCULAR SURGERY, INTERVENTIONAL CARDIOLOGY, AND ELECTROPHYSIOLOGY CHRISTUS ST FRANCES CABRINI ALSO LEADS THE WAY IN ORTHOPEDIC CARE IN CENTRAL LOUISIANA, OFFERING NEURO-MUSCULOSKELETAL SERVICES, A JOINT REPLACEMENT CENTER, AND A SPORTS MEDICINE CENTER THE HOSPITAL ALSO HOUSES THE REGIONS'S ONLY PEDIATRIC THERAPY CENTER CHRISTUS CABRINI CANCER CENTER OFFERS COMPREHENSIVE CANCER CARE IN A HOSPITAL SETTING PROTOCOLS FROM MD ANDERSON CANCER CENTER AT THE UNIVERSITY OF TEXAS AND FROM THE TULANE UNIVERSITY CANCER CENTER ARE AVAILABLE TO PATIENTS CHRISTUS COUSHATTA HEALTH CARE CENTER IS LOCATED IN RED RIVER PARISH, ECONOMICALLY THE POOREST IN LOUISIANA IN FY 2013, THE HOSPITAL ADMITTED 730 PATIENTS AND TREATED 25,230 PATIENTS IN ITS OUTPATIENT FACILITIES IN ADDITION, THE HOSPITAL PROVIDED EMERGENCY SERVICES TO 4,471 INDIVIDUALS THIS HOSPITAL OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING MINOR SURGERY, DAY SURGERY, CARDIOLOGY, DIABETES CARE, RESPIRATORY THERAPY, RADIOLOGY, PHYSICAL THERAPY, NEPHROLOGY, GYNECOLOGY, EAR, NOSE, AND THROAT SERVICES, OPHTHALMOLOGY, ORTHOPEDIC SERVICES, INFUSION THERAPY, AND ADULT PSYCHIATRIC SERVICES THE FEDERAL GOVERNMENT HAS DESIGNATED CHRISTUS COUSHATTA HEALTH CARE CENTER A CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TRANSPORTATION TIME PATIENTS WOULD HAVE TO SPEND TRAVELLING TO NATCHITOCHES OR SHREVEPORT, LOUISIANA, FOR TREATMENT BOTH CHRISTUS ST FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER PROVIDE 24-HOUR EMERGENCY ROOMS OPEN TO ALL NEEDING EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS ST JOSEPH'S HOME OF MONROE, LOUISIANA IS THE ONLY RELIGIOUSLY-BASED LONG TERM CARE FACILITY IN ITS AREA THE FACILITY WORKS TO MEET THE PHYSICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF ALL RESIDENTS AND THEIR FAMILIES BY PROVIDING A COMPLETE RANGE OF SERVICES AND ACCOMMODATIONS FROM WHICH RESIDENTS AND THEIR FAMILIES MAY CHOOSE THE LONG-TERM CARE FACILITY PROVIDES 24-HOUR LICENSED NURSING SERVICES AND PERSONAL CARE ASSISTANCE IN PRIVATE AND SEMI-PRIVATE ROOMS THE ASSISTED LIVING FACILITY SUPPORTS PEOPLE NEEDING PHYSICAL ASSISTANCE WITH DAILY LIVING ACTIVITIES BUT NOT 24-HOUR CARE BOTH FACILITIES PROVIDE THEIR SERVICES IN A HOME-LIKE ATMOSPHERE THE CHRISTUS HEALTH CENTRAL LOUISIANA REGION ALSO SPONSORS MANY LOCAL COMMUNITY HEALTH SERVICES THESE INCLUDE 17 SCHOOL-BASED HEALTH CENTERS IN FIVE CIVIL PARISHES AROUND CHRISTUS ST FRANCES CABRINI HOSPITAL, A DENTAL CLINIC AT CHRISTUS COUSHATTA HEALTH CARE CENTER, A SENIOR CITIZENS CENTER IN ALEXANDRIA, AND RURAL HEALTH CLINICS IN RINGGOLD AND COUSHATTA AS A NONPROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS HELPS GOVERN CHRISTUS HEALTH CENTRAL LOUISIANA THE REGION HAS AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH ITS THREE FACILITIES TO PROVIDE CARE TO OUR COMMUNITIES THESE PHYSICIANS RECEIVE THEIR PRIVILEGES ONLY AFTER A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS TOUCHING THE LIVES OF PEOPLE HELPS CHRISTUS HEALTH CENTRAL LOUISIANA STAND APART AND PROVIDES FURTHER MOTIVATION TO SERVE THE MEDICALLY NEEDY IN ALL OF THE COMMUNITIES SURROUNDING ITS THREE FACILITIES WHETHER THE ISSUE IS THE LIFE OF A CHILD HOPING FOR A BRIGHT FUTURE, 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 CENTRAL LOUISIANA'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY MOREOVER, THE CHRISTUS HEALTH CENTRAL LOUISIANA PROVIDES ITS SERVICES WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONALITY BY COLLABORATING WITH CHURCHES, BUSINESSES, COMMUNITIES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH CENTRAL LOUISIANA'S THREE FACILITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE, AND AFFORDABLE HEALTH CARE SERVICES THESE PARTNERSHIPS HAVE EXTENDED THE REGION'S CAPACITY TO HELP THOSE IN NEED THE SAME CAN BE SAID OF THE FACILITIES' DEDICATED EMPLOYEES AND VOLUNTEERS WHO REGULARLY REACH BEYOND TRADITIONAL WALLS TO HELP THEIR COMMUNITIES BECOME HEALTHIER THESE ACTIVITIES FOSTER STRONG RELATIONSHIPS AND THEREBY CONTRIBUTE TO THE MISSION OF CHRISTUS HEALTH FURTHERMORE, TO PROVIDE ACCESS TO HEALTH CARE TO AS MANY PEOPLE AS POSSIBLE, CHRISTUS HEALTH CENTRAL LOUISIANA PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, SUCH AS MEDICAID, MEDICARE, CHAMPUS, AND TRICARE IN ADDITION, THE REGION PROVIDES DISCOUNTED SERVICES TO THOSE WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS

4b (Code) (Expenses $ 111,096,704 including grants of $ 0) (Revenue $ 100,177,048)

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 NON-REIMBURSED COSTS OF THESE SERVICES ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEATH 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 PER CASE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON ITS FEE SCHEDULE 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 $ 25,995,632 including grants of $ 0) (Revenue $ 22,458,080)

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2012) AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY CHARITY CARE FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, THE ORGANIZATION PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS DEFINED AS SERVICES PROVIDED WITHOUT CHARGE OR AT A CHARGE LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT OF THE CHARGE, IF ANY, IS ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO INABILITY TO PAY CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS AND LOUISIANA MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME CHRISTUS HEALTH CENTRAL LOUISIANA PARTNERS WITH THE STATE OF LOUISIANA IN A PILOT PROJECT FOR THE LOUISIANA CHILDREN'S HEALTH INSURANCE PROGRAM (LA CHIP) FUNDED THROUGH A GRANT MADE BY THE ROBERT WOOD JOHNSON FOUNDATION TO THE STATE OF LOUISIANA, CHRISTUS HEALTH CENTRAL LOUISIANA RECEIVES FUNDING FOR A FULL-TIME LA CHIP COORDINATOR AND ASSISTANT FOR A PERIOD OF THREE YEARS CHRISTUS HEALTH CENTRAL LOUISIANA PROVIDES OVERSIGHT AND MANAGEMENT PLUS OFFICE SPACE AND BENEFITS FOR THE LA CHIP STAFF THE LA CHIP COORDINATOR AND ASSISTANT ARE WORKING TO EDUCATE THE COMMUNITY ABOUT THE PROGRAM AND TO ENROLL CHILDREN AND TEENS WHOSE FAMILIES LACK HEALTH INSURANCE THIS PROGRAM ENDED AT THE END OF FY 2013

4d Other program services (Describe in Schedule O)
(Expenses $ 1,509,830 including grants of $ 3,360,273) (Revenue $ 0)

4e **Total program service expenses** ▶ 187,966,936

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 for escrow or custodial account liability, 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		No
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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 . .	1a	281		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,508		
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, securities account, or other financial 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		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?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 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?	**16a**	Yes	
b	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?	**16b**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶TANA FREEMAN 3330 MASONIC DRIVE Alexandria, LA (318) 466-6000

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,372,837	1,916,066	913,072

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 ▶ 39

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
MCKESSON HEALTH SOLUTIONS LLC , lockbox 848442 DALLAS TX 75284	specimen testing	8,916,745
OWENS AND MINOR INC , PO BOX 841420 DALLAS TX 75284	testing supplies	5,812,004
CITY OF ALEXANDRIA UTILITY DEPT , PO BOX 1925 LAKE CHARLES LA 70602	utility support	3,949,802
MEDTRONIC USA INC , PO BOX 848086 DALLAS TX 75284	professional support	3,601,013
BOSTON SCIENTIFIC CORP SUBSIDIARIES , PO BOX 951653 DALLAS TX 75395	healthcare services	2,273,047
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 ▶ 129		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	344,896			
	e	Government grants (contributions)	1e	1,715,181			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	272,162			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			2,332,239		
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621990		213,956,397	213,896,061	60,336
	b	RENT RELATED TO EXEMPT FUNCTION	531120		2,420,886	2,420,886	
	c	PROGRAM RELATED INVESTMENT INCOME	900099		1,337,929	1,052,160	285,769
	d	PHARMACY REVENUE	900099		96,846	96,846	
	e	SENIORS PROGRAM	621110		19,731	19,731	
	f	All other program service revenue			43,085	43,085	
	g	**Total.** Add lines 2a–2f			217,874,874		
	3	Investment income (including dividends, interest, and other similar amounts)			7,538		7,538
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			3,188		3,188
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		2,500			
	b	Less cost or other basis and sales expenses		3,104			
	c	Gain or (loss)		-604			
	d	Net gain or (loss)			-604		-604
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue	Business Code				
	11a	FOOD SERVICE REVENUE	722210		1,475,180		1,475,180
	b	MANAGEMENT SERVICE	541610		250,090	173,800	76,290
	c	PURCHASE DISCOUNTS	900099		88,457		88,457
	d	All other revenue			267,228		267,228
	e	**Total.** Add lines 11a–11d			2,080,955		
	12	**Total revenue.** See Instructions			222,298,190	217,528,769	519,905	1,917,277

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)

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	3,358,989	3,358,989		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,284	1,284		
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	2,912,518	2,410,516	499,468	2,534
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	70,483,905	58,334,884	12,087,711	61,310
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,060,685	4,060,685		
9 Other employee benefits	9,996,872	7,956,483	2,035,219	5,170
10 Payroll taxes	5,711,346	4,782,856	923,660	4,830
11 Fees for services (non-employees)				
a Management	1,603,564	1,603,564		
b Legal	675,049		675,049	
c Accounting	7,571	7,571		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,809,023	8,529,336	8,265,862	13,825
12 Advertising and promotion	180,974	120,379	60,595	
13 Office expenses	10,314,364	8,432,928	1,864,221	17,215
14 Information technology	8,596,024	8,596,024		
15 Royalties . .	0			
16 Occupancy	6,066,542	5,489,970	576,572	
17 Travel	418,384	115,675	299,991	2,718
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	92,347	29,308	63,039	
20 Interest	7,346,875	7,346,875		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,428,208	14,606,553	821,655	
23 Insurance	3,867,181	3,867,181		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	35,467,407	35,249,017	218,390	
b PROVISION FOR UNCOLLECTIBLES	11,052,897	11,052,897		
c TAXES	2,083,181	1,998,922	84,259	
d RECRUITMENT/PLACEMENT FEES	512,993		475,999	36,994
e All other expenses	248,216	15,039	231,562	1,615
25 **Total functional expenses.** Add lines 1 through 24e	217,296,399	187,966,936	29,183,252	146,211
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		46,677,867	1	62,849,084
	2	Savings and temporary cash investments		9,289	2	9,289
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		20,794,743	4	21,956,147
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		240,796	7	164,771
	8	Inventories for sale or use		4,782,895	8	4,604,244
	9	Prepaid expenses and deferred charges		422,444	9	446,905
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 385,277,397			
	b	Less accumulated depreciation	10b 246,432,001	146,924,104	10c	138,845,396
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		728,774	13	1,013,755
	14	Intangible assets		1,831,947	14	1,249,385
	15	Other assets See Part IV, line 11		5,946,230	15	224,522
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		228,359,089	16	231,363,498
Liabilities	17	Accounts payable and accrued expenses		14,542,113	17	12,605,258
	18	Grants payable		0	18	0
	19	Deferred revenue		430,167	19	113,461
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		116,895,624	25	117,254,316
	26	**Total liabilities.** Add lines 17 through 25		131,867,904	26	129,973,035
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		95,324,606	27	100,264,169
	28	Temporarily restricted net assets		1,171,627	28	1,131,342
	29	Permanently restricted net assets		-5,048	29	-5,048
		Organizations that do not follow SFAS 117 (ASC 958), 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		96,491,185	33	101,390,463
	34	Total liabilities and net assets/fund balances		228,359,089	34	231,363,498

Part XI Reconcilliation 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	222,298,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	217,296,399
3	Revenue less expenses Subtract line 2 from line 1	3	5,001,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,491,185
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-102,513
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,390,463

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

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 described in **section 170(b)(1)(A)(i).**

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

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

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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	**Employer identification number**
Christus Health Central Louisiana	72-0408984

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		702
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			702
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, 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	HEALTHCARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH CENTRAL LOUISIANA BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES
DIRECT CONTACT WITH LEGISLATORS OR GOVERNMENT OFFICIALS	FORM 990, SCHEDULE C, PART II-B, LINE 1g	CHRISTUS HEALTH CENTRAL LOUISIANA met with Governor Jindal and Senator Gerald Long as well as attended LHA Legislative reception Huey P Long Hospital Privitization SCR25 was discussed Stephen wRIGHT also met with Sen David Vitter, Rep Charles Boustany, Rep John Fleming, Rep Bill Cassidy and Chris Hodgson, LA to Rep Steve Scalice to discuss the Rural Hospital Act of 2013 (HR1787/S842) Medical Dependent Home and Low Volume Hospital Payment Adjustment Issue

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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		11,466,121		11,466,121
b Buildings		220,808,067	127,939,630	92,868,437
c Leasehold improvements		9,510,196	4,620,621	4,889,575
d Equipment		135,999,920	111,488,574	24,511,346
e Other		7,493,093	2,383,176	5,109,917
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				138,845,396

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO CHRISTUS HEALTH-BOND FUND	110,481,847
DUE TO RELATED ORGS	5,278,730
FIN 45-LT PRTN PHY INCOME GUARANTEE	1,026,468
COLLECTION FEE PAYABLE	237,975
SALES TAX PAYABLE	205,152
LT PORTION-CAPITAL LEASE EQUIPMENT	24,144
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	117,254,316

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
CASH - NON-BEARING INTEREST	FORM 990, PART X, LINE 1	CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990
Uncertain tax positions under ASC 740	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, 2013 AND 2012

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			5,021,238		5,021,238	2 430 %
b Medicaid (from Worksheet 3, column a)			24,025,282	22,399,178	1,626,104	0 790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			29,046,520	22,399,178	6,647,342	3 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19	3,870	1,082,512	3,135	1,079,377	0 520 %
f Health professions education (from Worksheet 5)	4	494	206,691		206,691	0 100 %
g Subsidized health services (from Worksheet 6)	2	281	191,257	153,104	38,153	0 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	27,958	145,644		145,644	0 070 %
j **Total.** Other Benefits	31	32,603	1,626,104	156,239	1,469,865	0 710 %
k **Total.** Add lines 7d and 7j	31	32,603	30,672,624	22,555,417	8,117,207	3 930 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		738		738	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	5	379	10,182		10,182	0 010 %
7 Community health improvement advocacy	1		20,146		20,146	0 010 %
8 Workforce development	1	52	7,450		7,450	
9 Other						
10 **Total**	8	431	38,516		38,516	0 020 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	11,052,897		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	418,904		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	75,706,093
6	Enter Medicare allowable costs of care relating to payments on line 5	6	78,000,123
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,294,030
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "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 IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—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 %
1	C CABRINI SURG CTR	SURGERY CENTER	32 380 %		44 440 %
2	HEART CTR OF CTRA LA	HEALTH CLINIC	61 000 %		27 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CHRISTUS ST FRANCES CABRINI HOSPITAL 3330 MASONIC DRIVE ALEXANDRIA,LA 71301	X	X					X			
2	CHRISTUS COUSHATTA HEALTH CARE CENTER 1635 MARVEL STREET COUSHATTA,LA 71019					X		X			
3	CHRISTUS ST JOSEPH HOME 2301 STERLINGTON ROAD MONROE,LA 71203									COMPREHENSIVE SENIOR CAMPUS, SKILLED NURSING FACILITY	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CHRISTUS ST FRANCES CABRINI HOSPITAL

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
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			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**		No
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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?	**17**		No
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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CHRISTUS COUSHATTA HEALTH CARE CENTER

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
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			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**		No
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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?	**17**		No
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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group CHRISTUS ST JOSEPH HOME

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
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			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**		No
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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?	**17**		No
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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?
2

	Name and address	Type of Facility (describe)
1	CHRISTUS CABRINI SURGERY CENTER LLC 15305 DALLAS PARKWAY STE 1600 LB ADDISON,TX 75001	SURGERY CENTER
2	HEART CENTER OF CENTRAL LOUISIANA LP 2108 TEXAS AVENUE SUITE 2081 ALEXANDRIA,LA 71301	HEALTH CLINIC
3		
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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs identified or 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 **Poverty line for 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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, NON PROFIT 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 7, column (f) Percent of Total Expense TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS $217,296,399 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS $11,052,897 THIS LEAVES A TOTAL EXPENSE OF $206,243,502 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 14 87%, which exceeds the amount reported on Part I, Line 7k Column (f) which is computed using net community benefit expense Part I, Line 7l CASH AND IN-KIND CONTRIBUTIONS CHRISTUS HEALTH CENTRAL LOUISIANA MADE OVER $145,000 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2013 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 NON-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES, AND PHILOSOPHY OF A HEALTHY COMMUNITY CHRISTUS FUND GRANTS TOTALING $25,000 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS HEALTH CENTRAL LOUISIANA THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS HEALTH CENTRAL LOUISIANA SERVES THE CHRISTUS FUND GRANTS WERE USED TO INTRODUCE THE CARE MANAGEMENT PROGRAM NAMED CARE TRANSITIONS, WHICH IS AIMED AT CHRONIC DISEASE MANAGEMENT FOR UNDERSERVED IN-PATIENTS THIS PROGRAM HAS PROVEN TO BE INSTRUMENTAL IN REDUCING THE NUMBER OF PREVENTABLE HOSPITALIZATIONS FOR OUR PATIENTS THE CHRISTUS FUND GRANTS ALSO HELPED TO FUND 17 SCHOOL-BASED HEALTH CENTERS LOCATED IN FIVE PARISHES SERVED BY CHRISTUS HEALTH CENTRAL LOUISIANA ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS VIA THE CHRISTUS FUND ARE MADE TO NON-PROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(I) Indigent Funding Expense of $145,000 is included in Schedule H, Part I, Line 7(c) Part I, Line 7 Line 7a Ratio of patient care cost to charges based on Schedule H, worksheet 2 Line 7b Ratio of patient care cost to charges based on Schedule H, worksheet 2 Line 7c Actual expense after deductions Part II Community Building Activities THE COMMUNITY BUILDING ACTIVITIES REPORTED AT SCHEDULE H, PART II INCLUDE INNER CITY REVITALIZATION PROJECTS, LEADERSHIP DEVELOPMENT, AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY THE CHRISTUS HEALTH BOARD OF DIRECTORS APPROVED FUNDING OF A COMMUNITY DIRECT INVESTMENT (CDI) LOAN PROGRAM TO ENSURE THAT THE WORK OF SOCIAL ACCOUNTABILITY AND MORAL AND ETHICAL STEWARDSHIP CONTINUES IN SPITE OF CHALLENGING FISCAL CONDITIONS FACED BY LOCAL OPERATING ENTITIES THOUGH OUTSTANDING LOAN BALANCES VARY THROUGHOUT THE YEAR, CHRISTUS HEALTH CENTRAL LOUISIANA'S OUTSTANDING CDI LOAN BALANCE AT THE END OF FISCAL YEAR 2013 WAS $0 THE PURPOSE OF THE CDI PROGRAM IS TO SUPPORT COMMUNITY DRIVEN INITIATIVES, PRIMARILY FOR AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT BY PROVIDING FINANCING AT BELOW-MARKET INTEREST RATES TO NOT-FOR-PROFIT ORGANIZATIONS AT TERMS NOT EXCEEDING MORE THAN FIVE YEARS THE INCOME EARNED AT THE MARKET RATE LESS OUR LOAN RATE (FOREGONE INCOME) IS CONSIDERED A COMMUNITY BENEFIT FOR REPORTING PURPOSES THE FOREGONE INTEREST FOR CHRISTUS HEALTH CENTRAL LOUISIANA IN THE FISCAL YEAR ENDING JUNE 30, 2013 WAS $8,224 THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE ADVOCACY EFFORTS FOCUS ON THE NEEDS OF CHILDREN, SENIORS AND OTHER VULNERABLE POPULATIONS, AND THEY WORK TO PROMOTE PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS IMMUNIZATIONS 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 The policy is the result of a lack of reasonable assurance of collecton for services provided to the uninsured due to the system's historically low collection rate Management has estimated that the difference between recording revenue from 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 recovenes of bad debt previously written off 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 Chnstus 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 Chnstus 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, 2013, 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 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, 2013 Thus, the organization estimates that only 3 79% of the bad debt expenses in fiscal year ending June 30, 2013 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 shortfall on Part III, Line 7 is not counted as a community benefit The amount on Schedule H, Part III, Line 6 is determined by calculating Medicare Allowable Costs using worksheet A of the Medicare Cost Report Worksheet A of the Medicare Cost Report requires the organization to remove non-allowable expenses from total expenses via the adjustments to expenses worksheets within the Medicare Cost Report The amount reported on Schedule H, Part III, Line 6 does not take into account all costs incurred by the filing organization associated with the filing organization's provisions of services to Medicare patients Schedule H, Part III, Line 7 would equal a shortfall of ($10,531,593) 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 their services CHRISTUS Health 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 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 3 CHNA Christus St Francis Cabrini Hospital, serves three-parish areas in Central Louisiana, including Avoyelles, Grant and Rapides Parishes Cabrini Hospital collaborated with numerous professionals in the area to join in a focus group to help better serve the community In addition to the key informant focus group, quantitative research in the health of the community residents was solicited from the hospital sponsors of this study during separate meeting Part V, Section B, Line 11 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, Lines 14 & 14g 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 15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a w

Identifier	ReturnReference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT	COMMUNITY HEALTH NEEDS WERE ASSESSED BASED ON A 2009 COLLABORATION WITH 16 HEALTH CARE LEADERS FROM 14 COMMUNITY ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, STATE DENTAL ASSOCIATIONS, LOCAL UNIVERSITIES, STATE MENTAL HEALTH OFFICES, PARISH COUNCIL ON AGING, AND LOCAL VETERANS ADMINISTRATIONS THIS COLLABORATION RESULTED IN THE DEVELOPMENT OF A STRATEGIC COMMUNITY HEALTH PLAN FOR CENTRAL LOUISIANA WHICH FOCUSES ON THE HEALTH NEEDS OF LOW-INCOME, UNINSURED, AND VULNERABLE POPULATIONS CHRISTUS HEALTH CENTRAL LOUISIANA WAS INSTRUMENTAL IN THE ORGANIZATION OF THE COMMUNITY LEADERS ENSURING THAT THE COMMUNITY HEALTH NEEDS WERE THE FOCUS OF THE GROUP THE GROUP WAS LED BY AN INDEPENDENT COMMUNITY LEADER WHO CHAIRS THE DEPARTMENT OF ALLIED HEALTH SCIENCES AT LSU, ALEXANDRIA THE TOP TEN PRIMARY COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND DOCUMENTED IN THE STRATEGIC COMMUNITY HEALTH PLAN THE STRATEGIC COMMUNITY HEALTH PLAN WAS INCORPORATED INTO THE STRATEGIC GOALS OF CHRISTUS HEALTH CENTRAL LOUISIANA THE RESULTS OF THE NEEDS ASSESSMENT WERE USED TO DESIGN AND PRIORITIZE EFFECTIVE PLANS AND STRATEGIES TO ADDRESS THE IDENTIFIED NEEDS CENTRAL LOUISIANA WILL NEED GREATER ACCESS TO HEALTH CARE, MORE CARE FOR THE MENTALLY ILL, AND ADEQUATE FUNDING FOR ALL PROVIDERS, BOTH PUBLIC AND PRIVATE CHRISTUS HEALTH CENTRAL LOUISIANA WORKS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, ESPECIALLY THE VULNERABLE AND UNDERSERVED POPULATIONS THE COMMUNITY GROUP OF STAKEHOLDERS CONTINUES TO MEET TO ENSURE ASSESSED NEEDS ARE UPDATED AND ADDRESSED WITH AVAILABLE RESOURCES THE GROUP HAS COMMITTED TO CONTINUE WORK RELATED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT IN CENTRAL LOUISIANA FOR THE LONG-TERM Part VI, Line 3 Patient education of eligibility for assistance CHRISTUS Health Central Louisana makes every effort to educate patients on its Charity and Discount Policy and about their eligibility for assistance under federal, state, or local government programs during registration, pre registration (for scheduled tests and surgeries), post registration (during their hospitalization) and following discharge (telephone or written inquiry) in languages appropriate for the population being served Patients are given information and forms by a financial counselor who helps them complete the forms during their inpatient and outpatient visits Patients are asked to bring or mail supporting documentation to determine income, assets and household expenses The Business Office reviews the application based on the information provided by the patient If the patient qualifies for charity care or a discount, a new bill is generated Patients who do not provide the required documentation are considered ineligible and are billed accordingly If the documentation is provided at a later time, the patient may then be determined to be eligible for charity care or a discount Documentation is retained by the billing office for seven years A public notice regarding the charity care policy is posted in prominent places throughout the hospitals, including but not limited to the emergency room waiting areas and the admissions office waiting areas, as required by both the State of Texas Community Benefit Standard (which addresses the duties and responsibilities of nonprofit hospitals) and CHRISTUS Health Community Benefit Guidelines #0510 In addition, a public notice regarding the charity care policy and information on financial assistance are also posted on the CHRISTUS HEALTH website The information on financial assistance includes explanations on the availability of financial assistance, who qualifies, and how to apply for financial assistance Part VI, Line 4 Community Information CHRISTUS HEALTH CENTRAL LOUISIANA INCLUDES THE PREDOMINATELY RURAL PARISHES OF RAPIDES, VERNON, AVOYELLES, ALLEN, GRANT, CATAHOULA, CONCORDIA, LASALLE, WINN, NATCHITOCHES, RED RIVER, BIENVILLE, AND OUICHITA WITH THE EXCEPTION OF NATCHITOCHES, ALLEN, AND OUICHITA, THIS SAME AREA COMPRISES REGION VI OF THE OFFICE OF PUBLIC HEALTH CHRISTUS HEALTH CENTRAL LOUISIANA IS COMPRISED OF TWO HOSPITALS, CHRISTUS ST FRANCES CABRINI HOSPITAL, WHICH SERVES RAPIDES AND THE NINE SURROUNDING CIVIL PARISHES AND CHRISTUS COUSHATTA HEALTH CARE CENTER, WHICH IS LOCATED IN RED RIVER PARISH, THE ECONOMICALLY POOREST PARISH IN LOUISIANA CHRISTUS ST FRANCES CABRINI HOSPITAL SERVES RAPIDES AND ITS NINE SURROUNDING CIVIL PARISHES, WHICH HAVE A TOTAL POPULATION OF MORE THAN 379,000, MORE THAN 21 1% OF WHOM LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL, BASED ON THE 2011 LOUISIANA STATE CENSUS THE AVERAGE INCOME WITHIN THE AREA FOR THE PERIOD 2007-2011 WAS APPROXIMATELY $18,821 PER CAPITA, AND THE MEDIAN HOUSEHOLD INCOME WAS APPROXIMATELY $36,773 FOR ALL OF LOUISIANA, THE AVERAGE INCOME FOR THE PERIOD 2007-2011 WAS $23,853 PER CAPITA, AND THE MEDIAN HOUSEHOLD INCOME WAS APPROXIMATELY $44,086 RAPIDES PARISH, THE NINTH LARGEST PARISH IN THE STATE, IS LOCATED IN THE CENTER OF THE REGION AND INCLUDES THE ONLY URBAN COMMUNITIES THE CITIES OF ALEXANDRIA AND PINEVILLE SERVE AS THE MAJOR HEALTH, BANKING, AND MERCHANDISING CENTERS FOR A CULTURALLY DIVERSE POPULATION ALL OF THE PARISHES IN CENTRAL LOUISIANA HAVE BEEN DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) RAPIDES AND AVOYELLES LACK PRIMARY CARE HEALTH PROFESSIONALS, BUT ALL OF THE OTHER PARISHES ALSO LACK MENTAL AND DENTAL HEALTH PROFESSIONALS. CHRISTUS COUSHATTA HEALTH CARE CENTER IS LOCATED IN RED RIVER PARISH AND PREDOMINANTLY SERVES RED RIVER PARISH, BIENVILLE PARISH AND OUCHITA PARISH, WHICH HAVE A TOTAL POPULATION OF 178,244, MORE THAN 22% OF WHOM LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL, BASED ON THE 2011 LOUISIANA STATE CENSUS THE FEDERAL GOVERNMENT HAS DESIGNATED CHRISTUS COUSHATTA HEALTH CARE CENTER A CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TIME THAT PATIENTS WOULD HAVE TO SPEND TRAVELING TO NATCHITOCHES OR SHREVEPORT, LA, FOR TREATMENT THE PARISHES THAT CHRISTUS HEALTH CENTRAL LOUISIANA SERVE HAVE A LARGE POPULATION OF PERSONS OVER 71 YEARS OF AGE LACK OF HIGHER EDUCATION IS AN ADDITIONAL FACTOR IN SERVING THE POPULATION OF CHRISTUS HEALTH CENTRAL LOUISIANA, AS AN AVERAGE OF ONLY 14% OF THE POPULATION HAS A COLLEGE DEGREE COMPARED TO A 28% NATIONAL AVERAGE ADDITIONALLY, 76% OF THE PERSONS LIVING IN THE PARISHES SERVED BY CHRISTUS HEALTH CENTRAL LOUISIANA GRADUATE FROM HIGH SCHOOL AS COMPARED TO THE NATIONAL AVERAGE OF 85%
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	THE CENTRAL LOUISIANA REGION OF CHRISTUS HEALTH RESPONDS TO COMMUNITY NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS ST FRANCES CABRINI HOSPITAL IN ALEXANDRIA, LA, A 283-BED FACILITY, CHRISTUS COUSHATTA HEALTH CARE CENTER IN COUSHATTA, LA, A 25-BED CRITICAL ACCESS HOSPITAL, AND CHRISTUS ST JOSEPH'S HOME IN MONROE, LA, A LONG-TERM CARE AND ASSISTED LIVING FACILITY WITH 130 LICENSED BEDS AND 60 RESIDENTIAL UNITS ALL THREE FACILITIES IN THIS REGION SHARE ONE OBJECTIVE OF LEADING THE WAY TOWARD HEALTHIER COMMUNITIES CHRISTUS HEALTH CENTRAL LOUISIANA'S OTHER HEALTH CARE FACILITIES INCLUDE PARTIAL OWNERSHIP OF CHRISTUS CABRINI SURGERY CENTER, LLC CHRISTUS HEALTH CENTRAL LOUISIANA ACTIVELY PARTNERS WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND SAFETY ISSUES OF THE COMMUNITY THE ORGANIZATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND PROVIDES ITS HEALTH CARE SERVICES WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN BOTH CHRISTUS ST FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER PROVIDE A 24 HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS ST FRANCES CABRINI HOSPITAL IS THE ONLY CANCER CENTER IN CENTRAL LOUISIANA TO OFFER COMPREHENSIVE CANCER CARE IN A HOSPITAL SETTING MD ANDERSON CANCER CENTER AT THE UNIVERSITY OF TEXAS AND TULANE UNIVERSITY CANCER CENTER PROTOCOLS ARE AVAILABLE AT CHRISTUS ST FRANCES CABRINI HOSPITAL, AND AN ACTIVE RESEARCH PROGRAM MAKES CLINICAL TRIALS AVAILABLE TO ELIGIBLE PATIENTS IT IS ALSO CENTRAL LOUISIANA'S LEADER IN CARDIAC SERVICES, ORTHOPEDIC CARE, NEURO MUSCULOSKELETAL SERVICES, AND JOINT REPLACEMENT CHRISTUS COUSHATTA HEALTH CARE CENTER ALSO OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING CARDIOLOGY, DIABETES CARE, PHYSICAL THERAPY, OPHTHALMOLOGY, ORTHOPEDIC SERVICES, INFUSION THERAPY, AND ADULT PSYCHIATRIC SERVICES IT IS ALSO A FEDERALLY DESIGNATED CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TIME PATIENTS WOULD HAVE TO SPEND TRAVELING TO NATCHITOCHES, LOUISIANA OR SHREVEPORT, LOUISIANA FOR TREATMENT CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES, AND PHILOSOPHY OF A HEALTHY COMMUNITY WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES DURING FY 2013, THE TOTAL GRANT MONEY DISTRIBUTED TO THE CENTRAL LOUISIANA REGION WAS $25,000 THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSE OF CHRISTUS HEALTH CENTRAL LOUISIANA "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF CHRISTUS HEALTH CENTRAL LOUISIANA'S OVERALL COMMUNITY BENEFIT CHRISTUS HEALTH CENTRAL LOUISIANA USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES IT MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, THE PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, THOSE SUFFERING FROM HIV/AIDS, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES CHRISTUS HEALTH CENTRAL LOUISIANA PROVIDES FINANCIAL SUPPORT AND CLINICAL PARTICIPATION IN THE LOUISIANA STATE UNIVERSITY MEDICAL CENTER SCHOOL OF MEDICINE'S FAMILY PRACTICE RESIDENCY PROGRAM IN ALEXANDRIA THE INVESTMENT OF FUNDING AND RESOURCES INTO THE FAMILY PRACTICE RESIDENCY PROGRAM ADDRESSES THE SHORTAGE OF PRIMARY CARE PHYSICIANS IN CENTRAL LOUISIANA CHRISTUS CENTRAL LOUISIANA OFFERED MORE THAN $92,000 IN HEALTH PROFESSIONS EDUCATION DURING FY2013 INCLUDING STUDENT INTERNSHIPS, CLINICAL EXPERIENCE, AND OTHER EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, THERAPISTS, AND PASTORAL CARE PROFESSIONALS CHRISTUS ST FRANCES CABRINI HOSPITAL ALSO PROVIDES MANY FREE HEALTH SCREENINGS AND HEALTH EDUCATION FOR LOCAL ORGANIZATIONS, BUSINESSES, AND COMMUNITY GROUPS IN REGARD TO SUCH TOPICS AS DIABETES, PROSTATE CANCER, COLORECTAL CANCER, AND OTHERS CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK IN THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES DURING FY 2013, CHRISTUS HEALTH ADVOCATED FOR IMPROVED PUBLIC POLICIES AND WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR ALL AS A NON-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING A CROSS-SECTION OF THE REGION SERVED GUIDES CHRISTUS HEALTH CENTRAL LOUISIANA THE HOSPITAL'S OPEN MEDICAL STAFF IS COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO COMMUNITIES IN CENTRAL LOUISIANA ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE IN THESE HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS CENTRAL LOUISIANA ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS Part VI, Line 6 Affiliated health care system CHRISTUS Health Central Louisiana 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 Central Louisiana, develops five-year and ten-year strategic plans that help set the yearly operational plans and budgets Regional strategic goals are set in collaboration with CHRISTUS Health 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 Central Louisiana, in turn, partners with other nonprofit groups (churches, health care providers, and government agencies) to create collaborations where health needs can be addressed and the general health of individuals and the community is improved Part VI, Line 7 Community Benefit Report 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 Chrstus Health's non-profit hospitals located in Texas file a community benefit report in the state of Texas The Annual Statement of Community Benefits Standard (ASCBS) form and an annual report of the Community Benefits Plan are filed with the Texas Department of State Health Services (DSHS), as required by the Health and Safety Code, Sections 311 045 and 311 046 The 2012 ASCBS form is expanded to collect the information on charity care policies and community benefits in a standardized format State Filing of Community Benefit Report Texas

Identifier	ReturnReference	Explanation
PART VI, LINE 8	FACILITY REPORTING GROUP(S)	The information provided for these lines in Part VI, Line 1 applies to all hospital facilities under this legal entity

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

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. Part II can be duplicated 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) Lousiana Clinical Services 3330 Masonic Drive Alexandria, LA 71301	27-2869360	GOVT	2,046,000				indigent care funding
(2) Jefferson Clinical Services 3330 Masonic Drive Alexandria, LA 71301	45-2183224	GOVT	334,000				Indigent Funding
(3) Southern Lousiana Clinical Services 3330 Masonic Drive Alexandria, LA 71301	27-4193861	GOVT	92,000				Indigent Funding
(4) Lousiana State University 8100 HWY 71 S Alexandria, LA 71302	58-2024467	govt	70,200				education/nfp support
(5) Northwestern State University Business Services Natchitoches, LA 71497	72-6000783	govt	25,000				education/nfp support
(6) American heart Association 126 Arlington Dr Lake Charles, LA 70605	13-5613797	501(c)(3)	30,000				support heart health
(7) United Way of Central Louisiana PO Box 749 Alexandria, LA 71309	72-0462338	501(c)(3)	15,650				SUPPORT nfp orgs
(8) Diocese of Alexandria PO Box 7417 Alexandria, LA 71306	72-0491102	501(c)(3)	20,050				SUPPORT CATHOLIC MISSION
(9) Central LA Art and Healthcare INC PO Box 12802 Alexandria, LA 71306	61-1509687	501(c)(3)	11,500				SUPPORT ARTS & hEALTHCARE
(10) AMERICAN CANCER SOCIETY One Lake Shore Dr Lake Charles, LA 70629	74-1185665	501(C)(3)	10,000				SUPPORT ARTS & HEALTHCARE
(11) HSM Football 4603 Coliseum BLVD Alexandria, LA 71301	72-6036138	501(c)(3)	13,600				SUPPORT SPECIAL OLYMPICS
(12) Louisiana Purchase Council PO Box 2405 Monroe, LA 71207	72-0423632	501(C)(3)	5,500				SUPPORT ARTS & HEALTHCARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Form 990, Schedule I, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants	THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS" BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS 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 THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO CERTAIN COUNTIES 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0408984
Name: Christus Health Central Louisiana

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Lousiana Clinical Services 3330 Masonic Drive Alexandria,LA 71301	27-2869360	GOVT	2,046,000				Indigent care funding
Jefferson Clinical Services 3330 Masonic Drive Alexandria,LA 71301	45-2183224	GOVT	334,000				Indigent Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Southern Lousiana Clinical Services3330 Masonic Drive Alexandria,LA 71301	27-4193861	GOVT	92,000				Indigent Funding
Lousiana State University 8100 HWY 71 S Alexandria,LA 71302	58-2024467	govt	70,200				education/nfp support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Northwestern State UniversityBusiness Services Natchitoches,LA 71497	72-6000783	govt	25,000				education/nfp support
American heart Association 126 Arlington Dr Lake Charles,LA 70605	13-5613797	501(c)(3)	30,000				support heart health

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
United Way of Central LouisianaPO Box 749 Alexandria,LA 71309	72-0462338	501(c)(3)	15,650				SUPPORT nfp orgs
Diocese of AlexandriaPO Box 7417 Alexandria,LA 71306	72-0491102	501(c)(3)	20,050				SUPPORT CATHOLIC MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Central LA Art and Healthcare INCPO Box 12802 Alexandria,LA 71306	61-1509687	501(c)(3)	11,500				SUPPORT ARTS & hEALTHCARE
AMERICAN CANCER SOCIETYOne Lake Shore Dr Lake Charles,LA 70629	74-1185665	501(C)(3)	10,000				SUPPORT ARTS & HEALTHCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HSM Football4603 Coliseum BLVD Alexandria,LA 71301	72-6036138	501(c)(3)	13,600				SUPPORT SPECIAL OLYMPICS
Louisiana Purchase Council PO Box 2405 Monroe,LA 71207	72-0423632	501(C)(3)	5,500				SUPPORT ARTS & HEALTHCARE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information		FORM 990, PART VII, LINE 1A & SCH J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS COMPANION TRAVEL FORM 990, SCHEDULE J, PART I, LINE 1A TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS HEALTH/SOCIAL CLUB DUES OR INITIATION FEES FORM 990, SCHEDULE J, PART I, QUESTIONS 1-2 STEPHEN WRIGHT RECEIVED $1,249 AS A HEALTH CLUB BENEFIT IN CALENDAR YEAR 2012 SUSAN TUDOR RECEIVED $705 AS A HEALTH CLUB BENEFIT IN CALENDAR YEAR 2012 PER POLICY, CHRISTUS HEALTH CENTRAL LOUISIANA CONTRIBUTES A SET AMOUNT TO ASSOCIATES TO PAY FOR A HEALTH CLUB MEMBERSHIP ALL FULL-TIME ASSOCIATES OF CHRISTUS HEALTH CENTRAL LOUISIANA ARE OFFERED THE BENEFIT RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION FORM 990, SCHEDULE J, PART I, QUESTION 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FORM 990, SCHEDULE J, PART I, QUESTION 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS FORM 990, SCHEDULE J, PART I, QUESTION 4B AND FORM 990, SCHEDULE J, PART II, COLUMN (F) COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990 STEPHEN WRIGHT RECEIVED $202,748 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN LISA LAUVE ROBINSON RECEIVED $78,523 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SCOTT MERRYMAN RECEIVED $50,196 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WENDY WHITE RECEIVED $23,716 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN MARK MARLEY RECEIVED $17,380 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DONNA MIKULECKY RECEIVED $255,272 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN KRISTINA CHERRY RECEIVED $5,648 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN JOHN AMOS RECEIVED $6,968 DURING CALENDAR YEAR 2012 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, PART VII, SECTION A AND SCHEDULE J, PART II 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 STEPHEN WRIGHT, SCOTT MERRYMAN, MARK MARLEY, SUSAN TUDOR AND WENDY WHITE 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 2012 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0408984
Name: Christus Health Central Louisiana

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Stephen F Wright	(I)	203,087	72,612	97,632	54,326	10,600	438,257	81,099
	(II)	304,630	108,918	146,450	81,490	15,900	657,388	121,649
LISA L LAUVE-ROBINSON	(I)	208,593	71,633	236,463	56,872	8,348	581,909	78,523
	(II)	0	0	0	0	0	0	0
Scott Merryman	(I)	120,004	35,770	36,132	29,074	4,068	225,048	20,078
	(II)	180,006	53,655	54,198	43,611	6,102	337,572	30,118
Rodney R Moore	(I)	138,081	0	18,293	29,965	9,321	195,660	0
	(II)	0	0	0	0	0	0	0
Susan Tudor	(I)	79,971	18,638	5,183	19,541	2,596	125,929	0
	(II)	119,957	27,958	7,775	29,311	3,894	188,895	0
Wendy White	(I)	75,766	18,537	13,836	16,953	2,875	127,967	9,486
	(II)	113,649	27,806	20,753	25,430	4,312	191,950	14,230
Nancy R Hellyer	(I)	121,232	36,022	638	30,371	9,581	197,844	0
	(II)	181,848	54,032	956	45,557	14,372	296,765	0
Mark E Marley	(I)	174,375	61,741	17,648	33,035	11,849	298,648	17,380
	(II)	0	0	0	0	0	0	0
Albert E Velotta Jr	(I)	171,090	36,724	262	39,533	15,663	263,272	0
	(II)	0	0	0	0	0	0	0
Albert G Alexander	(I)	158,773	41,486	1,970	32,281	23,065	257,575	0
	(II)	0	0	0	0	0	0	0
CORINNE R FRANCIS	(I)	47,630	8,000	9,850	7,991	2,001	75,472	0
	(II)	71,446	12,000	14,775	11,987	3,001	113,209	0
JOHN R GILCHRIST JR	(I)	60,850	10,505	288	0	3,622	75,265	0
	(II)	91,275	15,758	432	0	5,433	112,898	0
DONNA MIKULECKY	(I)	126,020	27,016	154,753	35,134	1,092	344,015	127,636
	(II)	126,020	27,016	154,753	35,134	1,092	344,015	127,636
CHRISTOPHER S JANIK	(I)	142,934	20,832	14,582	0	22,621	200,969	0
	(II)	0	0	0	0	0	0	0
KRISTINA A CHERRY	(I)	142,771	32,891	6,042	13,614	13,111	208,429	5,648
	(II)	0	0	0	0	0	0	0
JOHN R AMOS	(I)	115,116	30,715	29,602	8,181	27,869	211,483	6,968
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CLECO	SEE PART V	249,765	SEE PART V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE L, PART IV, LINE 1	Christus Health Central Louisiana purchased utilities from CLECO Michael Madison is a board member of Christus Health Central Louisiana and the Vice Chairperson of CLECO

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133038804

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PART I, LINE C	CHRISTUS HEALTH CENTRAL LOUISIANA OPERATES UNDER THE FOLLOWING NAMES Christus Coushatta Health Care Center Christus Coushatta Ringgold Rural Health Center Christus Cabrini Cancer Center Hardtner Christus Cabrini Wound Care and Hyperbaric Center Christus Health Louisiana Christus Health Louisiana Ministries Christus Cabrini Stroke Center Christus Coushatta Dental Clinic Christus Cabrini Women's and Children's Hospital

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT CHRISTUS ST FRANCES CABRINI ALSO PROVIDES EDUCATIONAL ACTIVITIES INCLUDING STUDENT INTERNSHIPS, CLINICAL EXPERIENCE AND OTHER EDUCATION FOR NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, THERAPISTS AND PASTORAL CARE PROFESSIONALS CHRISTUS ST FRANCES CABRINI HOSPITAL ALSO PROVIDES MANY FREE HEALTH SCREENINGS AND HEALTH EDUCATION FOR LOCAL ORGANIZATIONS, BUSINESSES AND COMMUNITY GROUPS ON DISEASES INCLUDING DIABETES, PROSTATE CANCER, COLORECTAL CANCER AND OTHERS THE HOSPITAL ALSO PROVIDES MEETING SPACE TO VARIOUS ORGANIZATIONS IN THE COMMUNITY 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 2013, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE. TOTAL PROGRAM SERVICE EXPENSES - $794,804 GRANTS & ALLOCATIONS - $3,219,365 REVENUE - $0

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEATH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS, AND A VARIETY OF OTHER SOCIAL SERVICES CHRISTUS HEALTH ESTABLISHED THE CHRISTUS 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 WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES DURING FY 2013, THE TOTAL GRANT MONEY DISTRIBUTED TO THE CENTRAL LOUISIANA REGION BY CHRISTUS HEALTH WAs $3,360,273 THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICES EXPENSES OF CHRISTUS HEALTH CENTRAL LOUISIANA TOTAL PROGRAM SERVICE EXPENSES - $715,026 GRANTS & ALLOCATIONS - $140,908 REVENUE - $0

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A	CHRISTUS HEALTH, THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION, HAS THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B	CHRISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWING POWERS APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION, APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS, APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DIRECTORS, APPOINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS, APPROVE INCURRENCE OF DEBT THAT EXCEEDS $5 MILLION PER INCURRENCE OR $25 MILLION ANNUALLY, APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION, APPROVE THE IMPLEMENTATION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION, APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION, APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION, APPROVE CAPITAL PROJECTS GREATER THAN $10 MILLION FOR THE FILING ORGANIZATION, APPROVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENTURE, ANY TRANSACTION INVOLVING A SYSTEM PARTICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY, AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER $5 MILLION BUT MORE THAN $1 MILLION, APPROVE THE INCURRENCE OF DEBT UP TO A $5 MILLION CAP OR $25 MILLION ANNUALLY BY THE FILING ORGANIZATION, APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION, APPROVE THE FILING ORGANIZATION'S BUDGET, SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN $10 MILLION BY THE FILING ORGANIZATION, AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING ORGANIZATION THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO) THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A $5 MILLION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION, APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF $5 MILLION, APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAMENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION, AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 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 2014 VIA A WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINES 15A & 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH CENTRAL LOUISIANA 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 ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
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 ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHRISTUS HEALTH ARE MADE AVAILABLE TO THE PUBLIC VIA THE CHRISTUS HEALTH WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS AND FUND BALANCES	FORM 990, PART XI, LINE 9	PENSION FUNDING ($4,194,549) PENSION LIABILITY EXPENSE $3,964,345 RECON OF PRIOR PERIOD BALANCES ($193,404) EMR SBHC GRANT ($174,516) SBHCHHS PAYMENT $366,710 ASSETS RELEASED FROM RESTRICTION ($13,124) tRANSFER OF rESTRICTED DONATIONS $71,053 CAPITAL CONTRIB-CMN $46,412 FOUNDATION FOR NICU $36,041 OTHER ($11,481) ---------- TOTAL ($102,513)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LA ATHLET CLUB LLC 1140 College Dr Pineville, LA 71359 72-1461793	HEALTH CLUB	LA	CNLA	UNRELATED	283,542	245,637		No	0		No	60 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO, MONTERREY, N L 64060 MX	HEALTHCARE SVcs	MX	CH	C CORP					No
(2) CHRISTUS LOUISIANA HEALTH PLAN 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 45-2515179	HEALTH PLAN Admin	LA	CNLA	C CORP	0	0	100 000 %	Yes	
(3) EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C CORP					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Software ID:
Software Version:
EIN: 72-0408984
Name: Christus Health Central Louisiana

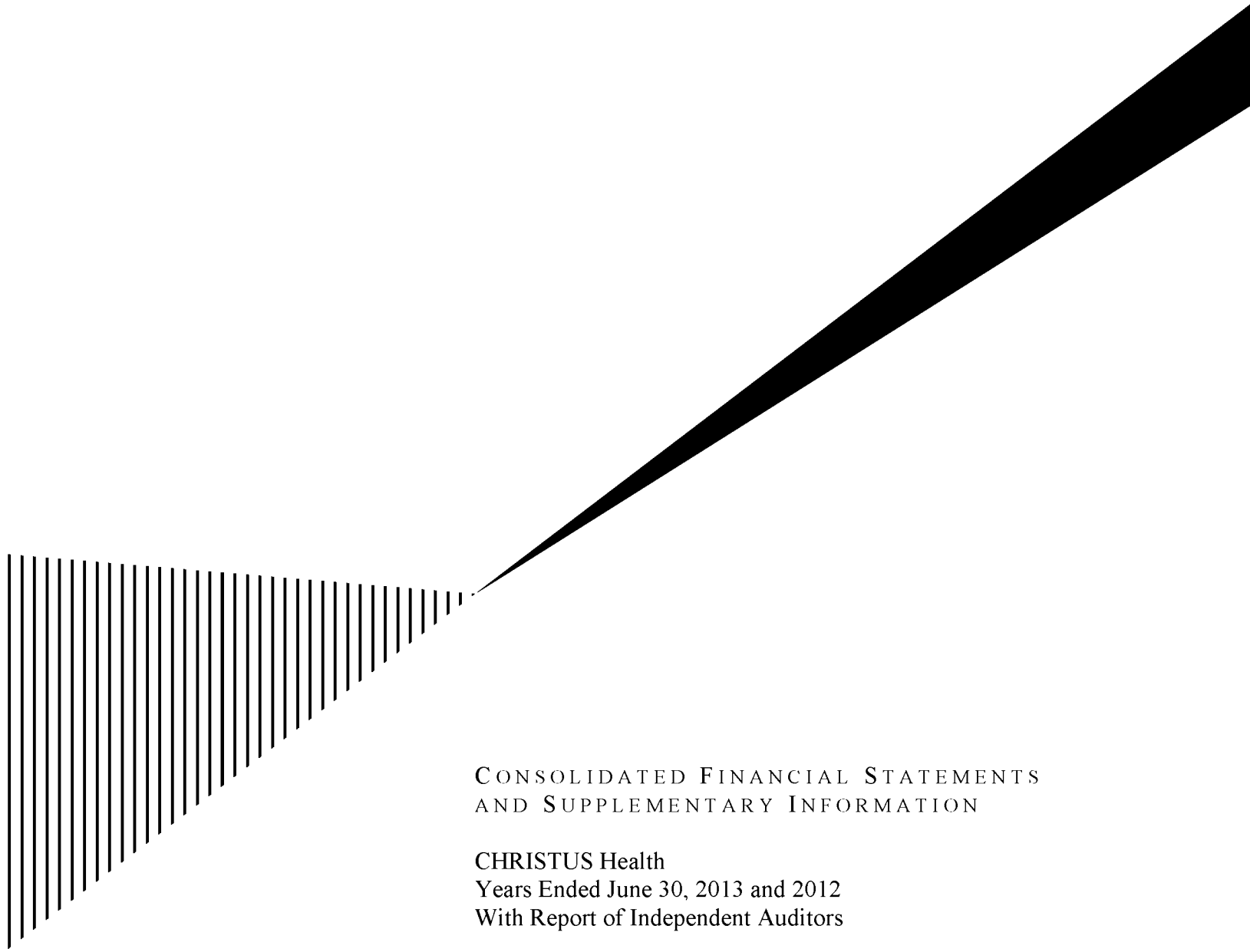
Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CH WILKINSON PHYSICIAN NETWORK	A(I)	280,519	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	O	1,022,511	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	P	204,502	ACCRUAL
CH WILKINSON PHYSICIAN NETWORK	M	299,195	ACCRUAL
CHRISTUS CONTINUING CARE	A(I)	691,372	ACCRUAL
CHRISTUS CONTINUING CARE	L	8,400,890	ACCRUAL
CHRISTUS CONTINUING CARE	O	51,238	ACCRUAL
CHRISTUS CONTINUING CARE	P	300,418	ACCRUAL
CHRISTUS HEALTH LIABILITY RETENTION	Q	405,600	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	L	1,865,373	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	O	3,187,860	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	P	927,579	ACCRUAL
CHRISTUS HEALTHSOUTHWESTERN LOUISIANA	L	1,077,363	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	O	1,828,653	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	P	569,819	ACCRUAL
ST FRANCES CABRINI HSPTL FNDN OF ALEXANDRIA	C	210,702	ACCRUAL



CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

CHRISTUS Health
Years Ended June 30, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

CHRISTUS Health

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2013 and 2012

Contents

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Report of Independent Auditors

The Board of Directors
CHRISTUS Health

We have audited the accompanying consolidated financial statements of CHRISTUS Health, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these 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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of CHRISTUS Health at June 30, 2013 and 2012, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Adoption of Accounting Standards Updated (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*

As discussed in Note 3 to the consolidated financial statements, the System changed the presentation of the provision for bad debts as a result of the adoption of ASU No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, effective July 1, 2012

Ernst & Young LLP

September 13, 2013

CHRISTUS Health

Consolidated Balance Sheets

	June 30 2013	June 30 2012
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 282,389**	$ 366,043
Short-term investments	**1,043,273**	529,738
Assets whose use is limited or restricted, required for current liabilities	**59,960**	56,903
Patient accounts receivable, net of allowance for doubtful accounts of $93,426 and $84,366 at June 30, 2013 and 2012, respectively	**357,904**	334,971
Notes and other receivables	**183,994**	57,499
Inventories	**88,683**	89,658
Securities pledged to creditors	**8,858**	46,518
Security lending collateral	**9,204**	46,257
Other current assets	**65,226**	51,784
Total current assets	**2,099,491**	1,579,371
Assets whose use is limited or restricted, less current portion	**708,174**	907,962
Property and equipment, net of accumulated depreciation	**1,618,670**	1,719,060
Other assets		
Investments in unconsolidated organizations	**37,302**	209,938
Goodwill	**89,730**	101,858
Other assets	**74,740**	74,472
Beneficial interest in supporting organizations and other restricted assets	**68,792**	15,540
Total other assets	**270,564**	401,808
Total assets	**$ 4,696,899**	$ 4,608,201

CHRISTUS Health

Consolidated Balance Sheets (continued)

	June 30	
	2013	**2012**
	(In Thousands)	
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 409,675**	$ 358,097
Accrued employee compensation and benefits, including pension benefits, current portion	**176,427**	180,388
Estimated third-party settlements	**33,017**	33,267
Current portion of long-term debt	**51,589**	48,405
Payable under security lending agreement	**9,210**	47,288
Total current liabilities	**679,918**	667,445
Long-term debt, less current portion	**1,071,943**	1,124,556
Accrued pension benefits, long-term portion	**75,435**	197,177
Derivative financial instruments	**92,624**	136,786
Other long-term obligations – primarily related to self-funded liabilities, less current portion	**169,613**	176,799
Total liabilities	**2,089,533**	2,302,763
Net assets		
Unrestricted		
Attributable to CHRISTUS Health	**2,356,267**	2,115,411
Attributable to noncontrolling interest	**120,356**	119,299
Total unrestricted	**2,476,623**	2,234,710
Temporarily restricted	**114,858**	54,183
Permanently restricted	**15,885**	16,545
Total net assets	**2,607,366**	2,305,438
Total liabilities and net assets	**$ 4,696,899**	$ 4,608,201

See accompanying notes.

CHRISTUS Health

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2013	**2012**
	(In Thousands)	
Revenues		
Patient service revenue (net of contractual allowances and discounts)	**$ 3,463,569**	$ 3,417,777
Provision for bad debts	**(239,406)**	(205,518)
Net patient service revenue less provision for bad debts	**3,224,163**	3,212,259
Premium revenue	**182,893**	174,283
Other revenue	**182,854**	181,955
Equity in income of unconsolidated organizations	**111,362**	27,539
Total revenues	**3,701,272**	3,596,036
Expenses		
Employee compensation and benefits	**1,609,714**	1,623,487
Services and other	**1,100,712**	1,020,213
Supplies	**612,132**	638,104
Depreciation and amortization	**271,965**	218,007
Interest	**33,697**	42,166
Total expenses	**3,628,220**	3,541,977
Operating income	**73,052**	54,059
Nonoperating investment gain (loss)	**88,212**	(91,519)
Other nonoperating loss	**(1,585)**	(3,935)
Revenues in excess (deficit) of expenses	**159,679**	(41,395)
Less revenues in excess of expenses attributable to noncontrolling interest	**17,171**	12,601
Revenues in excess (deficit) of expenses attributable to CHRISTUS Health	**142,508**	(53,996)

CHRISTUS Health

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

	Year Ended June 30	
	2013	**2012**
	(In Thousands)	
Changes in unrestricted net assets		
Revenues in excess (deficit) of expenses attributable to CHRISTUS Health	**$ 142,508**	$ (53,996)
Net change in unrealized gain (loss) on investments	**3,320**	(6,390)
Change in pension liabilities	**95,141**	(89,525)
Acquisition of noncontrolling interest	**(3,380)**	(2,610)
Change in noncontrolling interest	**4,437**	8,660
Other	**(113)**	3,478
Changes in unrestricted net assets	**241,913**	(140,383)
Temporarily restricted net assets		
Net change in beneficial interest	**24,712**	–
Contributions	**6,142**	3,229
Unrealized gain (loss) on investments	**453**	(2,190)
Net assets released from restrictions and other	**(5,992)**	(8,252)
Changes in temporarily restricted net assets	**25,315**	(7,213)
Permanently restricted net assets		
Net change in beneficial interest	**(141)**	–
Other	**(6,000)**	2,994
Changes in permanently restricted net assets	**(6,141)**	2,994
Change in net assets	**261,087**	(144,602)
Adjustment to beginning temporarily and permanently restricted net assets *(Note 16)*	**40,841**	–
Net assets – beginning of year	**2,305,438**	2,450,040
Net assets – end of year	**$ 2,607,366**	$ 2,305,438

See accompanying notes.

CHRISTUS Health

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2013	**2012**
	(In Thousands)	
Operating activities		
Changes in net assets	**$ 261,087**	$ (144,602)
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Change in beneficial interest	**(24,571)**	–
Change in pension liabilities	**(120,391)**	81,559
Contributions of temporarily restricted net assets	**(6,142)**	(3,229)
Equity in income of unconsolidated organizations	**(111,362)**	(27,539)
Equity (earnings) losses on investments in managed funds	**(37,436)**	4,889
Depreciation and amortization	**271,965**	218,007
Provision for uncollectible accounts	**239,406**	205,518
Change in derivative fair value	**(44,162)**	76,813
Gain on disposal of property and equipment	**(3,408)**	(2,717)
Changes in operating assets and liabilities, net of acquisitions		
Increase in net patient accounts receivable	**(262,339)**	(226,837)
(Increase) decrease in trading securities	**(99,954)**	1,084
(Increase) decrease in notes and other receivables	**(126,495)**	68,206
Decrease (increase) in inventories	**975**	(1,226)
Increase in accounts payable, accrued expenses, and accrued employee compensation and benefits	**54,647**	3,365
Decrease in net third-party payor settlements	**(250)**	(8,815)
(Decrease) increase in liability for self-funded liabilities	**(1,110)**	3,782
Net cash (used in) provided by operating activities	**(9,540)**	248,258
Investing activities		
Purchases of property and equipment	**(166,199)**	(166,264)
Proceeds from sale or disposal of property and equipment	**15,278**	8,633
Proceeds from sale of investment in Baptist St Anthony, net	**299,037**	–
Increase in equity investments in managed funds	**(179,414)**	(70,629)
(Increase) decrease in investments in unconsolidated organizations	**(15,038)**	6,151
Decrease (increase) in securities pledged to creditors	**37,660**	(6,307)
Increase in other assets	**(3,385)**	(5,541)
Decrease (increase) in security lending collateral	**37,053**	(7,102)
Net cash provided by (used in) investing activities	**24,991**	(241,059)

CHRISTUS Health

Consolidated Statements of Cash Flows (continued)

	Year Ended June 30 2013	2012
	(In Thousands)	
Financing activities		
Contributions of temporarily restricted net assets	**$ 6,142**	$ 3,229
Other costs associated with debt refinancing/conversion	**(1,244)**	(859)
Payments on long-term debt	**(65,925)**	(69,728)
(Decrease) increase in payable under security lending agreements	**(38,078)**	7,826
Net cash used in financing activities	**(99,105)**	(59,532)
Net decrease in cash and cash equivalents	**(83,654)**	(52,333)
Cash and cash equivalents – beginning of year	**366,043**	418,376
Cash and cash equivalents – end of year	**$ 282,389**	$ 366,043
Noncash investing and financing transactions		
Capital lease obligations incurred for property and equipment	**$ 3,171**	$ 1,064
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized)	**$ 36,969**	$ 45,372

See accompanying notes

CHRISTUS Health

Notes to Consolidated Financial Statements

June 30, 2013

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 Charity 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 is to extend the healing ministry of Jesus Christ The Gospel values underlying the mission statement challenge CHRISTUS to make choices that respond to the economically disadvantaged and the underserved with health care needs The growth and development of CHRISTUS are determined by the health care needs of the communities that CHRISTUS 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 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 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'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 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, the country of Chile, and in the Republic of Mexico

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

CHRISTUS 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 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 $195,839,000 and $168,645,000 for the years ended June 30, 2013 and 2012, 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

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 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 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

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 service revenues, which include contractual allowances and the provision 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

3. Summary of Significant Accounting Policies (continued)

earnings (losses) 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 excess (deficit) 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 accompanying 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 and Equipment

Property 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

3. Summary of Significant Accounting Policies (continued)

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 income 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

In May 2013, the CHRISTUS board of directors approved a plan to consolidate the operations of two of its hospitals located in its Northern Louisiana Region, which will result in the closure of one of the facilities by the end of 2014 Accordingly, management evaluated the ongoing value of the long-lived assets and determined that the value of certain long-lived assets were no longer recoverable as their carrying value exceeded the expected cash flows At June 30, 2013, the System wrote down the respective long-lived assets to their estimated fair value by recognizing an impairment loss of $73,981,000, which is included in depreciation and amortization expense in the accompanying consolidated statements of operations and changes in net assets In addition, an impairment loss of $4,576,000 was recognized in fiscal year 2013 related to other long-lived assets There were no impairments recognized in fiscal year 2012

Investments in Unconsolidated Organizations and Noncontrolling Interest

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

The System attributed excess of revenue over expenses of $17,171,000 and $12,601,000 for the years ended June 30, 2013 and 2012, respectively, to the noncontrolling interest based on the contractual terms of joint ventures and the ownership percentage of the noncontrolling interests in certain of the consolidated subsidiaries These amounts are reflected in unrestricted net assets in the consolidated balance sheets, net of distributions As discussed below, the System acquired a portion of the noncontrolling interest in CHRISTUS Muguerza, S A de C V , during fiscal years 2013 and 2012

3. Summary of Significant Accounting Policies (continued)

Securities Lending

The System participates in securities lending transactions facilitated by the lending agent Such loans are secured by collateral of 103% 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

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, 2013 and 2012, the System had goodwill of $89,730,000 and $101,858,000, respectively During fiscal year 2013, the System wrote off goodwill of $15,823,000 related to the sale of Baptist St Anthony's Health System (BSAHS)

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 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 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 applied the optional provisions 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 fair value exceeded the carrying value of the applicable reporting units Therefore, no two-step impairment analysis was required, and no impairment charges were recorded in fiscal year 2013 or 2012

3. Summary of Significant Accounting Policies (continued)

Deferred Financing Costs

Deferred financing costs, net of accumulated amortization, included in other assets at June 30, 2013 and 2012, are $17,181,000 and $18,576,000, 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 Temporarily restricted net assets also include the System's beneficial interest in the net assets of affiliated and financially interrelated organizations, whose use has been limited by grant agreements and donors to a specific time period or use 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 2013 and 2012 Accordingly, all accounts receivable from the uninsured have been fully reserved in the allowance for doubtful accounts The resulting adjustment is recorded as revenue deductions from gross charges to arrive at net patient service revenue

3. Summary of Significant Accounting Policies (continued)

Provision for Bad Debts

The System's recorded allowance for doubtful accounts 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

A summary of activity in the System's allowance for doubtful accounts is as follows (in thousands)

	Balance at Beginning of Year	Provision for Bad Debts	Accounts Written Off, Net of Recoveries	Balance at End of Year
Year ended June 30, 2013	$ 84,366	$ 239,406	$ (230,346)	$ 93,426

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 gain contingency 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

3. Summary of Significant Accounting Policies (continued)

totaling $25,109,000 and $27,668,000 for the years ended June 30, 2013 and 2012, respectively, are included in other 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

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 accompanying consolidated financial statements At June 30, 2013 and 2012, 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

3. Summary of Significant Accounting Policies (continued)

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

International Operations

CHRISTUS Muguerza

The System owns a 75 2% 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 consolidated financial statements CHRISTUS Muguerza has net assets of $95,519,000 and $72,909,000 at June 30, 2013 and 2012, respectively

The System increased its ownership interest in CHRISTUS Muguerza from 64 6% to 75 2% by purchasing 6,982,327 additional shares from the noncontrolling interest holders in December 2012 for cash consideration in the amount of $7,000,000 and 3,377,462 additional shares for cash consideration of $3,500,000 in May 2013 Additionally, the System acquired newly issued shares of CHRISTUS Muguerza for $11,079,000 in April 2013 During the year ended June 30, 2012, the System acquired 11,300,168 additional shares for cash consideration in the amount of $6,000,000

In November 2012, the System and certain noncontrolling interest holders entered into a revised shareholders agreement, whereby the noncontrolling interest holders of CHRISTUS Muguerza have a series of put options through December 31, 2028 These options will require the System to acquire shares, subject to an annual cap of either $3,500,000 or $2,000,000 depending on the year, at a formula price as defined At June 30, 2013, the System had $3,739,000 recorded as unrestricted net assets attributable to noncontrolling interest to reflect such obligation to the noncontrolling interest holders in connection with the agreement

3. Summary of Significant Accounting Policies (continued)

Pontificia Universidad Católica de Chile

CHRISTUS has signed a memorandum of understanding with Pontificia Universidad Católica de Chile (PUC) in Santiago, Chile, to enter into a joint venture agreement for the ownership, operation, and expansion of PUC's health network PUC is owned by the Catholic Church and operates one of the largest health systems in Chile for medical care and teaching CHRISTUS and PUC will complete due diligence and negotiations over the coming months

CHRISTUS and PUC have also entered into an interim management agreement under which CHRISTUS will provide management services to the PUC health network through the due diligence and negotiation period This agreement commenced March 1, 2013

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's obligation under these guarantees was $8,755,000 and $9,129,000 at June 30, 2013 and 2012, 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 $21,398,000

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, 2013 and 2012

3. Summary of Significant Accounting Policies (continued)

New and Pending Accounting Pronouncements

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS)* The amendments in the ASU result in common fair value measurement and disclosure requirements in GAAP and IFRS Additionally, the ASU changes the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements This ASU was effective for the System on July 1, 2012 The adoption of this standard did not have an effect on the System's consolidated financial statements

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 the System 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 the System'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 was effective for the System on July 1, 2012 This amended presentation is reflected in the System's accompanying consolidated statements of operations and changes in net assets

In December 2011, the FASB issued ASU 2011-11, *Disclosures about Offsetting Assets and Liabilities*, an amendment to the accounting guidance for disclosure of offsetting assets and liabilities In January 2013, the FASB issued ASU 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities* These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet This new guidance is effective for the System on July 1, 2013 The adoption of this standard will not have a material effect on the System's consolidated financial statements

3. Summary of Significant Accounting Policies (continued)

Reclassifications

Certain prior-year amounts have been reclassified to conform to the current-year presentation These include the presentation of investments (see Note 5) and the classification of certain activities as nonoperating

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, 2013 and 2012 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 2013 and 2012, net patient service revenue increased approximately $7,153,000 and $16,629,000, 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

Revenue from the Medicare and Medicaid programs accounted for approximately 23% and 10%, respectively, of the System's net patient revenue for the fiscal year ended June 30, 2013, and 27% and 10%, respectively, of the System's net patient revenue for the fiscal year ended June 30, 2012 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

4. Net Patient Service Revenue (continued)

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

Patient service revenue (in thousands), net of contractual allowances and discounts (but before the provision for bad debts) recognized for the year ended June 30, 2013, by payor, was

	Patient Service Revenue	% of Total
Medicare	$ 797,700	23%
Medicaid	328,332	10%
Managed care organizations	1,498,620	43%
Commercial payors	256,497	7%
Self-pay and other	582,420	17%
	$ 3,463,569	100%

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 Texas hospitals that qualified to receive such payments in both 2013 and 2012 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 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,

4. Net Patient Service Revenue (continued)

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

Medicaid supplemental payments, which include Medicaid DSH and UPL payments, net of settlements and amounts transferred between program participants, of approximately $329,829,000 and $252,756,000 were recorded in 2013 and 2012, 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 an 1115(b) demonstration waiver (the 1115(b) waiver) from traditional Medicaid financial and eligibility rules Texas is approaching the third demonstration year for the Texas 1115(b) waiver program, beginning October 1, 2013 While in its third year of implementation, the program has had a slow transition from a traditional UPL program to a pay-for-performance program The pay-for-performance program provides payments to hospitals through two pools, the Uncompensated Care Pool and the Delivery System Reform Incentive Pool (DSRIP) Both pools replace the former UPL program and can cover the unreimbursed shortfall on Medicaid claims CHRISTUS has operations in five different regional health partnerships (RHP) under this program and has approximately 40 DSRIP projects that are eligible for funding to our hospitals, the projects are currently under review by CMS For fiscal year 2013, CHRISTUS has received $9,713,000 in DSRIP funding, which is included in other revenue in the accompanying consolidated statement of operations and changes in net assets

While DSH and UPL funds are separate, the implementation of the 1115(b) 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 In the Texas 83rd legislative session, lawmakers passed a budget rider that requires the Texas HHSC to work with both public and private providers, through the rule-making process, to maintain the supplemental program for program years 2014 and 2015

4. Net Patient Service Revenue (continued)

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

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)

	2013	2012
Cash and cash equivalents	**$ 430,663**	$ 549,591
Certificates of deposit	**12,250**	9,928
Domestic equities and equity funds	**210,967**	240,732
Preferred stocks	**141**	494
Fixed-income securities and fixed-income funds	**665,211**	614,801
International equities	**73,666**	97,290
U S government securities	**269,568**	115,257
Equity in managed funds		
Fixed-income funds	**193,695**	90,429
Hedge funds	**244,359**	186,481
Private equity, real estate, and other	**2,134**	2,161
	$ 2,102,654	**$ 1,907,164**

5. Cash and Investments (continued)

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 and fixed-income funds 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 The System's equity investments in managed funds are recorded based on the System's share of the underlying value of marketable securities and nonmarketable interests 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, 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

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

5. Cash and Investments (continued)

Equity Investments in Managed Funds

These funds are invested with external investment managers who invest primarily in various categories, including fixed income, long and short equity positions, managed futures, emerging markets, distressed enterprises, arbitrage, risk parity, private equity, and real estate 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

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 classified certain funds with underlying investments in fixed income securities under the caption "Equity in managed funds – fixed income funds" at June 30, 2013 and 2012 Previously, these funds totaling $90,429,000 at June 30, 2012 were classified under the caption "Fixed-income securities and fixed-income funds "

The System has no commitments for funding to equity investments in managed funds as of June 30, 2013

5. Cash and Investments (continued)

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

	2013	2012
Assets whose use is limited or restricted, required for current bond indenture and self-insurance liabilities	**$ 58,578**	$ 56,903
Other investments, internally designated for capital expansion and other purposes	**361,020**	577,105
Under bond indenture agreement – held by trustee	**83,077**	83,555
Under liability retention and self-insurance funding arrangement – held by trustee	**13,523**	12,572
Under Emerald Assurance funding arrangements	**193,386**	177,423
Restricted cash and investments	**58,550**	57,307
Total assets whose use is limited or restricted	**$ 768,134**	$ 964,865

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)

	2013	2012
Operating interest and dividend income	**$ 8,490**	$ 5,151
Operating (loss) gain, realized and unrealized	**(1,948)**	5,881
Equity investment earnings (loss) on managed funds	**8,926**	(894)
Total operating investment income	**15,468**	10,138
Nonoperating interest and dividend income	**13,754**	13,191
Nonoperating gain (loss), realized and unrealized	**17,125**	(14,327)
Equity investment earnings (loss) on managed funds	**28,510**	(3,994)
Net swap agreement activity	**28,823**	(86,389)
Total nonoperating investment gain (loss)	**88,212**	(91,519)
Total investment gain (loss)	**$ 103,680**	$ (81,381)

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 reporting date The three levels are defined as follows

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities at the reporting date

- Level 2 – Inputs to the valuation methodology other than quoted market prices included in Level 1 that are observable for the asset or liability Level 2 pricing inputs 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 for the asset or liability

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 There were no significant transfers between levels during the years ended June 30, 2013 and 2012

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)

	2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
Cash and cash equivalents	$ 430,663	$ –	$ –	$ 430,663
Certificates of deposit	–	12,250	–	12,250
Domestic equities and equity funds	210,967	–	–	210,967
Preferred stocks	141	–	–	141
Fixed-income securities and fixed-income funds	20,947	644,264	–	665,211
International equities	73,666	–	–	73,666
U S government securities	–	269,568	–	269,568
Total investments				
Total assets at fair value	$ 736,384	$ 926,082	$ -	$ 1,662,466
Liabilities				
Interest rate swap agreements	$ –	$ 92,624	$ –	$ 92,264
Total liabilities at fair value	$ –	$ 92,624	$ –	$ 92,264

6. Fair Value Measurements (continued)

	2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
Cash and cash equivalents	$ 545,853	$ 3,738	$ –	$ 549,591
Certificates of deposit	–	9,928	–	9,928
Domestic equities and equity funds	240,732	–	–	240,732
Preferred stocks	494	–	–	494
Fixed-income securities and fixed-income funds	–	614,801	–	614,801
International equities	97,290	–	–	97,290
U S government securities	–	115,257	–	115,257
Total investments	884,369	743,724	–	1,628,093
Total assets at fair value	$ 884,369	$ 743,724	$ –	$ 1,628,093
Liabilities				
Interest rate swap agreements	$ –	$ 136,786	$ –	$ 136,786
Total liabilities at fair value	$ –	$ 136,786	$ –	$ 136,786

Equity investments in managed funds of $440,188,000 and $279,071,000 at June 30, 2013 and 2012, respectively, are not included in this table since they are accounted for using the equity method of accounting

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

6. Fair Value Measurements (continued)

- *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

At June 30, 2013 and 2012, 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 $585,862,000 at June 30, 2013, as compared to its carrying value of $530,728,000 This fair value is based on a combination of quoted market prices for identical securities when available, a Level 1 input, and quoted market prices for similarly rated healthcare revenue bond issues, a Level 2 input

At June 30, 2013, 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

The fair values of nonrecurring impairment losses for long-lived assets in fiscal year 2013 totaling $78,557,000 were estimated based on a sales comparison approach using Level 2 inputs

7. Property and Equipment

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

	2013	2012
Land	**$ 189,592**	$ 211,243
Land improvements	**73,892**	73,229
Buildings and fixed equipment	**2,351,349**	2,373,120
Major movable equipment	**1,787,936**	1,868,107
Accumulated depreciation	**(2,851,335)**	(2,861,319)
	1,551,434	1,664,380
Construction-in-progress (estimated cost to complete is $163 million and $82 million at June 30, 2013 and 2012, respectively)	**67,236**	54,680
Total	**$ 1,618,670**	$ 1,719,060

Depreciation expense for the System for fiscal years 2013 and 2012 totaled $263,298,000 (inclusive of impairment charges of $78,557,000) and $209,672,000, respectively

8. Investments in Unconsolidated Organizations

The System has unrestricted investments in unconsolidated organizations of $37,302,000 and $209,938,000 at June 30, 2013 and 2012, respectively The following investments account for 63% and 93% of the System's total investments in unconsolidated organizations in both 2013 and 2012 respectively

Baptist St. Anthony's Health System

CHRISTUS has a 50% membership interest in Baptist St Anthony's Health System (BSAHS), a Texas nonprofit corporation On January 2, 2013, BSAHS completed a transaction that resulted in the sale of substantially all the assets of BSAHS to a subsidiary of Ardent Health Services, based in Nashville, Tennessee CHRISTUS recorded a gain of $95,997,000 on the sale of BSAHS, which is included in equity in income of unconsolidated organizations in the accompanying consolidated statements of operations and changes in net assets At June 30, 2013, CHRISTUS's portion of additional sales proceeds of $20,963,000 have been placed in escrow for a period of up to 18 months to provide for certain contingencies existing or that may exist as of the date of the transaction

8. Investments in Unconsolidated Organizations (continued)

CHRISTUS's recorded investment in BSAHS, accounted for under the equity method, was $193,376,000, including $9,148,000 of restricted net assets that were recorded as other restricted assets at the time of the sale At June 30, 2012, the investment in BSAHS was $184,367,000, including $15,823,000 of goodwill and $11,592,000 of restricted net assets The System also recorded its share of BSAHS's gains from operations through the date of the sale of $8,624,000 and $19,906,000 for the year ending June 30, 2012 The System recorded its share of unrealized losses on investments through the date of the sale of $139,000 and $538,000 during the year ended June 30, 2012, as changes in unrestricted net assets

Preferred Professional Insurance Company

CHRISTUS 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's recorded investment in PPIC, accounted for under the cost method, was $17,059,000 at both June 30, 2013 and 2012 The System recorded income from its investment in PPIC in fiscal years 2013 and 2012 of $320,000 and $296,000, respectively

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's recorded investment, accounted for under the equity method, was $5,594,000 and $5,755,000 at June 30, 2013 and 2012, respectively The System recorded its share of income from operations in fiscal years 2013 and 2012 of $853,000 and $754,000, respectively

9. Long-Term Debt

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

	2013	2012
Revenue bonds, in variable-rate demand mode, with weighted-average trading rates of 0 14% and 0 16% in fiscal 2013 and 2012, respectively, due in 2047	**$ 268,320**	$ 268,795
Revenue bonds, in auction mode, with weighted-average interest rates of 0 44% and 0 64% in fiscal 2013 and 2012, respectively, due in 2031	**204,900**	212,150
Revenue bonds, in fixed-rate mode, bearing interest from 3 00% to 6 50%	**530,728**	562,587
Capital leases for certain hospital facilities, bearing interest at fixed rates ranging from 6 0% to 6 9%, with annual principal payments through 2030, secured by the related assets	**52,234**	54,076
Nonobligated bank notes and capital leases related to CHRISTUS Muguerza	**37,391**	41,672
Other note and capital lease note obligations	**29,959**	33,681
	1,123,532	1,172,961
Less current portion	**(51,589)**	(48,405)
Total	**$ 1,071,943**	$ 1,124,556

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

Certain entities of CHRISTUS that are otherwise included in the consolidated financial statements of CHRISTUS 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 Provider Network, CHRISTUS Continuing Care, CHRISTUS St Michael Atlanta, CHRISTUS Muguerza, S A de C V , and various philanthropic foundations

9. Long-Term Debt (continued)

Under the provisions of the Master Trust Indenture, the obligations of CHRISTUS 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 has letter of credit bank agreements on Series 2008C and 2009B variable-rate demand bonds (VRDB) Effective October 3, 2012, the letters of credit supporting the outstanding Series 2008C bonds issued by Bank of America were substituted by PNC Bank, NA for the Series 2008C-1 bonds that expire October 2, 2015, The Bank of New York Mellon for the 2008C-2 bonds that expire October 3, 2017, and Bank of Montreal, acting through its Chicago Branch, for the Series 2008C-3 and 2008C-4 bonds that expire October 2, 2017 The Series 2009B VRDBs are supported by letters of credit issued by The Bank of New York Mellon that expire on July 31, 2014 Based on the terms of the letter of credit bank agreements, the Series 2008C and 2009B Bonds are classified as long-term debt in the accompanying consolidated balance sheets

In addition, the System was obligated on approximately $119,584,000 and $129,429,000 of additional long-term debt, which included capitalized leases and notes payable to others as of June 30, 2013 and 2012, respectively

9. Long-Term Debt (continued)

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

2014	$ 51,589
2015	66,127
2016	58,841
2017	58,855
2018	42,914
Thereafter	845,206
Total debt	$ 1,123,532

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 These swaps 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

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 2013 and 2012, CHRISTUS has interest rate swap agreements to manage interest rate risk exposure, not designated as hedging instruments, with a total notional amount of $954,185,000 and $961,435,000, respectively

10. Derivative Financial Instruments (continued)

The following tables summarize the fair value at June 30, 2013 and 2012, and the income (loss) recorded related to the interest rate swap agreements as of and for the years ended June 30, 2013 and 2012, in thousands

Counterparty	Description	Termination Date	Interest Rate Agreements	Notional Amount	Fair Value		Change in Fair Value		(Paid)/Received	
					6/30/2013	6/30/2012	6/30/2013	6/30/2012	6/30/2013	6/30/2012
Merrill Lunch	Variable Basis	2012–2023	6	470 000	$ (4 493)	$ (7 910)	$ 3 417	$ (818)	$ 82	$ 197
*Wells Fargo	Fixed Payor	2022 and 2031	1 2	204 925 217 805	(23 991)	(35 107)	11 116	(12 022)	(6 267)	(13 649)
Citigroup	**Constant Maturity	2022	0 1	0 200 000	–	–	–	(12 375)	–	12 975
Citigroup	Fixed Payor	2047	2	166 100	(38 490)	(56 095)	17 605	(30 681)	(5 467)	(5 435)
Citigroup	Fixed Payor	2047	1	113 160	(25 650)	(37 674)	12 024	(20 917)	(3 686)	(3 665)
			12	954 185 961 435	$ (92 624)	$ (136 786)	$ 44 162	$ (76 813)	$ (15 338)	$ (9 577)

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 These swaps 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

CHRISTUS 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 has complied with this requirement At June 30, 2013 and 2012, no collateral was posted The System does not anticipate nonperformance by its counterparties The fair value of these swap agreements was a liability of $92,624,000 and $136,786,000 at June 30, 2013 and 2012, respectively The change in fair value of $44,162,000 and ($76,813,000) for the years ended June 30, 2013 and 2012, respectively, is combined with the payments, net of receipts made under the agreements, of $15,338,000 and $9,577,000 for the years ended June 30, 2013 and 2012, respectively This total is included in nonoperating investment gain (loss) in the accompanying consolidated statements of operations and changes in net assets

10. Derivative Financial Instruments (continued)

On August 26, 2011, CHRISTUS terminated two swaps with counterparty Citigroup, N A CHRISTUS terminated one of the 2005 Fixed Payor Swaps with a notional amount of $52,150,000 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 entered into a swap novation with Citibank, N A as transferor and Wells Fargo Bank, N A as transferee of the Fixed Payor Swap with an original notional amount 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

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 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 will continue to post such information in the future

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 employees who meet age and service requirements The plan benefits are calculated based on a cash balance formula wherein participants earn an annual accrual based on compensation and participant account balances accrue interest at a rate that tracks 10-year treasury notes, the maximum rate is 8% On

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

October 22, 2012, the CHRISTUS board approved significant plan changes for the plan year starting January 1, 2013 These changes include closing the plan to new participants, reducing the annual accrual rate from 6% to 3%, and eliminating the minimum 2% interest accrual rate The plan was remeasured effective November 1, 2012, due to the changes The remeasurement resulted in an $83,187,000 decrease in the projected benefit obligation of the plan

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 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 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, 2013 and 2012, the total liability recorded pertaining to this SERP was $4,734,000 and $5,215,000, respectively

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

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

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	
	2013	2012	2013	2012	2013	2012	2013	2012
Service cost	$ 32,287	$ 41,937	$ 435	$ 512	$ –	$ –	$ 258	$ 187
Interest cost	34,310	40,431	705	1,039	–	–	155	135
Expected return on assets	(47,549)	(41,929)	–	–	–	–	–	–
Amortization of prior service cost	(8,565)	(642)	–	(3)	–	–	103	103
Recognized net actuarial loss (gain)	23,076	7,897	(462)	–	(481)	41	61	–
Net benefit cost	$ 33,559	$ 47,694	$ 678	$ 1,548	$ (481)	$ 41	$ 577	$ 425

At June 30, 2013 and 2012, unrestricted net assets have been reduced by $124,004,000 and $223,045,000, 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 2014 are $3,930,000

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	
	2013	**2012**	**2013**	**2012**	**2013**	**2012**	**2013**	**2012**
Changes in benefit obligation								
Benefit obligations – beginning of year	**$ 900,776**	$ 802,683	**$ 19,088**	$ 21,507	**$ 5,215**	$ 5,175	**$ 4,114**	$ $2,877
Service cost	**32,287**	41,937	**435**	512	**–**	–	**258**	187
Interest cost	**34,310**	40,431	**705**	1,039	**–**	–	**155**	135
Actuarial loss (gain)	**7,656**	49,357	**(3,200)**	(3,582)	**(481)**	40	**768**	1,076
Effect of remeasurement for plan amendment	**(83,187)**	–	**–**	**–**	**–**	**–**	**(802)**	**–**
Benefits paid	**(40,736)**	(33,632)	**(547)**	(388)	**–**	–	**(577)**	(161)
Benefit obligation – end of year	**$ 851,106**	$ 900,776	**$ 16,481**	$ 19,088	**$ 4,734**	$ 5,215	**$ 3,916**	$ 4,114
Change in plan assets								
Fair value of plan assets – beginning of year	**$ 706,851**	$ 688,606	**$ –**	$ –	**$ –**	$ –	**$ –**	$ –
Actual return on plan assets	**56,349**	(4,523)	**–**	–	**–**	–	**–**	–
Employer contributions	**60,000**	56,400	**547**	388	**–**	–	**577**	161
Benefits paid	**(40,736)**	(33,632)	**(547)**	(388)	**–**	–	**(577)**	(161)
Fair value of plan assets – end of year	**$ 782,464**	$ 706,851	**$ –**	$ –	**$ –**	$ –	**$ –**	$ –
Funded status of the plans	**$ (68,642)**	$ (193,925)	**$ (16,481)**	$ (19,088)	**$ (4,734)**	$ (5,215)	**$ (3,916)**	$ (4,114)
Unrecognized net actuarial loss (gain)	**$ 199,229**	$ 223,449	**$ (8,497)**	$ (5,760)	$ –	$ –	**$ 1,547**	$ 841
Unrecognized prior service cost	**(76,227)**	(1,605)	**–**	–	**–**	–	**(544)**	360
	$ 123,002	$ 221,844	**$ (8,497)**	$ (5,760)	**$ –**	$ –	**$ 1,003**	$ 1,201

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

As of June 30, 2013 and 2012, the CHRISTUS cash balance plan had accumulated benefit obligations of $847,269,000 and $848,224,000, 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	
	2013	2012	2013	2012	2013	2012	2013	2012
Benefit obligations								
Discount rate	**4.75%**	4 21%	**3.88%**	3 79%	**4.75%**	4 21%	**4.75%**	4 21%
Rate of compensation increase	**4.09**	4 09	**N/A**	N A	**N/A**	N A	**4.09**	4 09
Net periodic benefit cost								
Discount rate	**3.92**	5 15	**3.79**	4 96	**4.21**	5 15	**4.21**	5 15
Expected long-term return on plan assets	**6.50**	6 00	**N/A**	N A	**N/A**	N A	**N/A**	N A
Rate of compensation increase	**4.09**	4 09	**N/A**	N A	**N/A**	N A	**4.09**	4 09

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, which 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	
	2013	2012
Assumed health care cost trend rates at June 30	**7.75%**	8 5%
Health care cost trend rate assumed for next year	**7.0**	7 75
Ratio to which the cost trend rate is assumed to decline (the ultimate trend rate)	**5.0**	5 5
Year that the rate reaches the ultimate trend rate	**2017**	2016

	Postretirement	
	1% Point Increase	1% Point Decrease
	(In Thousands)	
Effect on total of service cost and interest cost components	$ 98	$ (87)
Effect on postretirement benefit obligation	1,309	(1,179)

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

	2013	2012
Cash and cash equivalents	**$ 15,812**	$ 86,985
Domestic common stocks	**112,985**	108,304
Fixed-income securities	**163,672**	158,555
International equities	**54,650**	66,015
Equity investments in managed funds		
Fixed-income funds	**148,208**	52,158
Hedge funds	**177,231**	137,610
Private equity, real estate, and other	**109,041**	95,958
Other	**865**	1,266
Total	**$ 782,464**	$ 706,851

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

	2013	2012
Allocation of plan assets by asset category		
Cash and cash equivalents	**2.0%**	12 0%
Equity securities	**21.4**	25 0
Fixed-income securities	**20.9**	22 4
Equity investments in managed funds (*Note 5*)	**55.7**	40 6
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, 2013 (in thousands)

	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and cash equivalents	$ 447	$ 15,365	$ –	$ 15,812
Domestic common stocks	112,985	–	–	112,985
Fixed-income securities	–	163,672	–	163,672
International equities	54,650	–	–	54,650
Equity investments in managed funds				
Fixed-income funds	–	69,901	78,307	148,208
Hedge funds	–	–	177,231	177,231
Private equity, real estate, and other funds	–	–	109,041	109,041
Other	865	–	–	865
Total investments	168,947	248,938	364,579	782,464
Total assets at fair value	$ 168,947	$ 248,938	$ 364,579	$ 782,464

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

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	–	158,555	–	158,555
International equities	66,015	–	–	66,015
Equity investments in managed funds				
Fixed-income funds	–	52,158	–	52,158
Hedge funds	–	–	137,610	137,610
Private equity, real estate, and other funds	–	–	95,958	95,958
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

The following table is a rollforward of the pension plan assets classified within Level 3 of the valuation hierarchy at June 30 (in thousands)

	Fixed-Income Funds	Hedge Funds	Private Equity, Real Estate, and Other Funds	Total
Fair value at June 30, 2011	$ –	$ 100,760	$ 78,916	$ 179,676
Purchases, issuances, and settlements	–	42,685	20,048	62,733
Actual return on plan assets	–	(5,835)	(3,006)	(8,841)
Fair value at June 30, 2012	–	137,610	95,958	233,568
Purchases, issuances, and settlements	**78,307**	**19,131**	**23,554**	**120,992**
Actual return on plan assets	**–**	**20,490**	**(10,471)**	**10,019**
Fair value at June 30, 2013	**$ 78,307**	**$ 177,231**	**$ 109,041**	**$ 364,579**

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

The cash balance plan has $76,996,000 of funding commitments to equity investments in managed funds as of June 30, 2013

Contributions

In fiscal year 2014, CHRISTUS expects to contribute $30,000,000 to the cash balance plan based on asset values for the plan year beginning January 1, 2013 Contributions to the cash balance plan of $60,000,000, and $56,400,000 were made for plan years beginning January 1, 2012 and 2011, respectively Since the postretirement plan, SERP, and restoration plan are unfunded, no cash contributions are expected

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
2014	$ 43,083	$ 865	$ 570	$ 1,047
2015	44,614	1,049	551	319
2016	46,593	1,192	530	345
2017	49,342	1,393	507	363
2018	52,238	1,448	482	369
Years 2019–2023	288,009	7,390	1,990	1,714

Defined-Contribution Plans

The System has a defined-contribution plan (the Matched Savings Plan) covering substantially all CHRISTUS 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, 2013 and 2012, expenses attributable to the Matched Savings Plan amounted to $8,097,000 and $8,059,023, respectively

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

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 2013 and 2012, St Vincent has incurred approximately $3,597,000 and $3,885,000 in expenses related to the plans, respectively

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 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, 2013 and 2012, the total asset and the corresponding liability were $9,514,000 and $6,717,000, 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

12. Self-Funded Liabilities (continued)

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 accompanying consolidated statements of operations and changes in net assets The estimated self-funded 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 who are local residents of the geographies of the various System health care centers and are insured under third-party payor agreements The mix of accounts receivables from patients and third-party payors at June 30, was as follows

	2013	2012
Medicare	**24.6%**	23 2%
Medicaid	**6.1**	6 1
Managed care organizations	**37.4**	37 3
Commercial insurance	**6.1**	6 2
Self-pay	**15.3**	16 9
Others	**10.5**	10 3
	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 2013 and 2012 for all operating leases was approximately $56,336,000 and $47,617,000, respectively

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, 2013, that have initial or remaining lease terms in excess of one year (in thousands)

2014	$ 38,017
2015	33,504
2016	26,959
2017	28,169
2018	22,442
Thereafter	61,494
Total	$ 210,585

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 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 13, 2013, 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 effect on CHRISTUS's financial condition, management anticipates that any final settlement will not have a material adverse effect 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

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)

	2013	2012
Health care services	**$ 2,566,807**	$ 2,515,189
Physician services	**253,752**	228,298
General and administrative	**807,661**	798,490
Total	**$ 3,628,220**	$ 3,541,977

16. Temporarily and Permanently Restricted Net Assets

During 2013, the System determined that in prior years it should have recorded a beneficial interest in the net assets of financially inter-related entities in the Santa Rosa Region, since those entities hold funds that are restricted for the benefit of Santa Rosa Children's Hospital The System determined this amount was not material to the prior-year financial statements, and therefore recorded the beneficial interest in the current-year financial statements The prior-year effect of recording the beneficial interest was $40,841,000, which is included as an adjustment to beginning net assets in the accompanying consolidated statements of operations and changes in net assets

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

	2013	2012
Purchase of equipment/capital improvement	**$ 7,816**	$ 11,123
Indigent care	**2,590**	2,536
Health education	**2,711**	1,959
Health care services	**64,889**	4,413
Community outreach	**13,880**	13,057
Other	**22,972**	21,095
Total	**$ 114,858**	$ 54,183

16. Temporarily and Permanently Restricted Net Assets (continued)

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

	2013	2012
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as operating income)	**$ 7,908**	$ 7,801
Endowment requiring income to be added to original gift	**5,951**	6,866
Other	**2,026**	1,878
Total	**$ 15,885**	$ 16,545

17. 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 Interests	Total
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)
Acquisition of noncontrolling interest	780	(3,390)	(2,610)
Other activities	(93,217)	2,697	(90,520)
Balance, June 30, 2012	2,115,411	119,299	2,234,710
Unrestricted revenues, gains, and other support in excess of expenses	**142,508**	**17,171**	**159,679**
Distributions	–	**(7,323)**	**(7,323)**
Acquisition of noncontrolling interest	**2,146**	**(5,526)**	**(3,380)**
Other activities	**96,202**	**(3,265)**	**92,937**
Balance, June 30, 2013	**$ 2,356,267**	**$ 120,356**	**$ 2,476,623**

18. Significant Events

Baptist St. Anthony

On January 2, 2013, BSAHS completed a transaction that resulted in the transfer of substantially all the assets of BSAHS to a subsidiary of Ardent Health Services, based in Nashville, Tennessee CHRISTUS recorded a gain of $95,997,000 on the sale of BSAHS, which is included in the accompanying consolidated statements of operations and changes in net assets in equity in income of unconsolidated organizations For additional details regarding this transaction refer to Note 8, Investments in Unconsolidated Organizations

Atlanta Memorial Hospital

Effective January 1, 2013, Atlanta Memorial Hospital in Atlanta, Texas, began operating as CHRISTUS St Michael Hospital – Atlanta Through an agreement finalized on August 31, 2013, CHRISTUS St Michael Health System will lease the hospital for 10 years

Santa Rosa City Center

In July 2012, the CHRISTUS Santa Rosa City Center campus ceased adult services and began implementation of a plan to transition the campus to a free-standing pediatric facility, CHRISTUS Santa Rosa Children's Hospital The facility expansion and renovation project is expected to cost $135,000,000, and is expected to be completed within 24 months The pediatric services will continue operation throughout the project Once completed, the CHRISTUS Santa Rosa Children's Hospital will be licensed for 275 beds

CHRISTUS Spohn and Nueces County Hospital District Relationship

On October 1, 2012, CHRISTUS Spohn Health System Corporation (Spohn) entered into a membership agreement with Nueces County Hospital District (the District) for the purpose of ensuring the continued operation of Spohn as the public safety-net hospital in Nueces County Under the terms of the agreement, the District will provide Spohn with the right to use and operate the facilities at the CHRISTUS Spohn Hospital Corpus Christi – Memorial location As under the terms of the agreement, Spohn will provide to the District a pro rata share, to be determined annually, of the non-federal patient collections For the period October 1, 2012, to September 30, 2013, the pro rata share is 35 5% Through June 30, 2013, Spohn has recorded transfers of $67,481,000 in revenue to the District under this term of agreement, reflected as expenses within operating income in the accompanying consolidated statements of operations and changes in net assets

19. Subsequent Events

The System evaluated events and transactions occurring subsequent to June 30, 2013, and through September 13, 2013, 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

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors
CHRISTUS Health

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole The accompanying community benefit information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has not been subjected to the auditing procedures applied in our audits of the financial statements, and, accordingly, we express no opinion on it

Ernst & Young LLP

September 13, 2013

CHRISTUS Health

Community Benefit (Unaudited)

CHRISTUS Health (CHRISTUS or the System) complies with the Catholic Health Association's (CHA), *A Guide for Planning and Reporting Community Benefits*, © 2008, and the state of Texas reporting requirements CHA guidelines have adopted the instructions for IRS Form 990, Schedule H

Following is a summary of the System's quantifiable costs of community benefits provided for the years ended June 30 (in thousands)

	2013	2012
	(Unaudited)	
Programs and services for the poor and underserved		
Charity care at unpaid cost	**$ 195,839**	$ 168,645
Unpaid cost of Medicaid and other public programs	**(112,653)**	(60,976)
Community services for the poor and underserved	**76,776**	135,145
Total for the poor and underserved	**159,962**	242,814
Community services for the broader community		
Education and research	**10,661**	11,378
Other community services	**6,001**	5,555
Total for the broader community	**16,662**	16,933
Total community benefits	**$ 176,624**	$ 259,747

The totals are calculated following CHA guidelines and adhere to IRS Form 990, Schedule H methodology CHRISTUS has multiple reporting requirements of charity care and community benefit, which vary based on the definitional and timing requirements of each requesting organization

In addition to the community benefits reported above, the state of Texas requires that the unpaid costs of Medicare and other government-sponsored programs be reported For the fiscal years ended June 30, 2013 and 2012, the unpaid costs of these programs were $125,732,000 and $163,223,000, respectively The unpaid costs of the Medicare program represent the cost of providing services to primarily elderly beneficiaries of the Medicare program, in excess of governmental and managed care contract payments The unpaid costs of other government-sponsored programs represent the cost for providing health care services to the beneficiaries of the Department of Defense (DOD) civilian care, included as per the State of Texas guidelines

As noted, 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 At June 30, 2013 and 2012, the CDI Program had $5,727,000 and $5,881,000, respectively, in outstanding loans, in both years approximately 83% of these loans relate to projects in CHRISTUS regions The difference between the interest rates charged on the loans and the amount that the System would have earned on these monies is the forgone interest that is considered a community benefit In fiscal years 2013 and 2012, the amount recognized as a community benefit related to this program was $154,000 and $171,000, respectively

As noted, 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 ministries and sponsoring congregations are involved During fiscal years 2013 and 2012, the CHRISTUS Fund provided grants of $1,017,000 and $1,237,000, respectively, approximately 100% and 95% of the grants relate to programs in CHRISTUS regions in 2013 and 2012, respectively

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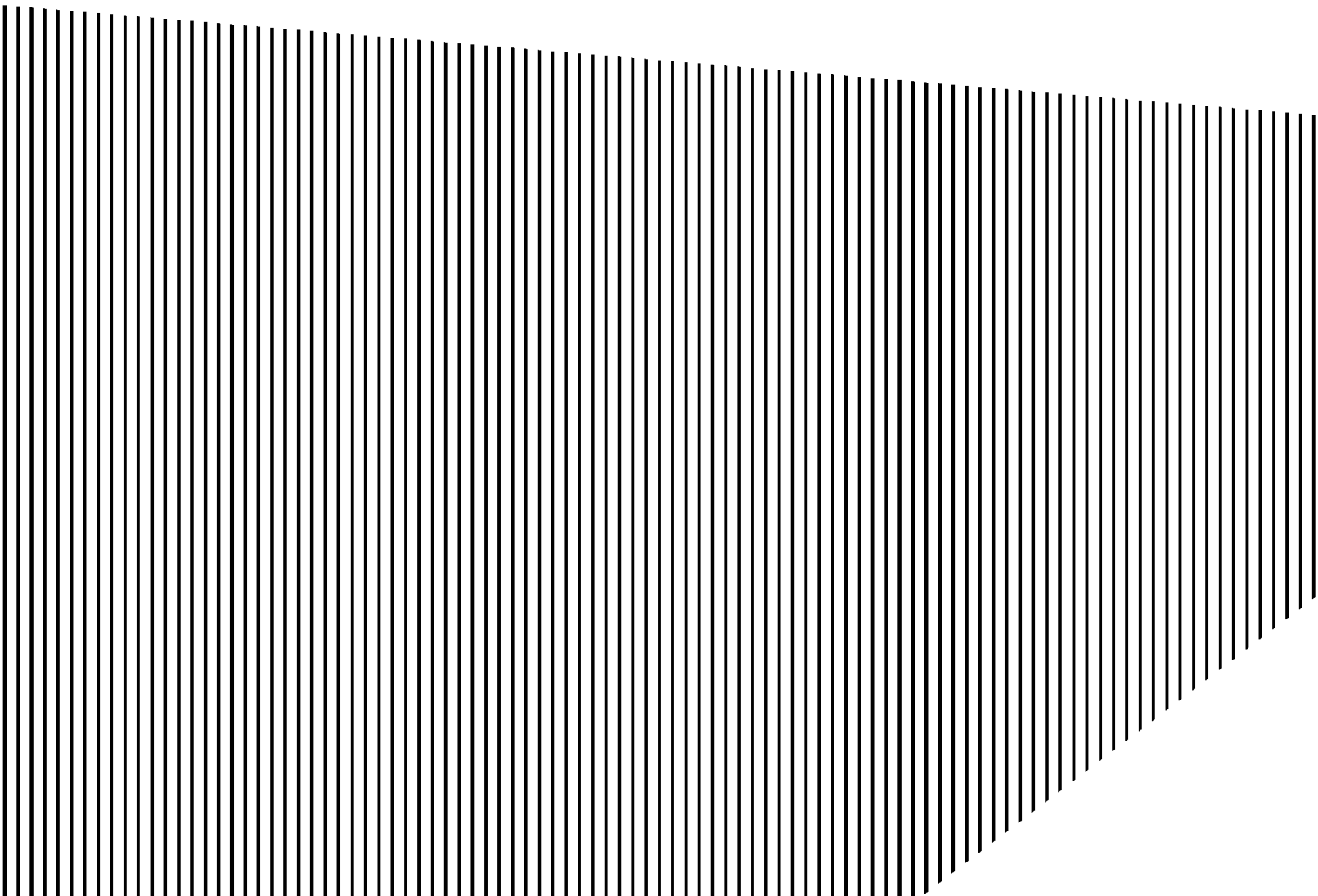

Additional Data

Software ID:
Software Version:
EIN: 72-0408984
Name: Christus Health Central Louisiana

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
William G Baker Director	1 0 0 0	X								
Gavin Chico MD Director (Effective 1/1/13)	1 0 0 0	X								
Johhnie L Clark Jr MD Director	1 0 0 0	X								
J Michael Conerly MD Director	1 0 0 0	X								
Moselle A Dearbone PhD Director	1 0 0 0	X								
Sister Ricca Dimalibot MD Director	1 0 0 0	X								
Curman L Gaines Director	1 0 0 0	X								
James A Hayes Jr Director (Effective 1/1/13)	1 0 0 0	X								
Dallas L Hixson Director/chair	1 0 0 0	X		X						
Martin W Johnson Director	1 0 0 0	X								
Michael T Johnson Director	1 0 0 0	X								
Hong Y Liu MD Director (Effective 1/1/13)	1 0 0 0	X								
Michael H Madison Director	1 0 0 0	X								
David P Manuel PhD Director (Resigned 2/27/13)	1 0 0 0	X								
Edan D Moran MD Director (Term 12/31/12)	1 0 0 0	X								
Amarjit S Nijjar MD Director	1 0 0 0	X								
Stephen F Wright Director/President/CEO	16 0 24 0	X		X				373,331	559,998	162,316
Sister Theresa McGrath CCVI Director	1 0 0 0	X								
William G Baker Director	1 0 0 0	X								
Vicie Buxton Corporate Secretary	40 0 0 0			X				48,026	0	7,685
Scott Merryman CFO	16 0 24 0			X				191,906	287,859	82,855
LISA L LAUVE-ROBINSON Reg COO/Admin (term 7/28/12)	1 0 0 0				X			516,689	0	65,220
Rodney R Moore VP, Med Affairs & Reg cmo	1 0 0 0				X			156,374	0	39,286
Nancy R Hellyer CAO LA MINISTIRES	16 0 24 0				X			157,892	236,836	99,881
CORINNE R FRANCIS VP, MISSION FOR CHRISTUS HLTH	16 0 24 0				X			65,480	98,221	24,980

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 (list any hours for related organizations below dotted line)	(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			
JOHN R GILCHRIST JR CHIEF PHILANTHROPY OFFICER	16 0 24 0				X			71,643	107,465	9,055
DONNA MIKULECKY SYS SR DIrect (term 12/31/12)	1 0 40 0				X			307,789	307,789	72,452
CHRISTOPHER S JANIK VP FINANCE	40 0 0 0				X			178,348	0	22,621
KRISTINA A CHERRY CHEIF NURSING OFFICER	40 0 0 0				X			181,704	0	26,725
JOHN R AMOS VP MISSION INTEGRATION	40 0 0 0				X			175,433	0	36,050
BERT J TASSIN VP SUPPORT SERVICES	40 0 0 0				X			72,222	0	3,608
Susan Tudor Reg VP Strt Bis Dev & Mktg	16 0 24 0					X		103,792	155,690	55,342
Wendy White VP Human Resources	16 0 24 0					X		108,139	162,208	49,570
Mark E Marley Admin-Natchitoches PrSH HSPTL	40 0 0 0					X		253,764	0	44,884
Albert E Velotta Jr VP, Non Acute SVCS	40 0 0 0					X		208,076	0	55,196
Albert G Alexander CompLnc Off, CHRISTUS HLTH LA	40 0 0 0					X		202,229	0	55,346