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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035114

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
CH Wilkinson Physician Network

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address)
919 HIDDEN RIDGE DRIVE
Suite

Room/suite

City or town, state or country, and ZIP + 4
IRVING, TX 75038

D Employer identification number
76-0422435

E Telephone number
(469) 282-2000

G Gross receipts $ 88,050,874

F Name and address of principal officer
PETER PLANTES
919 HIDDEN RIDGE DRIVE
IRVING,TX 75038

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 ▶

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

J Website: ▶ www christusmedicalgroup org

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

L Year of formation 1993

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
C H Wilkinson Physician Network EXTENDS THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING A RANGE OF QUALITY HEALTH SERVICES 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	887
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	496,655	863,173
9	Program service revenue (Part VIII, line 2g)	59,830,576	87,163,173
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,772	2,708
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,005	21,820
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,424,008	88,050,874

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,278	4,950
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)	80,077,743	89,299,590
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,699,946	53,936,826
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	115,794,967	143,241,366
19	Revenue less expenses Subtract line 18 from line 12	-55,370,959	-55,190,492

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,820,312	23,509,962
21	Total liabilities (Part X, line 26)	69,309,000	131,189,142
22	Net assets or fund balances Subtract line 21 from line 20	-52,488,688	-107,679,180

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 — 2014-05-12 Date

▶ ROBERT KARL TREASURER
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 ▶ 111 MONUMENT CIRCLE SUITE 4000 INDIANAPOLIS, IN 46204			Phone no (317) 681-7000	

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

C H WILKINSON PHYSICIAN NETWORK IS ORGANIZED TO CARRY OUT SCIENTIFIC RESEARCH AND RESEARCH PROJECTS IN THE PUBLIC INTEREST IN THE FIELDS OF MEDICAL SCIENCES, MEDICAL ECONOMIES, PUBLIC HEALTH, SOCIOLOGY, AND RELATED AREAS, TO SUPPORT MEDICAL EDUCATION IN MEDICAL SCHOOLS THROUGH GRANTS AND SCHOLARSHIPS, TO IMPROVE AND DEVELOP THE CAPABILITIES OF INDIVIDUALS AND INSTITUTIONS STUDYING, TEACHING AND PRACTICING MEDICINE, TO DELIVER HEALTH CARE TO THE PUBLIC, AND TO ENGAGE IN THE INSTRUCTION OF THE GENERAL PUBLIC IN THE AREA OF MEDICAL SCIENCE, PUBLIC HEALTH, AND HYGIENE AND RELATED INSTRUCTION USEFUL TO THE INDIVIDUAL AND BENEFICIAL TO THE COMMUNITY IN CARRYING OUT ITS MISSION, C H WILKINSON PHYSICIAN NETWORK SHALL FOLLOW THESE GUIDING PRINCIPLES ADDRESS ACTUAL COMMUNITY NEEDS IN PARTNERSHIP WITH THE HEALTH CARE FACILITIES AND OTHER PROVIDERS IN EACH COMMUNITY, ENCOURAGE UNIVERSAL ACCESS THAT INCLUDES THE POOR AND UNDERSERVED, AND PERMIT CATHOLIC HEALTH FACILITIES TO BE SENSITIVE TO AND

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 $ 52,773,094 including grants of $ 0) (Revenue $ 56,452,265)

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES C H WILKINSON PHYSICIAN NETWORK IS PART OF CHRISTUS HEALTH, WHICH FORMED IN 1999 TO STRENGTHEN THE 148-YEAR-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO FOUNDED WITH THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS IS CHALLENGED TO REACH OUT TO, AND BEYOND, THE MORE THAN 60 COMMUNITIES WE SERVE TO HELP THOSE IN NEED THE VISION OF C H WILKINSON PHYSICIAN NETWORK, AS A CATHOLIC, FAITH-BASED MINISTRY, IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE C H WILKINSON PHYSICIAN NETWORK RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED AT NUMEROUS HOSPITALS AND LONG-TERM CARE FACILITIES, AS WELL AS DOZENS OF HEALTH CARE CLINICS, PHYSICIANS' OFFICES, OUTPATIENT SERVICES AND COMMUNITY-BASED PROGRAMS IN TEXAS AND LOUISIANA ALTHOUGH PROGRAMS MAY DIFFER FROM FACILITY TO FACILITY, EACH OF OUR HEALTH CARE ENTITIES HAS THE SAME OBJECTIVE -- TO FULFILL OUR MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY C H WILKINSON PHYSICIAN NETWORK OPERATES UNDER THE NAME OF CHRISTUS PROVIDER NETWORK AS A FAITH-BASED PHYSICIAN EMPLOYMENT AND PRACTICE MANAGEMENT ORGANIZATION EMPLOYING FAMILY PRACTICE, PEDIATRIC AND OBSTETRICAL/GYNECOLOGICAL PHYSICIANS, INTENSIVISTS, SPECIALISTS AND OTHER HEALTH CARE PROVIDERS IN FISCAL YEAR 2013 ALONE, WE WERE PRIVILEGED TO SERVE MANY INDIVIDUALS IN VARIOUS WAYS, INCLUDING APPROXIMATELY 526,691 PATIENTS THROUGHOUT OUR CLINICS IN TEXAS AND LOUISIANA TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES C H WILKINSON PHYSICIAN NETWORK STAND APART ALLOWING OTHERS TO TOUCH US GIVES US A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, C H WILKINSON PHYSICIAN NETWORK'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING BY HELPING C H WILKINSON PHYSICIAN NETWORK FURTHER CARE FOR THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT DEDICATED EMPLOYEES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS' MISSION TO MEET THE NEEDS OF AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLICS AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, WE OFFER SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS C H WILKINSON PHYSICIAN NETWORK PROVIDES A FULL RANGE OF SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN C H WILKINSON PHYSICIAN NETWORK SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES BY OPERATING PRIMARY CARE, SPECIALTY CLINICS AND RURAL HEALTH CLINICS AS A WHOLLY OWNED SUBSIDIARY OF CHRISTUS HEALTH, C H WILKINSON PHYSICIAN NETWORK SHARES THE DEEP-ROOTED MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST THE FOCUS OF C H WILKINSON PHYSICIAN NETWORK'S CLINICS IS ON DELIVERING EXCELLENT, SERVICE-ORIENTED HEALTH CARE IN A COMPASSIONATE ENVIRONMENT THE FOUNDATION OF C H WILKINSON PHYSICIAN NETWORK'S CARE IS PRIMARY CARE AND FAMILY MEDICINE, WHICH PROVIDES CONTINUING AND COMPREHENSIVE HEALTH CARE FOR PATIENTS OF ALL AGES--FROM INFANTS TO THE ELDERLY--FOR ALL MEDICAL CONDITIONS INCLUDING THE MANAGEMENT OF DISEASES SUCH AS DIABETES, HIGH BLOOD PRESSURE AND CHRONIC HEALTH PROBLEMS C H WILKINSON PHYSICIAN NETWORK PLAYS A KEY ROLE IN CHRISTUS HEALTH'S DELIVERY NETWORK TO CARRY OUT THE MISSION OF PROVIDING HEALTH CARE TO ALL OF ITS COMMUNITY MEMBERS C H WILKINSON PHYSICIAN NETWORK CLINICS ARE THE ACCESS POINT TO PRIMARY CARE HEALTH SERVICES, AND IN MANY AREAS, ASSURE THAT THE CHRISTUS VISION OF CREATING HEALTHY COMMUNITIES IS FULFILLED AS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN THE STATE OF TEXAS, AND AS PART OF CHRISTUS HEALTH, A PHYSICIAN GOVERNING BOARD COMPRISED SOLELY OF LICENSED PHYSICIANS WHO REPRESENT THE AREAS WE SERVE GUIDES C H WILKINSON PHYSICIAN NETWORK WE ARE PRIVILEGED TO HAVE A MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS PROGRAM SERVICE EXPENSE = $ 52,773,094 GRANTS = $0 PROGRAM SERVICE REVENUE = $ 56,452,265

4b (Code) (Expenses $ 53,545,399 including grants of $ 0) (Revenue $ 22,259,120)

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, DEPARTMENT OF DEFENSE (DOD) AND TRICARE THE UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON THEIR FEE SCHEDULE CHRISTUS HEALTH DBA US FAMILY HEALTH PLAN ALSO PROVIDES THE UNIFORM MEDICAL BENEFIT FOR 12,210 MILITARY FAMILY MEMBERS UNDER CONTRACT WITH THE DOD UNDER THIS PROGRAM, COMPREHENSIVE MEDICAL SERVICES ARE PROVIDED TO FAMILIES OF ACTIVE DUTY MILITARY PERSONNEL AND TO RETIREES AND THEIR FAMILIES IN ALL AGE CATEGORIES INCLUDING THOSE OVER AGE 65 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 PROGRAM SERVICE EXPENSE = $ 53,545,399 GRANTS = $0 PROGRAM SERVICE REVENUE = $ 22,259,120

4c (Code) (Expenses $ 27,133,177 including grants of $ 0) (Revenue $ 8,450,616)

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2008), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY THIS FALLS INTO TWO CATEGORIES CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS HEALTH PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY THE ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT UNINSURED PATIENTS, WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE 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 PROGRAM SERVICE EXPENSE = $ 27,133,177 GRANTS = $0 PROGRAM SERVICE REVENUE = $ 8,450,616

4d Other program services (Describe in Schedule O)

(Expenses $ 13,542 including grants of $ 4,950) (Revenue $ 1,172)

4e **Total program service expenses ▶** 133,465,212

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		No
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	Yes	
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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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**		No
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**		No
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	188		
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	887		
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			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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** 8		
	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** 2		
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**		No
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**		

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 ▶HONEY RANARIO 919 HIDDEN RIDGE DRIVE IRVING, TX (469) 282-2525

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			
(1) Peter Milder MD Chairperson	4 0 0 0	X		X				301,427	0	0
(2) David Foster MD Vice Chairperson	4 0 0 0	X		X						
(3) David Engleking MD Director	1 0 39 0	X						0	257,642	74,061
(4) Marisa Emmons MD Director	4 0 0 0	X						155,739		0
(5) Matthew Robinson Director (effective 1/1/13)	4 0 0 0	X								
(6) Tari Hamisch Director (effective 1/1/13)	4 0 0 0	X						148,878		0
(7) Linda Ray Director (effective 1/1/13)	4 0 0 0	X						164,661		0
(8) George M Finley Director (effective 1/1/13)	1 0 39 0	X						0	383,031	94,027
(9) Patricia Nobles Secretary (eff 1/1/13)	1 0 39 0	X		X				0	38,279	3,703
(10) Peter Plantes CEO (effective 11/5/12)	40 0 0 0	X		X				0	48,462	2,100
(11) Robert Karl Treasurer (effective 12/31/12)	40 0 0 0	X		X						
(12) Susan Neves CAO (eff 1/1/13)	40 0 0 0	X		X						
(13) Darrell Dixon MD Director (termed 12/31/12)	4 0 36 0	X						0	506,589	115,380
(14) Sr Rosanne Popp MD Director (termed 12/31/12)	4 0 2 0	X								
(15) Jose Hinojasa MD Director (termed 12/31/12)	4 0 0 0	X								
(16) Igor Matwijiw MD Director (termed 12/31/12)	4 0 0 0	X								
(17) Donna Mikulecky President/CEO (term 12/31/12)	1 0 39 0			X				0	615,579	72,454

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			
(18) Grady Mullins Treasurer (termed 12/31/12)	40 0 0 0			X						
(19) Linda Qualls Secretary (termed 12/31/12)	40 0 0 0			X						
(20) William Aaron Tucker Physician	40 0 0 0					X		840,384	0	0
(21) Todd M Weiss Physician	40 0 0 0					X		788,396	0	0
(22) Micam Tullous Physician	40 0 0 0					X		720,207	0	0
(23) Erick Santos Visbal Physician	40 0 0 0					X		802,240	0	0
(24) Kimberly Stewart Physician	40 0 0 0					X		785,058	0	0
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,706,990	1,849,582	361,725

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 ▶ 175

			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
ROSE L JUMAH , 2008 Airline Drive Bldg 300 309 BOSSIER CITY LA 71111	PHYSICIAN SERVICES	341,570
DR Y YOKO BROUSSARD , 711 Dr Michael DeBakey Dr Ste 40 LAKE CHARLES LA 70601	PHYSICIAN SERVICES	217,620
EDCHERIL V BENNY , 13019 WINDMILL GROVE DRIVE HOUSTON TX 77407	PHYSICIAN SERVICES	199,475
VIJAY THUMMA , 3804 EDENBORN AVE METARIE LA 70002	PHYSICIAN SERVICES	193,200
GEORGE SMITH , 428 CLAYMONT MADISONVILLE LA 70447	PHYSICIAN SERVICES	179,295

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 ▶ 14

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	863,173			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	863,173			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	621110	54,652,854	54,652,854	0	
	b	CAPITATION REVENUE	621110	655,700	655,700	0	
	c	MSA SERVICES	541610	29,723,887	29,723,887	0	
	d	Management Fee Revenue	541610	419,474	419,474	0	
	e	OTHER INCOME FROM OUTSIDE SOURCES	900099	1,711,258	1,711,258		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	87,163,173			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	2,708		0	2,708
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0		0	
			(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		0	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶	0		0	
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		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		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		0	
		Miscellaneous Revenue	Business Code				
	11a	All other revenue	900099	21,820		0	21,820
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	21,820			
	12	**Total revenue.** See Instructions	▶	88,050,874	87,163,173	0	24,528

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	4,950	4,950		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,284,864	1,228,330	56,534	0
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			0
7 Other salaries and wages	79,751,451	76,242,387	3,509,064	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	641,939	627,174	14,765	0
9 Other employee benefits	4,062,017	3,148,063	913,954	0
10 Payroll taxes	3,559,319	3,271,014	288,305	0
11 Fees for services (non-employees)				
a Management	0			0
b Legal	38,516	37,553	963	0
c Accounting	1,633	612	1,021	0
d Lobbying	0			0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0			0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,158,320	9,027,081	2,131,239	0
12 Advertising and promotion	381,465	153,349	228,116	0
13 Office expenses	2,726,744	2,204,519	522,225	0
14 Information technology	424,597	18,682	405,915	0
15 Royalties . .	0			0
16 Occupancy	6,106,137	5,672,601	433,536	0
17 Travel	466,047	66,645	399,402	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			0
19 Conferences, conventions, and meetings	133,522	120,170	13,352	0
20 Interest	0			0
21 Payments to affiliates	0			0
22 Depreciation, depletion, and amortization	1,992,028	1,950,195	41,833	0
23 Insurance	3,089,509	2,276,968	812,541	0
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 MCCS CONTRACT EXPENSES	21,257,185	21,257,185		0
b BAD DEBT EXPENSE	3,389,372	3,385,983	3,389	0
c Clinical Expenses	2,393,113	2,393,113		0
d INTERCOMPANY EXPENSES	134,472	134,472		0
e All other expenses	244,166	244,166		
25 **Total functional expenses.** Add lines 1 through 24e	143,241,366	133,465,212	9,776,154	0
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		1,549,721	1	2,932,802
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		3,430,951	4	3,320,954
	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		347,904	7	3,144,678
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,771,629	9	1,702,073
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,780,535			
	b	Less accumulated depreciation	10b 8,852,430	7,204,249	10c	5,928,105
	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		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,515,858	15	6,481,350
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,820,312	16	23,509,962
Liabilities	17	Accounts payable and accrued expenses		10,902,031	17	12,073,403
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	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		58,406,969	25	119,115,739
	26	**Total liabilities.** Add lines 17 through 25		69,309,000	26	131,189,142
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		-52,488,688	27	-107,679,180
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		-52,488,688	33	-107,679,180
	34	Total liabilities and net assets/fund balances		16,820,312	34	23,509,962

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	88,050,874
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,241,366
3	Revenue less expenses Subtract line 2 from line 1	3	-55,190,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-52,488,688
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-107,679,180

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		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035114

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
CH Wilkinson Physician Network

Employer identification number
76-0422435

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)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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	
(A) CHRISTUS HEALTH	760590551	0	Yes		Yes		Yes		133,465,212
Total									133,465,212

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

C H WILKINSON PHYSICIAN NETWORK SUPPORTS ANOTHER 509(A)(3) SUPPORTING ORGANIZATION THE ORGANIZATION HAS THE REQUISITE COMMONALITY OF MANAGEMENT AND CONTROL AS REQUIRED BY THE LANGUAGE OF SECTION 1 509(A)-4(E) UNDER THE OPERATIONAL TEST OF THE REGULATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035114

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
CH Wilkinson Physician Network

Employer identification number
76-0422435

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		232,127		232,127
b Buildings		1,390,600	567,515	823,085
c Leasehold improvements		1,813,379	1,010,457	802,922
d Equipment		10,804,489	7,220,003	3,584,486
e Other		539,940	54,455	485,485
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,928,105

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
(1) DUE FROM RELATED ORGANIZATIONS	6,481,350
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,481,350

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 CMS	108,546,561
DUE TO RELATED ORGANIZATIONS	10,569,178
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	119,115,739

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 FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2013 AND 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035114

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
CH Wilkinson Physician Network

Employer identification number
76-0422435

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**		
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**		
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, QUESTION 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS PETER MILDER MD RECEIVED NO COMPENSATION AS DIRECTOR HE IS EMPLOYED BY C H WILKINSON PHYSICIAN NETWORK AND COMPENSATION REPORTED IS FOR HIS WORK IN THE CLINICS OWNED AND/OR OPERATED BY C H WILKINSON PHYSICIAN NETWORK TIME SERVED AS DIRECTORS AVERAGES FOUR HOURS OR LESS PER WEEK
DETERMINATION OF PRESIDENT/CEO'S COMPENSATION	FORM 990, SCHEDULE J, PART I, LINE 3	THE FILING ORGANIZATION'S PRESIDENT/CEO 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 PRESIDENT/CEO COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S PRESIDENT/CEO THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS A 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
PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, LINE 4B AND FORM 990, SCHEDULE J, PART II,	COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR YEAR FORM 990 GEORGE M FINLEY RECEIVED $27,726 DURING CALENDAR YEAR 2012 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DARRELL DIXON, M D RECEIVED $42,513 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
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
BONUS AND INCENTIVE COMPENSATION	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: 76-0422435
Name: CH Wilkinson Physician Network

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				
William Aaron Tucker	(I)	658,133	159,043	23,208	0	0	840,384	0
	(II)	0	0	0	0	0	0	0
Todd M Weiss	(I)	698,677	89,022	697	0	0	788,396	0
	(II)	0	0	0	0	0	0	0
Micam Tullous	(I)	707,338	0	12,869	0	0	720,207	0
	(II)	0	0	0	0	0	0	0
Erick Santos Visbal	(I)	475,725	301,364	25,151	0	0	802,240	0
	(II)	0	0	0	0	0	0	0
Kimberly Stewart	(I)	486,835	289,673	8,550	0	0	785,058	0
	(II)	0	0	0	0	0	0	0
Peter Milder MD	(I)	301,427	0	0	0	0	301,427	0
	(II)	0	0	0	0	0	0	0
David Engleking MD	(I)	0	0	0	0	0	0	0
	(II)	236,731	11,101	9,810	60,761	13,300	331,703	0
Marisa Emmons MD	(I)	155,739	0	0	0	0	155,739	0
	(II)							
Linda Ray	(I)	164,661	0	0	0	0	164,661	0
	(II)							
George M Finley	(I)	0	0	0	0	0	0	0
	(II)	278,332	76,654	28,045	75,850	18,177	477,058	27,726
Darrell Dixon MD	(I)	0	0	0	0	0	0	0
	(II)	306,660	95,391	104,538	82,056	33,324	621,969	42,513
Donna Mikulecky	(I)	0	0	0	0	0	0	0
	(II)	252,040	54,032	309,507	70,269	2,185	688,033	255,272

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132035114

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
CH Wilkinson Physician Network

Employer identification number
76-0422435

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, PAGE 1, ITEM C	DOING BUSINESS AS C H WILKINSON PHYSICIAN NETWORK OPERATES UNDER THE FOLLOWING NAMES CHR ISTUS MEDICAL GROUP-OBSTETRICS AND GYNECOLOGY ASSOCIATES CHRISTUS MEDICAL GROUP-SANTA ROSA CLINIC CHRISTUS MEDICAL GROUP-MINOR CARE CLINIC OF TEXARKANA CHRISTUS MEDICAL GROUP-ORTHO PEDIC TRAUMA ASSOCIATES CHRISTUS CONVENIENT CLINIC CHRISTUS MEDICAL GROUP-MULTI-SPECIALTY CLINIC CHRISTUS MEDICAL GROUP-BEEVILLE SURGERY GROUP CHRISTUS MEDICAL GROUP-POINT OF LIGHT CLINIC CHRISTUS MEDICAL GROUP CHRISTUS MEDICAL GROUP-OCCUPATIONAL MEDICINE CLINIC CHRISTU S MEDICAL GROUP-FAMILY MEDICINE CENTER MID-COUNTY CHRISTUS ST MICHAEL CLINIC CHRISTUS SPO HN MEDICAL GROUP CHRISTUS SPOHN MEDICAL GROUP SOUTH TEXAS ENT & ALLERGY CHRISTUS SPOHN MED ICAL GROUP DR HECTOR P GARCIA FAMILY MEDICINE CENTER CHRISTUS MEDICAL GROUP SOUTHEAST TE XAS BARIATRIC CENTER CHRISTUS PROVIDER NETWORK CHRISTUS ST JOHN MEDICAL GROUP CHRISTUS ST CATHERINE MEDICAL GROUP CHRISTUS SPOHN MEDICAL GROUP SHORELINE ORTHOPEDICS CHRISTUS ST ELIZABETH & ST MARY MEDICAL GROUP CHRISTUS JASPER MEMORIAL MEDICAL GROUP CHRISTUS SANTA R OSA MEDICAL GROUP CHRISTUS SPOHN MEDICAL GROUP BEEVILLE MEDICAL ASSOCIATES CHRISTUS SPOHN MEDICAL GROUP GEORGE WEST FAMILY MEDICAL CLINIC CHRISTUS SANTA ROSA MEDICAL GROUP NEW BRAU NFELS SURGICAL ASSOCIATES CHRISTUS ST JOHN MEDICAL GROUP POINT OF LIGHT CLINIC CHRISTUS S T ELIZABETH & ST MARY MEDICAL GROUP SOUTHEAST TEXAS BARIATRIC CENTER CHRISTUS ST ELIZAB ETH & ST MARY MEDICAL GROUP OCCUPATIONAL MEDICINE CLINIC CHRISTUS ST ELIZABETH & ST MAR Y MEDICAL GROUP FAMILY MEDICINE CENTER - MID-COUNTY CHRISTUS SANTA ROSA MEDICAL GROUP ALAM O HEIGHTS FAMILY MEDICINE CHRISTUS ST MARY'S CLINIC CHRISTUS SPOHN MEDICAL GROUP ALICE OB STETRICS AND GYNECOLOGY ASSOCIATES CHRISTUS SANTA ROSA MEDICAL GROUP CARDIOVASCULAR ASSOCI ATES CHRISTUS SANTA ROSA MEDICAL GROUP WESTOVER HILLS ORTHOPAEDICS CHRISTUS ST MICHAEL CL INIC QUICK CARE NEW BOSTON CHRISTUS SPOHN MEDICAL GROUP BEEVILLE SURGERY GROUP CHRISTUS SP OHN MEDICAL GROUP MULTI-SPECIALTY CLINIC CHRISTUS SPOHN MEDICAL GROUP OBSTETRICS AND GYNEC OLOGY ASSOCIATES CHRISTUS ST CATHERINE MEDICAL GROUP GASTROENTEROLOGY CENTER CHRISTUS ST CATHERINE MEDICAL GROUP CARDIOLOGY ASSOCIATES CHRISTUS ST ELIZABETH & ST MARY MEDICAL G ROUP PREVENTATIVE MEDICINE OF SOUTHEAST TEXAS CHRISTUS SANTA ROSA MEDICAL GROUP SURGICAL A SSOCIATES CHRISTUS SPOHN MEDICAL GROUP ALICE PEDIATRIC ASSOCIATES CHRISTUS SPOHN MEDICAL G ROUP COASTAL BEND FAMILY MEDICINE CHRISTUS SPOHN MEDICAL GROUP FAMILY MEDICINE ACADEMIC CE NTER CHRISTUS SPOHN MEDICAL GROUP INTERNAL MEDICINE ASSOCIATES CHRISTUS SPOHN MEDICAL GROU P URGENT CARE CENTER - PORTLAND CHRISTUS SPOHN MEDICAL GROUP ISLAND FAMILY MEDICINE CHRIST US SPOHN MEDICAL GROUP WOMEN'S CARE CENTER CHRISTUS ST ELIZABETH MEDICAL GROUP PREVENTIVE MEDICINE OF SOUTHEAST TEXAS CHRISTUS ST ELIZABETH MEDICAL GROUP CHRISTUS ST MARY MEDICA L GROUP CHRISTUS ST JOHN MEDICAL GROUP MULTI-SPECIALTY CLINIC CHRISTUS ST CATHERINE MEDI CAL GROUP FAMILY MEDICINE ASSOCIATES CHRISTUS ST JOHN MEDICAL GROUP UROLOGY ASSOCIATES CH RISTUS ST MICHAEL CLINIC INTERNAL MEDICINE CHRISTUS ST MICHAEL CLINIC EMPLOY EE HEALTH CH RISTUS SANTA ROSA MEDICAL GROUP CARDIOLOGY CONSULTANTS CHRISTUS SANTA ROSA MEDICAL GROUP P EDIATRIC ENT CHRISTUS JASPER MEMORIAL MEDICAL GROUP SURGICAL ASSOCIATES CHRISTUS ST ELIZA BETH MEDICAL GROUP SOUTHEAST TEXAS RHEUMATOLOGY ASSOCIATES CHRISTUS SPOHN MEDICAL GROUP - FAMILY MEDICINE ACADEMIC CENTER - CENTRAL CHRISTUS SANTA ROSA MEDICAL GROUP LONESTAR NEURO SURGERY CHRISTUS ST ELIZABETH MEDICAL GROUP BEAUMONT ADULT MEDICINE CHRISTUS SANTA ROSA M EDICAL GROUP EXPRESS CARE - ALAMO HEIGHTS CHRISTUS ST ELIZABETH MEDICAL GROUP OCCUPATIONA L MEDICINE CLINIC CHRISTUS ST ELIZABETH MEDICAL GROUP SOUTHEAST TEXAS BARIATRIC CENTER CH RISTUS ST MICHAEL CLINIC ASSOCIATE HEALTH CHRISTUS ST MICHAEL CLINIC CARDIOVASCULAR SURG ERY CHRISTUS ST MICHAEL CLINIC CARDIOVASCULAR AND THORACIC SURGERY CHRISTUS SANTA ROSA ME DICAL GROUP FAMILY MEDICINE - WESTOVER HILLS CHRISTUS SANTA ROSA MEDICAL GROUP FAMILY MEDI CINE - BULVERDE CHRISTUS SANTA ROSA EMERGENCY CENTER NEW BRAUNFELS CHRISTUS SANTA ROSA MED ICAL GROUP FAMILY MEDICINE - MEDICAL CENTER CHRISTUS ST CATHERINE MEDICAL GROUP NEUROLOGY SERVICES CHRISTUS SPOHN MEDICAL GROUP MATERNAL FETAL MEDICINE CHRISTUS ST MARY MEDICAL G ROUP FAMILY MEDICINE CENTER MID-COUNTY CHRISTUS HEALTH CLINIC - IRVING CHRISTUS CABRINI GR OUP PRACTICE CHRISTUS SCHUMPERT GROUP PRACTICE CHRISTUS ST PATRICK MEDICAL GROUP CARDIOLO GY ASSOCIATES CHRISTUS ST PATRICK MEDICAL GROUP INTERNAL MEDICINE ASSOCIATES CHRISTUS ST PATRICK MEDICAL GROUP PEDIATRIC AND INTERNAL MEDICINE CLINIC CHRISTUS ST PATRICK MEDICAL GROUP PRIEN LAKE MEDICAL CLINIC CHRISTUS HOSPICE AND PALLIATIVE CARE ST FRANCES CABRINI CHRISTUS LOUISIANA ATHLETIC CLUB-LOUISIANA COLLEGE CHRISTUS LOUISIANA ATHLETIC CLUB-ALEXAN DRIA PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR A BROADER COMMUNITY CHRISTUS HEALTH ALSO USED CASH D

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, PAGE 1, ITEM C	ONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES WE MADE CASH DONATIONS IN ADDITION TO GRANT S AWARDED THROUGH THE CHRISTUS FUND TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVI SION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AIDS, AND FOR MANY OTHER EQUALLY WORTHY P URPOSES DURING FY 2013, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEA LTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE. PROGRAM SERVICE EXPENSE = $ 13,542 GRANTS = $ 4,950 PROGRAM SERVICE REVENUE = $ 0

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES. C H WILKINSON PHYSICIAN NETWORK PARTICIPATES WITH THE CHRISTUS HEALTH HOSPITAL FACILITIES THROUGHOUT THE TEXAS, LOUISIANA AND ARKANSAS MARKETS TO PROVIDE SUPPORT FOR COMMUNITY BENEFITS PROGRAMS. C H WILKINSON PHYSICIAN NETWORK, IN CONJUNCTION WITH CHRISTUS FOUNDATION FOR HEALTHCARE AND CHRISTUS GULF COAST REGION, PROVIDES HEALTH CARE AND MEDICATIONS FOR INDIGENT PATIENTS AT THE POINT OF LIGHT CLINIC AND CHRISTUS ST MARY'S CLINIC. THE POINT OF LIGHT CLINIC AND CHRISTUS ST MARY'S CLINIC SERVE PREDOMINANTLY INDIGENT COMMUNITIES THAT HAVE EXTENSIVE HEALTH, SOCIAL DEVELOPMENT, EDUCATIONAL AND ECONOMIC NEEDS. POINT OF LIGHT HAD 5,848 OFFICE VISITS AND SURGERIES IN FISCAL YEAR 2013, OF WHICH 4,989 OR 85 31% HAD NO INSURANCE COVERAGE. FREE SERVICE PROVIDED TO THE UNINSURED IN 2015 WAS $741,629. ST MARY'S CLINIC HAD 11,517 OFFICE VISITS AND SURGERIES IN 2013, OF WHICH 11,517 OR 100% HAD NO INSURANCE COVERAGE. FREE SERVICE PROVIDED TO THE UNINSURED AT ST MARY'S CLINIC WAS $1,196,849. C H WILKINSON PHYSICIAN NETWORK, IN CONJUNCTION WITH CHRISTUS FOUNDATION FOR HEALTHCARE AND CHRISTUS GULF COAST REGION, EXTENDS THE HEALING MINISTRY OF JESUS CHRIST BY PROVIDING PRIMARY HEALTHCARE SERVICES TO INDIGENT CHILDREN IN THE SCHOOL SETTING AROUND THE HOUSTON AREA. THE PRIMARY GOAL IS TO HELP KEEP THE YOUTH HEALTHY AND IN SCHOOL. IN FISCAL YEAR 2013, CHRISTUS SCHOOL BASED CLINICS SERVED 6,389 STUDENTS PROGRAM SERVICE EXPENSE = $ 0 GRANTS = $ 0 PROGRAM SERVICE REVENUE = $ 1,172 NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT FORM 990, PART VI, QUESTION 1B & FORM 990, PART I, QUESTION 4 SIX OF THE VOTING MEMBERS OF THE GOVERNING BODY DO NOT MEET THE DEFINITION OF "INDEPENDENT" PER THE IRS FORM 990 INSTRUCTIONS BECAUSE THEY RECEIVE COMPENSATION FROM THE FILING ORGANIZATION AND/OR RELATED ORGANIZATIONS. THEREFORE, THERE ARE TWO VOTING MEMBER THAT ARE INDEPENDENT. DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF C H WILKINSON PHYSICIAN NETWORK. Description of Classes of Persons and the Nature of Their Rights Form 990, Part VI, Question 7a THE BOARD OF DIRECTORS FOR C H WILKINSON PHYSICIAN NETWORK RECOMMENDS TO THE SOLE CORPORATE MEMBER, CHRISTUS HEALTH, MEMBERS FOR THE BOARD AND/OR OFFICERS. CHRISTUS HEALTH APPROVES RECOMMENDATIONS FOR APPOINTMENT

Identifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	CHRISTUS HEALTH, AS SOLE MEMBER OF THE CORPORATION, RESERVES THE SOLE APPROVAL FOR THE FOLLOWING ACTIONS TO ALTER, AMEND OR REPEAL THE ARTICLES OF INCORPORATION AND/OR BYLAWS OF THE CORPORATION, THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, MATERIAL ($5,000 00) DEVIATIONS FROM ANNUAL OPERATING AND CAPITAL BUDGETS, THE MERGER, ACQUISITION, CONSOLIDATION, LIQUIDATION, OR DISSOLUTION OF THE CORPORATION, THE APPOINTMENT/REMOVAL OF DIRECTORS, THE APPOINTMENT/REMOVAL OF OFFICERS (OTHER THAN CHAIRMAN OR VICE CHAIRPERSON OF THE BOARD), AND THE SELECTION OF THE CORPORATION'S AUDITORS

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 2014 VIA A WEB PORTAL POLLING TOOL BY THE ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	AT THE END OF EACH CALENDAR YEAR, THE CHRISTUS HEALTH CORPORATE SECRETARY DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OF THE ORGANIZATION'S BOARD AND COMMITTEE MEMBERS FOR COMPLETION PRIOR TO THE 1ST OF JANUARY IN THE NEXT YEAR THE CORPORATE SECRETARY THOROUGHLY REVIEWS ALL COMPLETED AND EXECUTED CONFLICT OF INTEREST QUESTIONNAIRE FORMS TO ENSURE ACCURACY AND THAT NO POTENTIAL OR IDENTIFIED CONFLICT IS DISCLOSED OR EXISTS THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Compensation Determination Process	Form 990, Part VI, Questions 15a & 15b	THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE PRESIDENT (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND THE PRESIDENT/CEO OF C H WILKINSON PHYSICIAN NETWORK 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 CERTAIN OTHER OFFICERS BY USE OF A CONSULTING FIRM TO DETERMINE SALARY LEVELS FOR THE MARKETS IN WHICH THE FILING ORGANIZATION ASSOCIATES WORK THE ANALYSIS AND RECOMMENDATIONS ARE BASED ON THE MEDIAN SALARY FOR EACH APPLICABLE MARKET

Identifier	Return Reference	Explanation
Documents available for public inspection	Form 990, Part VI, Question 18	THE FILING ORGANIZATION'S IRS DETERMINATION LETTER AND FORM 990 ARE 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132035114

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
CH Wilkinson Physician Network

Employer identification number
76-0422435

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

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	HLTHCARE SVCS	MX	CH	C Corp					No
(2) EMERALD ASSURANCE CAYMAN LTD 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		No

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

(a) Name of other organization	(b) Transaction type (a-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: 76-0422435
Name: CH Wilkinson Physician Network

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
CHRISTUS CONTINUING CARE	L	352,296	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	A(I)	126,145	ACCRUAL
CHRISTUS HEALTH ARK-LA-TEX	L	692,869	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	A(I)	280,519	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	L	299,195	ACCRUAL
CHRISTUS HEALTH CENTRAL LOUISIANA	O	1,022,511	ACCRUAL
CHRISTUS HEALTH GULF COAST	A(I)	5,707	ACCRUAL
CHRISTUS HEALTH GULF COAST	L	1,397,861	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	A(I)	1,153,576	ACCRUAL
CHRISTUS HEALTH NORTHERN LOUISIANA	L	741,853	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	A(I)	531,735	ACCRUAL
CHRISTUS HEALTH SOUTHEAST TEXAS	L	1,426,184	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	A(I)	340,127	ACCRUAL
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	L	598,394	ACCRUAL
CHRISTUS SANTA ROSA FAMILY HEALTH CENTER	Q	52,145	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	A(I)	27,765	ACCRUAL
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION	L	1,528,979	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	A(I)	1,306,842	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	L	2,587,839	ACCRUAL
CHRISTUS SPOHN HEALTH SYSTEM CORPORATION	Q	67,601	ACCRUAL
CHRISTUS FOUNDATION FOR HEALTHCARE	C	863,173	ACCRUAL
SPOHN INVESTMENT CORPORATION	A(I)	98,773	ACCRUAL
christus health central louisiana	q	204,502	accrual
christus health southeast texas	m	70,308	accrual