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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Christus Health Central Louisiana

% JOHN SHAUGHNESSY
Doing business as
SEE SCHEDULE O

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

City or town, state or province, country, and ZIP or foreign postal code
IRVING, TX 75038

F Name and address of principal officer:
CHRISTOPHER KARAM
3330 MASONIC DRIVE
ALEXANDRIA, LA 71301

D Employer identification number

72-0408984

E Telephone number

(318) 487-1122

G Gross receipts \$ 306,055,354

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

J Website: ▶ WWW.CHRISTUSSTFRANCESCABRINI.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1946

M State of legal domicile: LA

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 2,454

6 Total number of volunteers (estimate if necessary) 6 74

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,174,149

7b Net unrelated business taxable income from Form 990-T, line 34 7b 351,103

Revenue

8 Contributions and grants (Part VIII, line 1h) 4,336,553 2,717,597

9 Program service revenue (Part VIII, line 2g) 302,208,051 300,872,490

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -38,438 61,236

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,090,859 2,367,857

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 308,597,025 306,019,180

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 6,209,146 4,152,038

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) 111,816,086 113,642,499

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶398,227

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 163,184,737 168,294,151

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 281,209,969 286,088,688

19 Revenue less expenses. Subtract line 18 from line 12 27,387,056 19,930,492

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 366,147,430 370,568,268

21 Total liabilities (Part X, line 26) 131,164,579 115,577,426

22 Net assets or fund balances. Subtract line 21 from line 20 234,982,851 254,990,842

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
JOHN SHAUGHNESSY CFO
Type or print name and title

2020-06-25
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 425 HOUSTON ST STE 600
FORT WORTH, TX 76102

Preparer's signature
Date 2020-06-12

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (817) 335-1900

PTIN P00116760

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL AND RELIGIOUS PURPOSES OF ADVANCING, PROMOTING AND SUPPORTING THE HEALTH CARE MINISTRIES OF THE SPONSORING CONGREGATIONS WHICH OPERATE AND ARE CONTROLLED IN CONFORMITY WITH THE ETHICAL AND MORAL TEACHINGS OF THE ROMAN CATHOLIC CHURCH, AND PROMOTING EFFICIENT GOVERNANCE AND MANAGEMENT, COOPERATIVE PLANNING AND THE SHARING OF RESOURCES AMONG SUCH HEALTH CARE MINISTRIES. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE CORPORATION'S MISSION SHALL BE TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, AND CONSISTENT THEREWITH, SHALL OPERATE ACCORDING TO THE DOCTRINES, RESOLUTIONS, DECREES AND ETHICAL PRINCIPLES OF THE SPONSORING CONGREGATIONS, AND THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AS PROMULGATED OR AMENDED FROM TIME TO TIME BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS. IT IS ALSO A PURPOSE OF THE CORPORATION TO AID, LEND FINANCIAL SUPPORT AND A

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 \$	38,023,441	including grants of \$	0) (Revenue \$	145,863,373)
See Additional Data					

4b	(Code:) (Expenses \$	133,824,607	including grants of \$	0) (Revenue \$	117,915,335)
See Additional Data					

4c	(Code:) (Expenses \$	63,360,880	including grants of \$	0) (Revenue \$	39,089,123)
See Additional Data					

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	7,467,632	including grants of \$	4,152,038) (Revenue \$	0)

4e	Total program service expenses ▶	242,676,560			
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 264	
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	

Form **990** (2018)

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 or note to any line 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 14		
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 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
 ► JOHN SHAUGHNESSY 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 (318) 561-7172

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

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● 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.

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,936,913	7,382,811	1,304,630

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 ▶ 76

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GJERSET AND LORENZ LLP, 2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746	LEGAL SERVICES	2,425,719
COUSHATTA ER PHYSICIANS LLC, 1635 Marvel St COUSHATTA, LA 71019	MEDICAL SERVICES	1,644,511
MID LOUISIANA SURGICAL SPECIALISTS, 3311 Prescott Rd 201 ALEXANDRIA, LA 71301	MEDICAL SERVICES	1,630,865
LIFESHARE BLOOD CENTERS, 8910 LINWOOD AVE SHREVEPORT, LA 71106	MEDICAL SERVICES	1,550,009
THE DELTA PATHOLOGY GROUP, 1 ST MARY PL SHREVEPORT, LA 71101	MEDICAL SERVICES	1,119,857

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 ▶ 52
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c	0		
	d	Related organizations	1d	68,763		
	e	Government grants (contributions)	1e	108,875		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,539,959		
	g	Noncash contributions included in lines 1a - 1f:\$	0			
	h	Total. Add lines 1a-1f	2,717,597			
Program Service Revenue			Business Code			
	2a	NET PATIENT SERVICE REVENUE	621990	296,069,526	295,388,610	680,916
	b	RENT RELATED TO EXEMPT FUNCTION	531120	2,446,945	2,446,945	0
	c	PHARMACY REVENUE	446110	1,191,500	1,191,500	0
	d	PROGRAM RELATED INVESTMENT INCOME	900099	1,133,393	943,958	189,435
	e	COMMUNITY HEALTH	621110	30,022	30,022	0
	f	All other program service revenue.		1,104	1,104	0
	g	Total. Add lines 2a-2f	300,872,490			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	84,545		84,545
	4		Income from investment of tax-exempt bond proceeds	0		
	5		Royalties	0		
	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
		0				
		0				
		0				
	d		Net rental income or (loss)	0		
	7a	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses					
c	Gain or (loss)					
d		Net gain or (loss)	-23,309		-23,309	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	a	0				
	b	Less: direct expenses				
		b				0
c		Net income or (loss) from fundraising events	0			
9a	Gross income from gaming activities. See Part IV, line 19					
	a	0				
	b	Less: direct expenses				
		b				0
c		Net income or (loss) from gaming activities	0			
10a	Gross sales of inventory, less returns and allowances					
	a	0				
	b	Less: cost of goods sold				
		b				0
c		Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code				
11a	MANAGEMENT SERVICE		541610	332,767	0	303,798
	b		FOOD SERVICE REVENUE	722210	39,749	0
	c		MED RECORDS TRANS	900099	20,737	20,737
	d		All other revenue		1,974,604	1,974,604
	e		Total. Add lines 11a-11d	2,367,857		
12		Total revenue. See Instructions.	306,019,180			

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 or note to any line in this Part IX ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,152,038	4,152,038		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	287,680	254,470	32,390	820
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	0	0
7 Other salaries and wages	90,250,592	79,832,017	10,161,298	257,277
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	719,622	704,057	15,565	0
9 Other employee benefits	15,839,480	11,411,571	4,387,996	39,913
10 Payroll taxes	6,545,125	5,766,867	760,032	18,226
11 Fees for services (non-employees):				
a Management	1,062,948	1,062,948	0	0
b Legal	1,875,363	0	1,875,363	0
c Accounting	825,376	0	825,376	0
d Lobbying	32,438	0	32,438	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,618,366	23,870,377	15,736,202	11,787
12 Advertising and promotion	1,070,679	13,171	1,048,854	8,654
13 Office expenses	24,774,912	18,306,395	6,418,469	50,048
14 Information technology	11,955,963	11,955,963	0	0
15 Royalties	0	0	0	0
16 Occupancy	5,158,311	4,563,161	595,150	0
17 Travel	595,553	242,081	352,083	1,389
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	181,253	51,702	125,822	3,729
20 Interest	7,343,007	7,343,007	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	13,864,637	13,708,818	155,819	0
23 Insurance	3,313,472	3,313,472	0	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 MEDICAL SUPPLIES	44,024,168	43,797,971	226,197	0
b PROV-UNCOLLECTIBLE ACCTS	7,752,540	7,752,540	0	0
c TAXES	3,806,352	3,665,647	140,705	0
d MEALS & ENTERTAINMENT	698,818	598,526	98,153	2,139
e All other expenses	339,995	309,761	25,989	4,245
25 Total functional expenses. Add lines 1 through 24e	286,088,688	242,676,560	43,013,901	398,227
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).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	209,187,572	1	214,975,546
	2	Savings and temporary cash investments	3,375	2	7,664
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	25,453,187	4	26,916,922
	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	27,670	7	67,786
	8	Inventories for sale or use	5,712,366	8	5,555,585
	9	Prepaid expenses and deferred charges	1,228,499	9	1,134,079
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	397,720,484		
	b	Less: accumulated depreciation	278,088,941		
			122,343,279	10c	119,631,543
	11	Investments—publicly traded securities	6,285	11	6,285
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	1,548,611	13	1,794,710
	14	Intangible assets	445,653	14	288,245
15	Other assets. See Part IV, line 11	190,933	15	189,903	
16	Total assets. Add lines 1 through 15 (must equal line 34)	366,147,430	16	370,568,268	
Liabilities	17	Accounts payable and accrued expenses	19,846,118	17	16,235,953
	18	Grants payable	0	18	0
	19	Deferred revenue	219,649	19	191,503
	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	111,098,812	25	99,149,970
	26	Total liabilities. Add lines 17 through 25	131,164,579	26	115,577,426
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	234,744,220	27	254,752,211
	28	Temporarily restricted net assets	238,631	28	238,631
	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	234,982,851	33	254,990,842	
34	Total liabilities and net assets/fund balances	366,147,430	34	370,568,268	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	306,019,180
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,088,688
3	Revenue less expenses. Subtract line 2 from line 1	3	19,930,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,982,851
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	4,289
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	73,210
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	254,990,842

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

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

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS HEALTH WAS FORMED IN 1999 WHEN THE SISTERS OF CHARITY HEALTH CARE SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON, AND THE INCARNATE WORD HEALTH CARE SYSTEM, SPONSORED BY THE SISTERS OF CHARITY OF THE INCARNATE WORD OF SAN ANTONIO, BROUGHT THEIR HEALTH CARE MINISTRIES TOGETHER. BISHOP CLAUDE MARIE DUBUIS FOUNDED BOTH CONGREGATIONS 154 YEARS AGO, AND HIS ORIGINAL CALL TO THE SISTERS CONTINUES TO CHALLENGE CHRISTUS HEALTH TO FULFILL ITS MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST AND TO REACH OUT TO THOSE IN NEED IN THE MORE THAN 60 COMMUNITIES IT SERVES. THE VISION OF CHRISTUS HEALTH, A CATHOLIC, FAITH-BASED HEALTH MINISTRY, IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE. THE CENTRAL LOUISIANA REGION OF CHRISTUS HEALTH RESPONDS TO COMMUNITY NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS ST. FRANCES CABRINI HOSPITAL IN ALEXANDRIA, LOUISIANA, A 293-BED FACILITY; CHRISTUS COUSHATTA HEALTH CARE CENTER IN COUSHATTA, LOUISIANA, A 25-BED, CRITICAL ACCESS HOSPITAL; AND CHRISTUS ST. JOSEPH'S HOME IN MONROE, LOUISIANA, A LONG TERM CARE AND ASSISTED LIVING FACILITY WITH 130 LICENSED BEDS AND 60 RESIDENTIAL UNITS. CHRISTUS HEALTH CENTRAL LOUISIANA ALSO OWNS PARTS OF CHRISTUS CABRINI SURGERY CENTER, LLC, THE CENTRAL LOUISIANA IMAGING CENTER (CLIC), AND THE LOUISIANA ATHLETIC CLUB (LAC). EACH FACILITY IN THIS REGION SHARES THE ONE OBJECTIVE OF LEADING THE WAY TOWARD HEALTHIER COMMUNITIES. CHRISTUS ST. FRANCES CABRINI HOSPITAL SERVES RAPIDES AND NINE SURROUNDING CIVIL PARISHES, WHICH HAVE A TOTAL POPULATION OF MORE THAN 375,000, OF WHICH MORE THAN 18.7 PERCENT LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL. IN FY 2019 ALONE, THE HOSPITAL ADMITTED 12,072 PATIENTS AND TREATED 239,062 PATIENTS IN ITS OUTPATIENT FACILITIES. THE HOSPITAL PERFORMED 2,362 INPATIENT SURGERIES AND 2,411 OUTPATIENT SURGERIES. IN ADDITION, THE HOSPITAL PROVIDED EMERGENCY SERVICES TO 46,233 INDIVIDUALS. CHRISTUS ST. FRANCES CABRINI IS CENTRAL LOUISIANA'S LEADER IN CARDIAC SERVICES, OFFERING A COMPLETE RANGE OF CARDIAC DIAGNOSTIC SERVICES INCLUDING CTA, CARDIOVASCULAR SURGERY, INTERVENTIONAL CARDIOLOGY, AND ELECTROPHYSIOLOGY. CHRISTUS ST. FRANCES CABRINI ALSO LEADS THE WAY IN ORTHOPEDIC CARE IN CENTRAL LOUISIANA, OFFERING NEURO-MUSCULOSKELETAL SERVICES, A JOINT REPLACEMENT CENTER, AND A SPORTS MEDICINE CENTER. THE HOSPITAL ALSO HOUSES THE REGION'S ONLY PEDIATRIC THERAPY CENTER. CHRISTUS CABRINI CANCER CENTER OFFERS COMPREHENSIVE CANCER CARE IN A HOSPITAL SETTING. PROTOCOLS FROM MD ANDERSON CANCER CENTER AT THE UNIVERSITY OF TEXAS AND FROM THE TULANE UNIVERSITY CANCER CENTER ARE AVAILABLE TO PATIENTS. CHRISTUS COUSHATTA HEALTH CARE CENTER IS LOCATED IN RED RIVER PARISH, ECONOMICALLY THE POOREST IN LOUISIANA. IN FY 2019, THE HOSPITAL ADMITTED 830 PATIENTS AND TREATED 23,727 PATIENTS IN ITS OUTPATIENT FACILITIES. IN ADDITION, THE HOSPITAL PROVIDED EMERGENCY SERVICES TO 6,576 INDIVIDUALS. THIS HOSPITAL OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING MINOR SURGERY; DAY SURGERY; CARDIOLOGY; DIABETES CARE; RESPIRATORY THERAPY; RADIOLOGY; PHYSICAL THERAPY; NEPHROLOGY; GYNECOLOGY; EAR, NOSE, AND THROAT SERVICES; OPHTHALMOLOGY; ORTHOPEDIC SERVICES; INFUSION THERAPY; AND ADULT PSYCHIATRIC SERVICES. THE FEDERAL GOVERNMENT HAS DESIGNATED CHRISTUS COUSHATTA HEALTH CARE CENTER A CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TRANSPORTATION TIME PATIENTS WOULD HAVE TO SPEND TRAVELING TO NATCHITOCHES OR SHREVEPORT, LOUISIANA, FOR TREATMENT. BOTH CHRISTUS ST. FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER PROVIDE 24-HOUR EMERGENCY ROOMS OPEN TO ALL NEEDING EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS ST. JOSEPH'S HOME OF MONROE, LOUISIANA IS THE ONLY RELIGIOUSLY-BASED LONG TERM CARE FACILITY IN ITS AREA. THE FACILITY WORKS TO MEET THE PHYSICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF ALL RESIDENTS AND THEIR FAMILIES BY PROVIDING A COMPLETE RANGE OF SERVICES AND ACCOMMODATIONS FROM WHICH RESIDENTS AND THEIR FAMILIES MAY CHOOSE. THE LONG-TERM CARE FACILITY PROVIDES 24-HOUR LICENSED NURSING SERVICES AND PERSONAL CARE ASSISTANCE IN PRIVATE AND SEMI-PRIVATE ROOMS. THE ASSISTED LIVING FACILITY SUPPORTS PEOPLE NEEDING PHYSICAL ASSISTANCE WITH DAILY LIVING ACTIVITIES BUT NOT 24-HOUR CARE. BOTH FACILITIES PROVIDE THEIR SERVICES IN A HOME-LIKE ATMOSPHERE. THE CHRISTUS HEALTH CENTRAL LOUISIANA REGION ALSO SPONSORS MANY LOCAL COMMUNITY HEALTH SERVICES. THESE INCLUDE 17 SCHOOL-BASED HEALTH CENTERS IN FIVE CIVIL PARISHES AROUND CHRISTUS ST. FRANCES CABRINI HOSPITAL, A DENTAL CLINIC AT CHRISTUS COUSHATTA HEALTH CARE CENTER, A SENIOR CITIZENS CENTER IN ALEXANDRIA, AND RURAL HEALTH CLINICS IN RINGGOLD AND COUSHATTA. AS A NONPROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS HELPS GOVERN CHRISTUS HEALTH CENTRAL LOUISIANA. THE REGION HAS AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH ITS THREE FACILITIES TO PROVIDE CARE TO OUR COMMUNITIES. THESE PHYSICIANS RECEIVE THEIR PRIVILEGES ONLY AFTER A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS. TOUCHING THE LIVES OF PEOPLE HELPS CHRISTUS HEALTH CENTRAL LOUISIANA STAND APART AND PROVIDES FURTHER MOTIVATION TO SERVE THE MEDICALLY NEEDY IN ALL OF THE COMMUNITIES SURROUNDING ITS THREE FACILITIES. WHETHER THE ISSUE IS THE LIFE OF A CHILD HOPING FOR A BRIGHT FUTURE, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS HEALTH CENTRAL LOUISIANA'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. MOREOVER, THE CHRISTUS HEALTH CENTRAL LOUISIANA PROVIDES ITS SERVICES WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONALITY. THE THREE HIGHEST COST COMMUNITY BENEFIT PROGRAMS PROVIDED BY CHRISTUS ST. FRANCES CABRINI HOSPITAL ARE 1) SCHOOL BASED HEALTH CENTERS (SBHC), WHICH PROVIDE PRIMARY/PREVENTIVE HEALTH SERVICES TO STUDENTS LOCATED IN UNDERSERVED COMMUNITIES. THE SBHC'S PROVIDE A UNIQUE BLEND OF HEALTH AND EDUCATION SERVICES; 2) ELIGIBILITY VENDORS WHICH ASSIST COMMUNITY MEMBERS WITH ENROLLMENT IN PUBLIC PROGRAMS TO INCREASE ACCESS TO QUALITY HEALTHCARE SERVICES. THEY PROVIDE EDUCATION AND ENROLLMENT ASSISTANCE TO THE UNINSURED POPULATION IDENTIFIED AT THE HOSPITAL; 3) CABRINI CLINICAL NURSES AND NURSE SUPERVISORS PROVIDE SUPERVISION, MENTORING, AND PRECEPTING AND ROTATION OF LSU-A NURSING STUDENTS FOR THEIR CLINICAL STUDIES. BY COLLABORATING WITH CHURCHES, BUSINESSES, COMMUNITIES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH CENTRAL LOUISIANA'S THREE FACILITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE, AND AFFORDABLE HEALTHCARE SERVICES. THESE PARTNERSHIPS HAVE EXTENDED THE REGION'S CAPACITY TO HELP THOSE IN NEED. THE SAME CAN BE SAID OF THE FACILITIES' DEDICATED EMPLOYEES AND VOLUNTEERS WHO REGULARLY REACH BEYOND TRADITIONAL WALLS TO HELP THEIR COMMUNITIES BECOME HEALTHIER. THESE ACTIVITIES FOSTER STRONG RELATIONSHIPS AND THEREBY CONTRIBUTE TO THE MISSION OF CHRISTUS HEALTH. FURTHERMORE, TO PROVIDE ACCESS TO HEALTH CARE TO AS MANY PEOPLE AS POSSIBLE, CHRISTUS HEALTH CENTRAL LOUISIANA PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, SUCH AS MEDICAID, MEDICARE, CHAMPUS, AND TRICARE. IN ADDITION, THE REGION PROVIDES DISCOUNTED SERVICES TO THOSE WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS.

Form 990, Part III, Line 4b:

OTHER GOVERNMENT SPONSORED SERVICES IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE AND TRICARE. THE NON-REIMBURSED COSTS OF THESE SERVICES ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES. CHRISTUS HEATH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM. THE PAYMENT RATE FOR INPATIENT SERVICES IS PER CASE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. OUTPATIENT SERVICES ARE REIMBURSED BY MEDICARE BASED ON ITS FEE SCHEDULE. CHRISTUS HEALTH ALSO PARTICIPATES IN THE TRICARE STANDARD PROGRAM, AND MANY OF OUR HOSPITALS CONTRACT WITH THE MANAGED CARE SUPPORT CONTRACTOR FOR THE SOUTH REGION TO PROVIDE SERVICES UNDER THE PROVISION OF TRICARE PRIME.

Form 990, Part III, Line 4c:

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2016) AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING. COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES. TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY; THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY. CHARITY CARE FALLS INTO TWO CATEGORIES: CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE. IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, THE ORGANIZATION PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES. CHARITY CARE IS DEFINED AS SERVICES PROVIDED WITHOUT CHARGE OR AT A CHARGE LESS THAN THE USUAL CHARGE FOR SUCH SERVICES. THE DETERMINATION AS TO THE AMOUNT OF THE CHARGE, IF ANY, IS ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 300 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT. UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 300 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE. NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO INABILITY TO PAY. CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS AND LOUISIANA MEDICAID PROGRAMS. THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS. FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER MIRIAM MILLER CCVI DIRECTOR	1.0 2.0	X						0	0	0
NANCY STICH DIRECTOR	1.0 2.0	X						0	0	0
WILLIE C WHITE III DIRECTOR	1.0 2.0	X						0	0	0
MICHELE M COLLINS DIRECTOR	1.0 2.0	X						0	0	0
GAVIN CHICO MD DIRECTOR	1.0 2.0	X						0	0	0
MOSELLE A DEARBONE DIRECTOR	1.0 2.0	X						0	0	0
ROBERT T CHANDLER DIRECTOR	1.0 2.0	X						0	0	0
ALOYSIA DUCOTE DIRECTOR	1.0 2.0	X						0	0	0
RONALD JOHNS DIRECTOR (THRU 09/18)	1.0 2.0	X						0	0	0
SUSAN E KEMP MD DIRECTOR	1.0 39.0	X						0	213,120	21,847

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY R HAWTHORNE MD DIRECTOR (THRU 12/18)	1.0 2.0	X						0	0	0
DALLAS HIXSON CHAIRPERSON (THRU 12/18)	1.0 2.0	X		X				0	0	0
NANCY R HELLYER CHIEF EXEC OFFICER/PRESIDENT	1.0 39.0	X		X				0	563,012	90,585
BERNARD S JOHNSON CHAIR(AS OF 01/19)/DIRECTOR	1.0 2.0	X		X				0	0	0
MARTIN W JOHNSON DIRECTOR	1.0 2.0	X						0	0	0
AMARJIT S NIJJAR DIRECTOR (AS OF 01/19)	1.0 2.0	X						0	0	0
CHRISTOPHER KARAM REG CEO (AS OF 10/18)	1.0 39.0	X		X				0	1,252,076	274,560
KIM M KELSCH Regional Corporate Secretary	20.0 20.0			X				82,971	0	15,564
SCOTT MERRYMAN CFO	1.0 39.0			X				0	601,479	118,468
STEPHEN F WRIGHT REG PRES(THRU 10/18)	1.0 39.0				X			0	1,727,752	138,925

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY WHITE CHANDLER GROUP VP, HUMAN RESOURCES	1.0 39.0				X			0	420,503	91,130
D KIRK SOILEAU CEO - NATCHITOCHES	40.0 0.0				X			0	374,427	60,155
Bert Tassin EXEC DIRECTOR - SUPPORT SVS	40.0 0.0				X			162,662	0	26,483
CATHERINE BLISE CNO	40.0 0.0				X			0	260,730	19,041
JOHN P SHAUGHNESSY VP, FINANCE	40.0 0.0				X			0	168,584	14,528
SHERMAN FOOKES VP ANCILLARY SERVICES	40.0 0.0				X			0	223,282	34,959
EUGENE BURGE PRES SAVOY MEDICAL CENTER	40.0 0.0				X			0	246,715	9,754
SCOTT JOHNSON VP, STRATEGY - BUS DEVELOPMENT	40.0 0.0				X			0	255,054	82,004
CLAIRE LAUZON-VALLONE VP, QUALITY AND SAFETY	40.0 0.0				X			0	293,738	69,476
H LES TOMPKINS DIRECTOR MANAGED CARE	1.0 39.0				X			0	227,719	17,581

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EBENEZER BERKO PHYSICIAN	40.0 0.0					X		463,842	0	38,275
TANYANIKA L PHILLIPS PHYSICIAN	40.0 0.0					X		352,280	0	24,624
STEVEN J SACCARO MD PHYSICIAN	40.0 0.0					X		328,978	0	41,852
JOSHUA R CASON PHYSICIAN	40.0 0.0					X		273,117	0	43,007
ULLA ULE PHYSICIAN	40.0 0.0					X		273,063	0	30,543
CHRISTOPHER JANIK VP FINANCE AMB SVCS-PASC	0.0 40.0						X	0	288,358	40,843
RODNEY MOORE MD VP & REGIONAL/CMO (THRU 11/17)	0.0 0.0						X	0	266,262	426

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2017. 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 VI 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) . .						
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 section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

Part I-A

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

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2
- Political campaign activity expenditures (see instructions) ▶ \$
- 3
- Volunteer hours for political campaign activities (see instructions) ▶

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1
- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a
- Was a correction made? ☐ Yes ☐ No
- b
- If "Yes," describe in Part IV.

Part I-C

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

- 1
- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$
- 4
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		32,438
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			32,438
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B	LOBBYING DESCRIPTION HEALTHCARE POLICY IS CRITICAL TO ALL AMERICANS AND CHRISTUS HEALTH CENTRAL LOUISIANA BELIEVES THAT HEALTH CARE PROVIDERS MUST PARTICIPATE IN FORMING HEALTH CARE POLICY BY INTERACTING WITH NATIONAL, STATE AND LOCAL REPRESENTATIVES AND THEIR STAFF MEMBERS TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTH CARE POLICIES.
SCHEDULE C, PART II-B, LINE 1D AND 1G	At the state level, had direct contact with members of the Louisiana State Legislature and their respective staff through various means of correspondence including emails, letters, telephone calls and in-person meetings on issues related to Medicaid, Trauma, Medicaid expansion, public private partnership, community health needs, mental and behavioral health, insurance health plans, and rural hospitals. At the federal level, CHRISTUS Louisiana has had direct contact through various avenues of correspondence including emails, letters, calls, and meetings with Louisiana Congressional delegation and their staff to discuss issues important to our ministries including safety-net providers, access to care, rural hospitals, remote medical technology, telehealth-related initiatives, the 340b drug program, balance billing issues, and healthcare for veterans. 48 Executive Hours

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

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" on 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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
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 on 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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	13,015,819		13,015,819
b	Buildings	179,201,332	114,383,739	64,817,593
c	Leasehold improvements	9,448,273	6,322,194	3,126,079
d	Equipment	183,288,271	151,914,411	31,373,860
e	Other	12,766,789	5,468,597	7,298,192
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			119,631,543

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	276,814
DUE TO CHRISTUS HEALTH BOND FUND	98,591,885
STATE & LOCAL SALES TAX PAYABLE	215,325
OTHER LONG TERM LIABILITIES	66,438
CAPITAL LEASE	45,458
DUE TO RELATED ORGANIZATION	-45,950
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	99,149,970

2. Liability for uncertain tax positions. 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 1	CASH - NON-BEARING INTEREST 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.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS UNDER ASC 740 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND 2018.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 300 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,114,234		6,114,234	2.200 %
b Medicaid (from Worksheet 3, column a)			63,655,235	39,089,123	24,566,112	8.820 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			69,769,469	39,089,123	30,680,346	11.020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	17	40,787	1,835,192	154,165	1,681,027	0.600 %
f Health professions education (from Worksheet 5)	3	1,788	57,302		57,302	0.020 %
g Subsidized health services (from Worksheet 6)	2	100	9,255		9,255	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5		5,610,218	16,633	5,593,585	2.010 %
j Total. Other Benefits	27	42,675	7,511,967	170,798	7,341,169	2.630 %
k Total. Add lines 7d and 7j	27	42,675	77,281,436	39,259,921	38,021,515	13.650 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	2		40,262		40,262	0.010 %
8 Workforce development	1	12	2,496		2,496	0 %
9 Other						
10 Total	3	12	42,758		42,758	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,752,540	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	57,369	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	93,808,843
6 Enter Medicare allowable costs of care relating to payments on line 5	6	90,007,134
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,801,709
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 C CABRINI SURG CTR	SURGERY CENTER	33.87 %		41.94 %
2 C DUBIUS HSPTL	LTAC	40 %		
3 C HOSPICE & PALLIA	HOSPICE CARE	40 %		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

13

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>SEE SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		A		
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %			
b	☒ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☒ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): SEE SCH. H, PART V, SEC. C			
b	☒ The FAP application form was widely available on a website (list url): SEE SCH. H, PART V, SEC. C			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE SCH. H, PART V, SEC. C			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☒ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 CHRISTUS CABRINI SURGERY CENTER LLC 15305 DALLAS PARKWAY STE 1600 LB ADDISON, TX 75001	SURGERY CENTER
2 CHRISTUS DUBUIS HOSPITAL OF ALEXANDRIA 3330 MASONIC DRIVE - 4TH FLOOR ALEXANDRIA, LA 71301	LTAC
3 CH HSPC & PALLATIVE CARE ST FRANCES CAB 4801 JACKSON STREET SUITE B ALEXANDRIA, LA 71301	HOSPICE
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 5	BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW PURPOSES ONLY. THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES.
SCHEDULE H, PART I, LINE 6A	ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY. CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST." THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES. HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF IT ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	PERCENT OF TOTAL EXPENSE FORM 990, PART IX, LINE 25, COLUMN (A) IS \$286,088,688 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$7,752,540. THIS LEAVES A TOTAL EXPENSE OF \$278,336,148 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F). SCHEDULE H, PART I, LINE 7, COLUMN (F) DESCRIPTION OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AS PERCENTAGE OF TOTAL COSTS THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS REPORTED ON PART I, LINE 7K, COLUMN (C) AS A PERCENTAGE OF TOTAL EXPENSE IS 27.76%, WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE.
SCHEDULE H, PART I, LINE 7I	CASH AND IN-KIND CONTRIBUTIONS CHRISTUS HEALTH CENTRAL LOUISIANA MADE OVER \$5,610,218 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2019. THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8. AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NON-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES, AND PHILOSOPHY OF A HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALING \$273,886 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS HEALTH CENTRAL LOUISIANA. THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS HEALTH CENTRAL LOUISIANA SERVES. THE CHRISTUS FUND GRANTS WERE USED FOR HEALTHCARE NAVIGATION IN THE OUT-PATIENT SETTING FOR THE POOR AND UNDERSERVED WITH CHRONIC DISEASES. THE CHRISTUS FUND GRANTS ALSO HELPED TO FUND THE CENTRAL LOUISIANA COALITION TO PREVENT HOMELESSNESS. ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS VIA THE CHRISTUS FUND ARE MADE TO NON-PROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY. THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(I). INDIGENT FUNDING EXPENSE OF \$5,610,218 IS INCLUDED IN SCHEDULE H, PART I, LINE 7(I).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	LINE 7A: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7B: RATIO OF PATIENT CARE COST TO CHARGES BASED ON SCHEDULE H, WORKSHEET 2 LINE 7E: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7F: ACTUAL EXPENSES LESS ANY DIRECT OFFSETTING REVENUE LINE 7I: ACTUAL EXPENSE OF THE CONTRIBUTIONS
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE COMMUNITY BUILDING ACTIVITIES REPORTED AT SCHEDULE H, PART II INCLUDE INNER CITY REVITALIZATION PROJECTS, LEADERSHIP DEVELOPMENT, AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE. ADVOCACY EFFORTS FOCUS ON THE NEEDS OF CHILDREN, SENIORS AND OTHER VULNERABLE POPULATIONS, AND THEY WORK TO PROMOTE PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS IMMUNIZATIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 1	BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIPLE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15. THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE. THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE. MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL. ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE.
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED IN DETERMINING BAD DEBT THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS. IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC. PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES. FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME. THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE. DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 42.9% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THE AMOUNTS WERE NOT REPORTED AS BAD DEBT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2019. THUS, THE ORGANIZATION ESTIMATES THAT ONLY .74% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2019 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2011 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011.
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES (U.S. GAAP) REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY. THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS FINANCIAL STATEMENTS,INCLUDING THE FOLLOWING: RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES AND THE PROVISION FOR BAD DEBT; ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAYMENT LIMIT, DISPROPORTIONATE SHARE AND MEDICAID 1115 WAIVER PROGRAMS; RESERVES FOR LOSSES AND EXPENSES RELATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES; ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEMS HEALTH PLAN; DETERMINATION OF FAIR VALUES OF CERTAIN FINANCIAL INSTRUMENTS; DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS,INCLUDING ASSETS ACQUIRED; AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION AND RETIREE MEDICAL LIABILITIES. MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER ASSUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENTS AND ESTIMATES. ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES."

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	THE MEDICAL CENTER USES MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS (ROOM AND BOARD) BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES.
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATION TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION. THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT THE CHNA REPORT CONTAINS SECONDARY DATA FROM EXISTING SOURCES, SUCH AS THE AMERICAN COMMUNITY SURVEY (ACS), BEHAVIOR RISK FACTOR SURVEILLANCE SURVEY (BRFSS), LOUISIANA TUMOR REGISTRY, AND DATA FROM THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS, AMONG OTHERS. THIS REPORT ALSO INCLUDES INPUT FROM KEY INFORMANTS IN THE REGION, PARTICULARLY THOSE WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH, THE HEALTH OF THE COMMUNITIES SERVED BY THE HOSPITAL, AND/OR VULNERABLE POPULATIONS IN THE COMMUNITIES SERVED BY THE HOSPITAL. THIS INPUT WAS GATHERED THROUGH INDIVIDUAL INTERVIEWS, A FOCUS GROUP DISCUSSION, A PUBLICALLY-ADVERTISED COMMUNITY VALIDATION MEETING, AND CHNA ADVISORY COMMITTEE MEETINGS. AS A RESULT, FOUR COMMUNITY HEALTH NEEDS WERE IDENTIFIED AS TOP PRIORITIES. THESE PRIORITIES WERE SELECTED BASED OFF OF ISSUE PREVALENCE AND SEVERITY ACCORDING TO PARISH AND REGIONAL SECONDARY DATA IN ADDITION TO THE STAKEHOLDER INPUT PROVIDED. THE TOP NEEDS IDENTIFIED THROUGH THE PROCESS ARE AS FOLLOWS: ACCESS TO CARE, CHRONIC DISEASES, OBESITY, AND LACK OF HEALTH LITERACY AND ACCOUNTABILITY. CHRISTUS HEALTH CENTRAL LOUISIANA WORKS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, ESPECIALLY THE VULNERABLE AND UNDERSERVED POPULATIONS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS HEALTH CENTRAL LOUISIANA MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED. PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS. PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES. THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT. IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED. PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY. IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT. DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS. A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050. IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE. THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION CHRISTUS HEALTH CENTRAL LOUISIANA INCLUDES THE PREDOMINANTLY RURAL PARISHES OF RAPIDES, VERNON, AVOYELLES, ALLEN, GRANT, CATAHOULA, CONCORDIA, LASALLE, WINN, NATCHITOCHES, RED RIVER, BIENVILLE, AND OUACHITA. WITH THE EXCEPTION OF NATCHITOCHES, ALLEN, AND OUACHITA, THIS SAME AREA COMPRISES REGION VI OF THE OFFICE OF PUBLIC HEALTH. CHRISTUS HEALTH CENTRAL LOUISIANA IS COMPRISED OF TWO HOSPITALS: CHRISTUS ST. FRANCES CABRINI HOSPITAL, WHICH SERVES RAPIDES AND THE NINE SURROUNDING CIVIL PARISHES, AND CHRISTUS COUSHATTA HEALTH CARE CENTER, WHICH IS LOCATED IN RED RIVER PARISH, THE ECONOMICALLY POOREST PARISH IN LOUISIANA. CHRISTUS ST FRANCES CABRINI HOSPITAL SERVES RAPIDES AND ITS NINE SURROUNDING CIVIL PARISHES, WHICH HAVE A TOTAL POPULATION OF MORE THAN 379,000, MORE THAN 21.1% OF WHOM LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL, BASED ON THE 2011 LOUISIANA STATE CENSUS. THE AVERAGE INCOME WITHIN THE AREA FOR THE PERIOD 2007-2011 WAS APPROXIMATELY \$18,821 PER CAPITA, AND THE MEDIAN HOUSEHOLD INCOME WAS APPROXIMATELY \$36,773. FOR ALL OF LOUISIANA, THE AVERAGE INCOME FOR THE PERIOD 2007-2011 WAS \$23,853 PER CAPITA, AND THE MEDIAN HOUSEHOLD INCOME WAS APPROXIMATELY \$44,086. RAPIDES PARISH, THE NINTH LARGEST PARISH IN THE STATE, IS LOCATED IN THE CENTER OF THE REGION AND INCLUDES THE ONLY URBAN COMMUNITIES. THE CITIES OF ALEXANDRIA AND PINEVILLE SERVE AS THE MAJOR HEALTH, BANKING, AND MERCHANDISING CENTERS FOR A CULTURALLY DIVERSE POPULATION. ALL OF THE PARISHES IN CENTRAL LOUISIANA HAVE BEEN DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA). RAPIDES AND AVOYELLES LACK PRIMARY CARE HEALTH PROFESSIONALS, BUT ALL OF THE OTHER PARISHES ALSO LACK MENTAL AND DENTAL HEALTH PROFESSIONALS. CHRISTUS COUSHATTA HEALTH CARE CENTER IS LOCATED IN RED RIVER PARISH AND PREDOMINANTLY SERVES RED RIVER PARISH, BIENVILLE PARISH AND OUACHITA PARISH, WHICH HAVE A TOTAL POPULATION OF 178,244, MORE THAN 22% OF WHOM LIVE AT OR BELOW THE FEDERAL POVERTY LEVEL, BASED ON THE 2011 LOUISIANA STATE CENSUS. THE FEDERAL GOVERNMENT HAS DESIGNATED CHRISTUS COUSHATTA HEALTH CARE CENTER A CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TIME THAT PATIENTS WOULD HAVE TO SPEND TRAVELING TO NATCHITOCHES OR SHREVEPORT, LA, FOR TREATMENT. THE PARISHES THAT CHRISTUS HEALTH CENTRAL LOUISIANA SERVE HAVE A LARGE POPULATION OF PERSONS OVER 71 YEARS OF AGE. LACK OF HIGHER EDUCATION IS AN ADDITIONAL FACTOR IN SERVING THE POPULATION OF CHRISTUS HEALTH CENTRAL LOUISIANA, AS AN AVERAGE OF ONLY 16% OF THE POPULATION HAS A COLLEGE DEGREE COMPARED TO A 30% NATIONAL AVERAGE. ADDITIONALLY, 79% OF THE PERSONS LIVING IN THE PARISHES SERVED BY CHRISTUS HEALTH CENTRAL LOUISIANA GRADUATE FROM HIGH SCHOOL AS COMPARED TO THE NATIONAL AVERAGE OF 86%.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH THE CENTRAL LOUISIANA REGION OF CHRISTUS HEALTH RESPONDS TO COMMUNITY NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS ST. FRANCES CABRINI HOSPITAL IN ALEXANDRIA, LA, A 283-BED FACILITY; CHRISTUS COUSHATTA HEALTH CARE CENTER IN COUSHATTA, LA, A 25-BED CRITICAL ACCESS HOSPITAL; AND CHRISTUS ST. JOSEPH'S HOME IN MONROE, LA, A LONG-TERM CARE AND ASSISTED LIVING FACILITY WITH 130 LICENSED BEDS AND 60 RESIDENTIAL UNITS. ALL THREE FACILITIES IN THIS REGION SHARE ONE OBJECTIVE OF LEADING THE WAY TOWARD HEALTHIER COMMUNITIES. CHRISTUS HEALTH CENTRAL LOUISIANA'S OTHER HEALTH CARE FACILITIES INCLUDE PARTIAL OWNERSHIP OF CHRISTUS CABRINI SURGERY CENTER, LLC AND PARTIAL OWNERSHIP OF LOUISIANA ATHLETIC CLUB WITH TWO LOCATIONS IN THE COMMUNITIES OF ALEXANDRIA AND PINEVILLE. CHRISTUS HEALTH CENTRAL LOUISIANA ACTIVELY PARTNERS WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND SAFETY ISSUES OF THE COMMUNITY. THE ORGANIZATION PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITIES IT SERVES. IT CONDUCTS ITS ACTIVITIES AND PROVIDES ITS HEALTH CARE SERVICES WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN. BOTH CHRISTUS ST. FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER PROVIDE A 24 HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS ST. FRANCES CABRINI HOSPITAL IS THE ONLY CANCER CENTER IN CENTRAL LOUISIANA TO OFFER COMPREHENSIVE CANCER CARE IN A HOSPITAL SETTING. MD ANDERSON CANCER CENTER AT THE UNIVERSITY OF TEXAS AND TULANE UNIVERSITY CANCER CENTER PROTOCOLS ARE AVAILABLE AT CHRISTUS ST. FRANCES CABRINI HOSPITAL, AND AN ACTIVE RESEARCH PROGRAM MAKES CLINICAL TRIALS AVAILABLE TO ELIGIBLE PATIENTS. IT IS ALSO CENTRAL LOUISIANA'S LEADER IN CARDIAC SERVICES AND NEURO MUSCULOSKELETAL SERVICES. CHRISTUS COUSHATTA HEALTH CARE CENTER ALSO OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING CARDIOLOGY, DIABETES CARE, PHYSICAL THERAPY, OPHTHALMOLOGY, ORTHOPEDIC SERVICES, INFUSION THERAPY, AND ADULT PSYCHIATRIC SERVICES. IT IS ALSO A FEDERALLY DESIGNATED CRITICAL ACCESS HOSPITAL DUE TO THE STRATEGIC LOCATION OF ITS EMERGENCY ROOM, WHICH REDUCES THE TIME PATIENTS WOULD HAVE TO SPEND TRAVELING TO NATCHITOCHES, LOUISIANA OR SHREVEPORT, LOUISIANA FOR TREATMENT. CHRISTUS CENTRAL LOUISIANA OFFERED MORE THAN \$57,000 IN HEALTH PROFESSIONS EDUCATION DURING FY 2019 INCLUDING STUDENT INTERNSHIPS, CLINICAL EXPERIENCE, AND OTHER EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, AND THERAPISTS. CHRISTUS ST. FRANCES CABRINI HOSPITAL ALSO PROVIDES MANY FREE HEALTH SCREENINGS AND HEALTH EDUCATION FOR LOCAL ORGANIZATIONS, BUSINESSES, AND COMMUNITY GROUPS IN REGARD TO SUCH TOPICS AS DIABETES, PROSTATE CANCER, COLORECTAL CANCER, AND OTHERS. CHRISTUS HEALTH REINVESTS ALL SURPLUS FUNDS BACK IN THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES. DURING FY 2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVED POLICIES AND WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR ALL. AS A NON-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING A CROSS-SECTION OF THE STATE SERVED GUIDES CHRISTUS HEALTH CENTRAL LOUISIANA. THE HOSPITAL'S OPEN MEDICAL STAFF IS COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO COMMUNITIES IN CENTRAL LOUISIANA. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE IN THESE HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. ALL PERSONS EMPLOYED AND AFFILIATED WITH CHRISTUS CENTRAL LOUISIANA ARE REQUIRED TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM DESCRIPTION CHRISTUS HEALTH CENTRAL LOUISIANA IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES. CHRISTUS SERVICES CAN BE FOUND IN THE STATES OF ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, AND INTERNATIONALLY IN THE COUNTRIES OF MEXICO, COLUMBIA, AND CHILE. A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING CHRISTUS HEALTH CENTRAL LOUISIANA, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS. REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT. CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS. THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION. CHRISTUS HEALTH CENTRAL LOUISIANA, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED.
SCHEDULE H, PART VI, LINE 7	COMMUNITY BENEFIT REPORT ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E., LOUISIANA AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2015 WITH 2017 UPDATE. TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE. CHRISTUS HEALTH'S NON-PROFIT HOSPITALS LOCATED IN TEXAS FILE A COMMUNITY BENEFIT REPORT IN THE STATE OF TEXAS. THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AND AN ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN ARE FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS), AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046. THE 2012 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN STANDARDIZED FORMAT. STATE FILING OF COMMUNITY BENEFIT REPORT: TX

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHRISTUS ST FRANCES CABRINI HOSPITAL 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 WWW.CHRISTUSSTFRANCESCABRINI.ORG 234	X	X					X			A
2	CHRISTUS ST JOSEPH HOME 2301 STERLINGTON ROAD MONROE, LA 71203 WWW.CHRISTUSSTJOSEPHSHOME.ORG 874									COMPREHENSIVE SENIOR CAMPUS; SKILLED NURSING FACILITY	A
3	CHRISTUS COUSHATTA HEALTH CARE CENTER 1635 MARVEL STREET COUSHATTA, LA 71019 WWW.CHRISTUSCOUSHATTA.ORG 551					X		X			A

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	LEADERSHIP FOR CHRISTUS HEALTH CENTRAL LOUISIANA WAS PROVIDED WITH A DRAFT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT MAY 2016. THE CHNA ADVISORY COMMITTEES FOR CHRISTUS ST. FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER WERE TASKED WITH REVIEWING THE FINDINGS AND DETERMINING WHICH PRIORITY ISSUES WOULD BE SELECTED TO ADDRESS OVER THE NEXT THREE YEARS AS PART OF A COMMUNITY HEALTH IMPLEMENTATION PLAN. SCHEDULE H, PART V, SECTION B, LINE 5 ORIGINALLY INFORMED BY ASSESSMENT MATERIALS DEVELOPED BY NATIONAL ORGANIZATIONS SUCH AS THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT (ACHI), THE CATHOLIC HEALTH ASSOCIATION (CHA), AND THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), LPHI, THE CONSULTANT CONTRACTED TO HELP CONDUCT THE ASSESSMENT, REFINED A MIXED METHODS APPROACH THROUGH DISCUSSIONS WITH LPHI'S COUNTERPART CONDUCTING THE CHNA & CHIP PROCESS FOR CHRISTUS FACILITIES IN TEXAS, TEXAS HEALTH INSTITUTE (THI), AND THE CHRISTUS HEALTH CORPORATE OFFICE. AS A RESULT, LPHI CONDUCTED A COMBINATION OF KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND WIDELY ADVERTISED COMMUNITY VALIDATION MEETINGS TO PROVIDE CHRISTUS HEALTH WITH CRITICAL INPUT FROM VARIOUS COMMUNITY REPRESENTATIVES TO ASSIST EACH CHRISTUS FACILITY WITH DETERMINING WHAT PRIORITIES WILL BE ADDRESSED OVER THE NEXT THREE YEARS. THIS FEEDBACK WAS USED TO SUPPLEMENT THE QUANTITATIVE DATA PROVIDED BY EACH HOSPITAL AND AVAILABLE FROM SECONDARY SOURCES, SUCH AS THE AMERICAN COMMUNITY SURVEY (ACS) AND THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS. IN ORDER TO ENSURE COMMUNITY INPUT AND EXPERT OVERSIGHT THROUGHOUT THE ENTIRE PROJECT, AN ADVISORY COMMITTEE REPRESENTING INTERNAL AND EXTERNAL STAKEHOLDERS FOR BOTH CHRISTUS HOSPITALS IN THE CENTRAL LOUISIANA REGION WAS ESTABLISHED IN LATE 2015. THE SE ADVISORY COMMITTEES MET PERIODICALLY ON THE CHRISTUS CAMPUSES THROUGHOUT THIS PROCESS. THE COMMITTEES WERE INVOLVED IN THE REVIEW OF ALL DATA COLLECTION MATERIALS DEVELOPED BY LPHI AND THI, INCLUDING A LIST OF RECOMMENDED QUANTITATIVE INDICATORS, THE KEY INFORMANT INTERVIEW GUIDE, AND THE FOCUS GROUP GUIDE. THE COMMITTEE WAS ALSO INVOLVED IN RECRUITMENT AND OUTREACH FOR THE COMMUNITY VALIDATION MEETING THAT OCCURRED ON MAY 9, 2016. PRIOR TO THE VALIDATION MEETING, THE COMMITTEE FOR ST. FRANCES CABRINI MET ON MAY 4, 2016 TO REVIEW A DRAFT VERSION OF THE FINDINGS AND TO DETERMINE WHICH PRIORITY ISSUES WOULD BE PRESENTED AT THE MEETING. THE COMMITTEE FOR COUSHATTA ALSO MET ON MAY 5, 2016 TO DISCUSS THEIR PRIORITIES STEMMING FROM THE DATA IN THE DRAFT CHNA AND SPECIFICALLY IN REGARDS TO THEIR RURAL LOCATION. INTERNAL STAKEHOLDERS OF THE ADVISORY COMMITTEE INCLUDE NANCY HELLYER, CEO; DR. ROD MOORE, CMO; JULIE HENRY, DIRECTOR OF MARKETING; SUZETTE FATULA, VP OF FINANCE; BETH PARSONS, DUBUIS HOSPITAL ADMINISTRATOR; DREW GRAUL, DIRECTOR OF STRATEGY FOR CHRISTUS LOUISIANA; CATHY POPE, FINANCE DEPARTMENT AND THERESA SLATER, EXECUTIVE DIRECTOR OF CABRINI FOUNDATION. EXTERNAL STAKEHOLDERS INC

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	LUDE DR. DAVID HOLCOMB, REGIONAL MEDICAL DIRECTOR FOR OFFICE OF PUBLIC HEALTH; MR. DAVID B RITT, PRESIDENT, UNITED WAY; AND DR. MOSELLE DEARBONNE, RETIRED ADMINISTRATOR, LOUISIANA DEPARTMENT OF EDUCATION. FOCUS GROUPS WERE ALSO SELECTED AS AN ADDITIONAL MECHANISM TO OBTAIN COMMUNITY INPUT. THE FOCUS GROUP FOR CHRISTUS ST. FRANCES CABRINI HOSPITAL OCCURRED ON MARCH 10, 2016. PARTICIPANTS INCLUDE AN EDUCATOR, A RETIRED BUSINESS EXECUTIVE, A COMMUNITY VOLUNTEER, A VOLUNTEER WITH CABRINI HOSPITAL, A HEALTHCARE WORKER (NOT AT CABRINI), A PASTOR AND A SOCIAL WORKER. A SEPARATE FOCUS GROUP WAS CONDUCTED AT CHRISTUS COUSHATTA HEALTH CENTER ON MARCH 8, 2016. PARTICIPANTS INCLUDE SHERIFF GLEN EDWARDS, SHERIFF OF RED RIVER PARISH; BEN TAYLOR, POLICE JUROR FOR RED RIVER PARISH; REV. NATHAN JONES, PASTOR OF 1ST BAPTIST CHURCH OF COUSHATTA; MARGARET JONES, MEMBER OF THE RURAL HEALTH BOARD; KAY EASLEY, FORMER SUPERINTENDENT OF RED RIVER PARISH SCHOOL SYSTEM AS WELL AS OTHER CONCERNED MEMBERS OF THE COMMUNITY. AN EFFORT WAS MADE TO ALSO OBTAIN INPUT THROUGH KEY INFORMANT INTERVIEWS. INTERVIEWEES INCLUDE THE DIRECTOR OF A LOCAL MINISTERIAL ALLIANCE, THE DEPUTY DIRECTOR OF THE STATE OFFICE OF BEHAVIORAL HEALTH, MAYORS OF MARKSVILLE AND POLLOCK, THE CHIEF OF STAFF FOR CITY OF PINEVILLE AND SHERIFF OF GRANT PARISH, A PROFESSOR AT LSU-ALEXANDRIA, DIRECTORS OF RAPIDES FOUNDATION, UNITED WAY, REGIONAL OFFICE OF PUBLIC HEALTH AND CENTRAL LOUISIANA ECONOMIC DEVELOPMENT COUNCIL; CURRENT RED RIVER PARISH SCHOOL BOARD MEMBERS AS WELL AS RETIRED SUPERINTENDENT OF RED RIVER PARISH PUBLIC SCHOOL SYSTEM.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	The URL for the community health needs assessment is: https://www.christushealth.org/-/media/files/homepage/giving-back/chna/2017--2019-chna-christus-cla.ashx?la=en SCHEDULE H, PA RT V, SECTION B, LINE 10A THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTAT ION STRATEGY IS: https://www.christushealth.org/-/media/files/chip/2017--2019-chip-christu s -cla-rev.ashx?la=en SCHEDULE H, PART V, SECTION B, LINE 11 LEADERSHIP FOR CHRISTUS HEALT H CENTRAL LOUISIANA WAS PROVIDED WITH A DRAFT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT MAY 2016. THE CHNA ADVISORY COMMITTEES FOR CHRISTUS ST. FRANCES CABRINI HOSPITAL AND CHRISTUS COUSHATTA HEALTH CARE CENTER WERE TASKED WITH REVIEWING THE FINDINGS AND DETERMINING WHIC H PRIORITY ISSUES WOULD BE SELECTED TO ADDRESS OVER THE NEXT THREE YEARS AS PART OF A COMM UNITY HEALTH IMPLEMENTATION PLAN. EACH PANEL TOOK A NUMBER OF THINGS INTO CONSIDERATION WH EN CHOOSING PRIORITIES. SOME PRIORITIES WERE SELECTED BASED OFF OF ISSUE PREVALENCE AND SE VERITY ACCORDING TO PARISH AND REGIONAL SECONDARY DATA. INPUT PROVIDED BY KEY INFORMANTS, FOCUS GROUP PARTICIPANTS, AND OTHER COMMUNITY STAKEHOLDERS WAS ALSO HEAVILY CONSIDERED, ES PECIALLY FOR PRIORITY AREAS WHERE SECONDARY DATA WERE LESS AVAILABLE. THE OFFICIAL COMMUNI TY HEALTH NEEDS ASSESSMENT REPORT WAS FINALIZED JUNE 2016. BASED ON THE PROCESS DESCRIBED ABOVE, THE PRIORITY HEALTH NEEDS SELECTED BY CHRISTUS HEALTH CENTRAL LOUISIANA ARE: 1. ACC ESS TO CARE WAYS WE TRIED TO ADDRESS ACCESS TO CARE ARE: CONTINUED OPERATION OF 17 SCHOOL- BASED HEALTH CENTERS (SBHCS) IN THAT SERVE THE HEALTH NEEDS OF CHILDREN WHO LIVE IN AREAS THAT DO NOT HAVE ACCESS TO ADEQUATE MEDICAL CARE.CONTINUED OPERATIONS OF OUR COMMUNITY CLI NICS THAT SERVE THE POOR AND VULNERABLE WITH EXPANSION OF CLINICS IN BOYCE, AND PINEVILLE. EXPANSION TO PRIMARY CARE TO PINEVILLE. SUCCESSFULLY RECRUITED 11 SPECIALISTS TO OUR SERV ICE AREA. 2. CHRONIC DISEASES WAYS WE TRIED TO ADDRESS CHRONIC DISEASE ARE: PROVIDED PATIE NT EDUCATION AND CHRONIC DISEASE PROGRAMS FOR AN EXPANDED LIST OF CHRONIC CONDITIONS. PROV IDED CHRONIC DISEASE MANAGEMENT THROUGH THE INCARNATE WORD COUMADIN CLINIC. CONTINUED TO P ROVIDE COORDINATED CHRONIC DISEASE MANAGEMENT AND CARE TO SCHOOL AGED CHILDREN THROUGH THE SCHOOL-BASED HEALTH CENTERS (SBHCS). ENHANCE EXISTING DIABETES EDUCATION PROGRAM TO EXPAN D REACH AND IMPACT IN CONJUNCTION WITH DIAMOND HEALTH CONTINUE TO ENSURE THAT CARDIO-PULMO NARY REHAB IS AN ACCESSIBLE RESOURCE TO THOSE IN NEED OR CAN MOST BENEFIT PROVIDE EDUCATIO N, DIET, AND MEDICATION MANAGEMENT TO ATTENDEES OF DR. TROXCLAIR CLINIC. ADDITIONALLY, WE PROVIDE A DIABETIC EDUCATION PROGRAM AND SUPPORT GROUP AND A CONGESTIVE HEART FAILURE SUPP ORT GROUP. 3. OBESITY WAYS WE TRIED TO ADDRESS OBESITY ARE: COLLABORATED WITH COMMUNITY PA RTNERS TO EXTEND SERVICES AND PROGRAMS FOR HEALTHY EATING AND PHYSICAL ACTIVITY. PROVIDED OBESITY PREVENTION SERVICES AND ACTIVITIES TO SCHOOL AGED CHILDREN THROUGH THE SCHOOL-BASE D HEALTH CENTERS.INCORPORATED

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	OBESITY PREVENTION EDUCATION AND ACTIVITIES IN ALL SCHOOL-BASED PROGRAMS. PROVIDED COMPREHENSIVE WELLNESS PROGRAM TO EMPLOYEES WHICH ADDRESSED EXERCISE, SMOKING AND SMOKING CESSATION. PROVIDED NUTRITION SERVICES THROUGH THE DR. TROXCLAIR CLINIC. WE ALSO PROVIDED BARIATRIC SUPPORT GROUPS. 4. LACK OF HEALTH LITERACY AND ACCOUNTABILITY: WE TRIED TO ADDRESS LACK OF HEALTH LITERACY AND ACCOUNTABILITY: PROVIDE ONGOING EDUCATION TO THE COMMUNITY ABOUT MEDICAID EXPANSION. CONTINUE TO PROVIDE COMMUNITY CLINIC PATIENTS WITH INDIVIDUALIZED EDUCATION FOR A VARIETY OF DISEASE AND PREVENTION TOPICS. CONTINUE TO UTILIZE THE SCHOOL-BASED HEALTH CENTERS TO EDUCATE STUDENTS AND THEIR FAMILIES ON A VARIETY OF DISEASE AND PREVENTION TOPICS. PROVISION OF A VARIETY OF SUPPORT GROUPS INCLUDING: BEREAVEMENT, PARKINSON'S, SUICIDE LOSS, WIDOWED PERSONS' SUPPORT, AND BREAST CANCER SURVIVORS. ALSO PROVIDE AN ALZHEIMER'S SUPPORT GROUP AND AN ALZHEIMER'S ACTIVITY GROUP. LOSS, WIDOWED PERSONS' SUPPORT, AND BREAST CANCER SURVIVORS. SCHEDULE H, PART V, SECTION B, LINE 13B INCOME LEVEL USED FOR FAP ELIGIBILITY UNINSURED PATIENTS WHO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM MAY ALSO QUALIFY FOR ASSISTANCE UNDER THE POLICY, REGARDLESS OF INCOME LEVEL, IF THEY HAVE MEDICAL OR HOSPITAL BILLS THAT EXCEED 10% OF THEIR GROSS FAMILY INCOME. SCHEDULE H, PART V, SECTION B, LINE 15E FAP APPLICATION FORM'S METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IN ADDITION TO REGULAR APPLICATIONS, THE HOSPITAL ALSO ASSESSED PATIENTS FOR PRESUMPTIVE ELIGIBILITY TO FACILITATE GIVING ASSISTANCE TO NEEDY PATIENTS. THE HOSPITAL IMPLEMENTED ELECTRONIC ELIGIBILITY TOOLS THAT USED PATIENT DEMOGRAPHIC DATA, CREDIT REPORTS, AND OTHER PUBLICLY AVAILABLE INFORMATION TO ESTIMATE A PATIENT'S INCOME, ASSETS, AND LIQUIDITY. PATIENTS WERE SCREENED AS PART OF THE COLLECTION ATTEMPT PROCESS. WHEN ELECTRONIC SCREENING WAS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY, THE HIGHEST DISCOUNT OF FULL FREE CARE WAS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DID NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROCESS, THE PATIENT COULD STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A-16C	THE FAP, FAP APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT: HTTPS://WWW.CHRISTUSHEALTH.ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 16J HOW THE HOSPITAL FACILITY PUBLICIZES THE FINANCIAL ASSISTANCE POLICY THE HOSPITAL POSTED SIGNS TO INFORM PATIENTS ABOUT THE AVAILABILITY OF CHARITY CARE IN THE EMERGENCY DEPARTMENT, LOBBY, AND ADMISSIONS AREAS. (THE SIGNS DID NOT SPECIFICALLY REFERENCE THE POLICY (FAP), WHICH IS WHY THE HOSPITAL DID NOT SELECT "YES" IN RESPONSE TO LINE 16F). IN ADDITION, A SUMMARY OF THE POLICY AND DOCUMENTS NEEDED TO APPLY FOR ASSISTANCE WAS WIDELY AVAILABLE AT WWW.CHRISTUSHEALTH.ORG/CHARITYCARE . (THIS WEBSITE WAS THE FIRST RESULT IN GOOGLE WHEN PATIENTS SEARCHED FOR THE HOSPITAL NAME AND CHARITY CARE OR FINANCIAL ASSISTANCE.) EFFECTIVE JULY 1, 2016, THE INDIVIDUAL HOSPITAL'S HOMEPAGE HAD A CONSPICUOUS FINANCIAL ASSISTANCE LINK DIRECTING PATIENTS TO THE CHARITY CARE HOMEPAGE. COUNSELORS ALSO PUBLICIZED THE AVAILABILITY OF FINANCIAL ASSISTANCE DURING ONE-ON-ONE VISITS WITH PATIENTS. THE HOSPITAL ATTEMPTED TO PROVIDE ALL UNINSURED PATIENTS WITH FINANCIAL COUNSELING. SPENDING TIME FACE-TO-FACE WITH PATIENTS ALLOWED COUNSELORS TO FACILITATE THE APPLICATION PROCESS FOR PATIENTS WHO OTHERWISE MIGHT NOT HAVE SOUGHT ASSISTANCE. COUNSELORS HELPED COMPLETE FINANCIAL ASSISTANCE APPLICATIONS AND EVALUATE PAYMENT PLANS FOR OUTSTANDING BALANCES. UNINSURED PATIENTS WERE SCREENED FOR MEDICAID ELIGIBILITY, AND COUNSELORS ALSO ASSISTED ELIGIBLE PATIENTS IN COMPLETING THOSE APPLICATIONS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 17	DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTION THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR. THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME. IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS. SCHEDULE H, PART V, SECTION B, LINE 20E EFFORTS MADE BEFORE INITIATING EXTRAORDINARY COLLECTION ACTIONS WHEN COLLECTION CALLS RESULTED IN PATIENT CONTACT, BUSINESS AGENTS PERFORMED A VERBAL SCREENING TO SEE IF THE PATIENT MIGHT BE ELIGIBLE FOR CHARITY CARE. IN ADDITION, BILLING STATEMENTS CONTAINED THE FOLLOWING NOTICE: "YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON YOUR INCOME LEVEL. IF YOU DO NOT QUALIFY AND CANNOT MAKE PAYMENT IN FULL, WE WILL WORK WITH YOU TO SET UP AN ACCEPTABLE PAYMENT PLAN."

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22A	DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE. THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST. VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS. ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE. PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED 70% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), 50% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 201% TO 300% OF FPL) OR RECEIVED free CARE (INCOMES BELOW 200% FPL). FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Christus Health Central Louisiana

Employer identification number

72-0408984

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 6

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO. 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS". BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED: (1) ORGANIZATION TEST AND (2) IRS TEST. THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS. CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED. THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE A 501(C)(3) ORGANIZATION OR AN ORGANIZATION THAT FURTHERS THE HEALTH SYSTEM'S OVERALL EXEMPT PURPOSES AND PROVIDE DOCUMENTATION TO THAT EFFECT OBTAINED. TO SATISFY THE IRS TEST, CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT, BUT FOR PUBLIC BENEFIT. CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING. DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION. DONATIONS SHOULD BE MODEST IN SCOPE. THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO CERTAIN COUNTIES VIA GRANTS PAID TO OTHER HOSPITALS AND HEALTHCARE ORGANIZATIONS LOCATED WITHIN SUCH COUNTIES. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT THE FILING ORGANIZATION MAY NOT DIRECTLY SERVE IN ONE OF ITS HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN CLINICAL SERVICES 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	46-3081235		453,074				INDIGENT CARE FUNDING
EASTERN LOUISIANA CLINICAL SERVICES 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	45-1779607		43,714				INDIGENT CARE FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF ALEXANDRIA PO BOX 7417 ALEXANDRIA, LA 71306	72-0491102	501(c)(3)	6,000				SPONSORSHIP
JEFFERSON CLINICAL SERVICES 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	45-2183224		99,064				INDIGENT CARE FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATCHITOCHES CLINICAL SERVICES 320 SOMERULOS STREET BATON ROUGE, LA 70802	45-1558646	501(c)(3)	53,186				INDIGENT CARE FUNDING
OCHSNER CLINIC FOUNDATION 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	72-0502505	501(c)(3)	559,848				INDIGENT CARE FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA CLINICAL SERVICES 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	27-2869360		1,615,654				INDIGENT CARE FUNDING
VERMILLION HEALTH SERVICES 80 VERSAILLES BLVD STE C ALEXANDRIA, LA 71303	81-1644563		806,073				INDIGENT CARE FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY AT ALEXANDRIA 8100 HWY 71 SOUTH ALEXANDRIA, LA 71303	58-2024467	501(C)(3)	8,500				SPONSORSHIP
LOUISIANA FAMILY SERVICES 8585 Picardy Avenue Baton Rouge, LA 70809	46-2739639		367,962				INDIGENT CARE FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisiana College 1140 COLLEGE DRIVE PINEVILLE, LA 71359	72-0467515	501(C)(3)	6,000				SPONSORSHIP
NATCHITOCHES REGIONAL MEDICAL 501 KEYSER AVENUE NATCHITOCHES, LA 71457	76-0803931	501(C)(3)	20,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL LOUISIANA 1101 fourth st Alexandria, LA 71301	72-0462338	501(C)(3)	20,000				SPONSORSHIP
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(C)(3)	59,613				SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Christus Health Central Louisiana		Employer identification number 72-0408984

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☒ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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	Yes
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

[illegible]

Part III **Supplemental Information**

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.

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, PART VII, LINE 1A & SCH J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS.

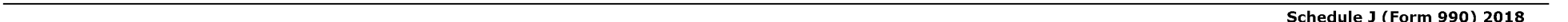
Return Reference	Explanation
COMPANION TRAVEL	SCHEDULE J, PART I, LINE 1A TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS.

Return Reference	Explanation
RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION	SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY. SCHEDULE J, PART I, LINE 4A THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS: STEPHEN F. WRIGHT - \$154,308 RODNEY R. MOORE - \$258,787 SUPPLEMENTAL FROM NONQUALIFIED RETIREMENT PLAN SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS,HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET. PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FORM 990, SCHEDULE J, PART I, QUESTION 4B AND FORM 990, SCHEDULE J, PART II, COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR YEAR 990 STEPHEN F. WRIGHT RECEIVED \$73,765 DURING CALENDAR YEAR 2018 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN. SUPPLEMENTAL COMPENSATION INFORMATION 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.

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II THE BONUS AND INCENTIVE COMPENSATION REPORTED AS RELATED COMPENSATION WAS PAID TO THE FOLLOWING PERSONS BY CHRISTUS HEALTH, A RELATED ORGANIZATION OF THE FILING ENTITY: STEPHEN WRIGHT, NANCY HELLYER, WENDY (WHITE) CHANDLER, RODNEY R. MOORE, E. LANE HARRINGTON, LES TOMPKINS, BERT TASSIN, AND D. KIRK SOILEAU.

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	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 2018.

Return Reference	Explanation
DEFERRED COMPENSATION	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

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

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUSAN E KEMP MD DIRECTOR	(i)	-----	-----	-----	0	0	0	0
	(ii)	195,120	-----	18,000	5,542	16,305	234,967	0
NANCY R HELLYER CHIEF EXEC OFFICER/PRESIDENT	(i)	-----	-----	-----	0	0	0	0
	(ii)	389,362	89,328	84,322	79,666	10,919	653,597	0
RODNEY MOORE MD VP & REGIONAL/CMO (THRU 11/17)	(i)	-----	-----	-----	0	0	0	0
	(ii)	-----	-----	266,262	426	0	266,688	0
STEPHEN F WRIGHT REG PRES(THRU 10/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,175,006	217,562	335,184	121,744	17,181	1,866,677	73,765
WENDY WHITE CHANDLER GROUP VP, HUMAN RESOURCES	(i)	-----	-----	-----	0	0	0	0
	(ii)	344,003	62,686	13,814	66,490	24,640	511,633	0
D KIRK SOILEAU CEO - NATCHITOCHES	(i)	-----	-----	-----	0	0	0	0
	(ii)	286,077	82,342	6,008	39,073	21,082	434,582	0
SCOTT MERRYMAN CFO	(i)	-----	-----	-----	0	0	0	0
	(ii)	481,621	96,998	22,860	108,423	10,045	719,947	0
Bert Tassin EXEC DIRECTOR - SUPPORT SVS	(i)	136,341	26,321	-----	18,302	8,181	189,145	0
	(ii)	-----	-----	-----	0	0	0	0
CATHERINE BLISE CNO	(i)	-----	-----	-----	0	0	0	0
	(ii)	214,144	42,271	4,315	7,223	11,818	279,771	0
CHRISTOPHER KARAM REG CEO (AS OF 10/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	724,486	435,363	92,227	254,291	20,269	1,526,636	0
JOHN P SHAUGHNESSY VP, FINANCE	(i)	-----	-----	-----	0	0	0	0
	(ii)	144,634	17,869	6,081	1,277	13,251	183,112	0
SHERMAN FOOKES VP ANCILLARY SERVICES	(i)	-----	-----	-----	0	0	0	0
	(ii)	184,930	36,847	1,505	15,417	19,542	258,241	0
EUGENE BURGE PRES SAVOY MEDICAL CENTER	(i)	-----	-----	-----	0	0	0	0
	(ii)	196,479	47,121	3,115	7,378	2,376	256,469	0
SCOTT JOHNSON VP, STRATEGY - BUS DEVELOPMENT	(i)	-----	-----	-----	0	0	0	0
	(ii)	207,959	42,780	4,315	55,881	26,123	337,058	0
CLAIRE LAUZON-VALLONE VP, QUALITY AND SAFETY	(i)	-----	-----	-----	0	0	0	0
	(ii)	208,756	66,809	18,173	58,732	10,744	363,214	0
EBENEZER BERKO PHYSICIAN	(i)	463,842	-----	-----	17,067	21,208	502,117	0
	(ii)	-----	-----	-----	0	0	0	0
TANYANIKA L PHILLIPS PHYSICIAN	(i)	202,612	-----	149,668	0	24,624	376,904	0
	(ii)	-----	-----	-----	0	0	0	0
STEVEN J SACCARO MD PHYSICIAN	(i)	300,788	-----	28,190	20,399	21,453	370,830	0
	(ii)	-----	-----	-----	0	0	0	0
JOSHUA R CASON PHYSICIAN	(i)	168,798	104,169	150	17,341	25,666	316,124	0
	(ii)	-----	-----	-----	0	0	0	0
ULLA ULE PHYSICIAN	(i)	273,063	-----	-----	21,517	9,026	303,606	0
	(ii)	-----	-----	-----	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
H LES TOMPKINS DIRECTOR MANAGED CARE	(i)	- - - - -	- - - - -	- - - - -	0	0	0	0
	(ii)	181,180	46,539	- - - - -	15,536	2,045	245,300	0
CHRISTOPHER JANIK VP FINANCE AMB SVCS-PASC	(i)	- - - - -	- - - - -	- - - - -	0	0	0	0
	(ii)	207,313	76,814	4,231	18,804	22,039	329,201	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

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

72-0408984

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE C	DOING BUSINESS AS CHRISTUS CABRINI PHYSICAL REHABILITATION CENTER CHRISTUS HEALTH LOUISIANA MINISTRIES CHRISTUS CABRINI STROKE CENTER CHRISTUS CABRINI WOUND CARE AND HYPERBARIC CENTER Christus St. Frances Cabrini Hospital Christus St. Frances Cabrini Community Clinic Christus Community Health Clinic Christus Community Clinic - Alexandria Christus Community Clinic - Pineville Christus St. Joseph's Home Christus St. Frances Cabrini Health System CHRISTUS COMMUNITY SPECIALTY CLINIC CHRISTUS COUSHATTA HEALTH CARE CENTER CHRISTUS COUSHATTA RINGGOLD RURAL HEALTH CENTER CHRISTUS HEALTH LOUISIANA

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. CHRISTUS ST. FRANCES CABRINI ALSO PROVIDES EDUCATIONAL ACTIVITIES INCLUDING STUDENT INTERNSHIPS, CLINICAL EXPERIENCE AND OTHER EDUCATION FOR NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, THERAPISTS AND PASTORAL CARE PROFESSIONALS. CHRISTUS ST. FRANCES CABRINI HOSPITAL ALSO PROVIDES MANY FREE HEALTH SCREENINGS AND HEALTH EDUCATION FOR LOCAL ORGANIZATIONS, BUSINESSES AND COMMUNITY GROUPS ON DISEASES INCLUDING DIABETES, PROSTATE CANCER, COLORECTAL CANCER AND OTHERS. THE HOSPITAL ALSO PROVIDES MEETING SPACE TO VARIOUS ORGANIZATIONS IN THE COMMUNITY. CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AIDS, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES. DURING FY 2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS, AND A VARIETY OF OTHER SOCIAL SERVICES. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2 OFFICER/SR. VP OF OPERATIONS STEPHEN WRIGHT AND OFFICER SCOTT MERRYMAN HAVE A BUSINESS RELATIONSHIP AS BOTH SERVE AS OFFICERS OF SCH MANAGEMENT SOLUTIONS, INC. DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDINGS FORM 990, PART VI, SECTION A, LINE 6 CHRISTUS HEALTH IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, SECTION A, LINE 7B CHRISTUS HEALTH'S BOARD OF DIRECTORS HAS THE FOLLOWI NG POWERS: APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOSOPHY, MISSION AND VISION; APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S ARTICLES OF INC ORPORATION AND BYLAWS; APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION'S BOARD OF DI RECTORS; APPOINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS; APPROVE INCURRENCE OF DEBT THAT EXCEEDS \$5 MILLION PER INCURRENCE OR \$25 MILLION ANNUALLY; APPROVE ANY MERGER,CONSOLIDATION, ACQUISITION, DI SSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION; APPROVE THE IMPLEMENTATION OF SYSTEM- WIDE POLICIES FOR THE FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PER FORMANCE INDICATORS FOR THE FILING ORGANIZATION; APPROVE THE INDEPENDENT AUDIT REPORTS OF THE FILING ORGANIZATION; APPROVE CAPITAL PROJECTS GREATER THAN \$10 MILLION FOR THE FILING ORGANIZATION; APPROVE ANY TRANSACTION BY THE FILING ORGANIZATION THE EFFECT OF WHICH IS TO CREATE A NEW LEGAL ENTITY OR JOINT VENTURE, ANY TRANSACTION INVOLVING A SYSTEM PARTICIPAN T OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR JOINT VENTURE, OR CHANGES IN BUSINES S PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY; AND APPROVE AND AUTHORIZE ACTIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS. THE CHRISTUS HEALTH CEO HAS THE FOLLOWING POWERS: POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION; A PPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZA TION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER \$5 MILLION BUT M ORE THAN \$1 MILLION; APPROVE THE INCURRENCE OF DEBT UP TO A \$5 MILLION CAP OR \$25 MILLION ANNUALLY BY THE FILING ORGANIZATION; APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION; A PPROVE THE FILING ORGANIZATION'S BUDGET; SET THE THRESHOLD OF CAPITAL PROJECTS LESS THAN \$ 10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES FOR THE FILING OR GANIZATION. THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD (OF SAN ANTONIO). THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWERS: APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILING ORGANIZATION IF THE CHANGE IS RELATED TO RESERVED POWERS OF MEMBERS; APPROVE THE SALE, LEASE, MORTGAGE , TRANSFER, EASEMENT OR ENCUMBRANCE OF REAL PROPERTY IN EXCESS OF A \$5 MILLION THRESHOLD D OLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, M ORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINI STRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF \$5 MILLION; APPROVE THE CHA NGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEASES) THE FUNDAME

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	NTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, OR THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CONNECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION; AND APPROVE THE MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATION IF IT OWNS DESIGNATED MINISTRY PROPERTY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS. THE CHRISTUS HEALTH ACCOUNTING DEPARTMENT WORKS WITH AN EXTERNAL ACCOUNTING FIRM IN PREPARATION AND REVIEW OF THE FORM 990. THE FILING ORGANIZATION'S CFO, OR OTHER DESIGNEE, REVIEWS THE FORM 990. THE FINAL FORM 990 THAT WILL BE FILED WITH THE IRS IS POSTED TO A SECURE INTERNET PORTAL FOR ALL MEMBERS OF THE BOARD OF DIRECTORS TO VIEW. REVIEW OF THE FINAL FORM 990 OCCURS PRIOR TO FILING WITH THE IRS IN THE SPRING OF 2020 VIA EITHER MEETING, CONFERENCE CALL, OR WEB PORTAL POLLING TOOL BY THE RESPECTIVE CHRISTUS ORGANIZATION'S BOARD, BASED ON A SET OF SUGGESTED REVIEW PROCESSES DEVELOPED BY CHRISTUS HEALTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, LINE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, SECTION B, LINES 15A & 15B THE EXECUTIVE COMPENSATION COMMITTEE OF CHRISTUS HEALTH DETERMINES THE COMPENSATION OF THE CEO (OR EXECUTIVE DIRECTOR, AS APPLICABLE), OFFICERS AND KEY EMPLOYEES OF CHRISTUS HEALTH AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES OF RELATED ORGANIZATIONS, INCLUDING CHRISTUS HEALTH CENTRAL LOUISIANA. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING FORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT: 1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISIONS. ADDITIONALLY, THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION PAYMENTS FOR EXCESS BENEFIT TRANSACTIONS. THE DISCUSSION AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED AND FORMALIZED IN THE COMMITTEE MINUTES AND MAINTAINED ON RECORD. THE FILING ORGANIZATION DETERMINES THE COMPENSATION OF THE SECRETARY BY USE OF AN INDEPENDENT AND EXTERNAL CONSULTANT. THE CONSULTANT HELPS DETERMINE PAY RATES FOR THE ASSOCIATES OF THE FILING ORGANIZATION, TAKING INTO ACCOUNT MARKET DATA AND SHIFT DIFFERENTIAL. THE COMPENSATION RATES ARE APPROVED BY THE FILING ORGANIZATION. BASED ON THE AFOREMENTIONED PROCEDURE, THE SECRETARY'S COMPENSATION IS NOT REVIEWED BY A COMPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE OF 1023 AND FORMS 990 & 990-T	FORM 990, PART VI, SECTION C, LINE 18 CHRISTUS HEALTH AND MOST OF ITS AFFILIATED ENTITIES DO NOT HAVE FORMS 1023 BECAUSE OF THEIR INCLUSION IN THE IRS GROUP RULING WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, WHICH COVERS THE ORGANIZATIONS LISTED IN THE ANNUAL OFFICIAL CATHOLIC DIRECTORY. CHRISTUS HEALTH'S WEBSITE DISPLAYS THE IRS GROUP RULING AND RELEVANT ANNUAL OFFICIAL CATHOLIC DIRECTORY PAGES FOR THE ORGANIZATIONS RELATED TO CHRISTUS HEALTH. FORMS 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
avail of gov docs, conflict of interest policy, & fin stmts to ge	FORM 990, PART VI, SECTION C, LINE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS AND FUND BALANCES	FORM 990, PART, XI, LINE 9 TEMPORARILY RESTRICTED (\$477,261) BOND FUNDING \$5,176,494 INTERCOMPANY (\$19,039) PENSION FUNDING EXPENSE (\$3,467,670) ASSETS RELEASED/TRANSFERRED (\$10,096) CMS CASH (\$8,842,816) OTHER \$4,181,168 CONTRIBUTED CAPITAL/RETAINED EARNINGS \$3,532,430 ----- TOTAL OTHER CHANGES \$73,210

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:12635945

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:2051097

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:1084630

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MARKETING SERVICES TOTAL FEES:-22002

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL SERVICES TOTAL FEES:14485010

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:REPAIRS & MAINTENANCE SERVICES TOTAL FEES:4611270

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION SERVICES TOTAL FEES:2922016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OCCUPANCY RELATED SERVICES TOTAL FEES:1850400

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Christus Health Central Louisiana

Employer identification number
72-0408984

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LA ATHLETIC CLUB LLC 1140 COLLEGE DR PINEVILLE, LA 71360 72-1461793	HEALTH CLUB	LA	CNLA		184,868	851,952		No			No	60.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N.L. 64060 MX	HEALTHCARE SVC	MX	CH	C-CORP				Yes	
(2) EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C-CORP				Yes	
(3) EVANGELINE CLINICAL SERVICES INC 3330 MASONIC DRIVE ALEXANDRIA, LA 71301 46-3977886	HEALTHCARE SVC	LA	CNLA	C-CORP				Yes	
(4) CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-4618648	ACO	LA	CH	C CORP					

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

1a Yes

1b Yes

1c Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l Yes

1m Yes

1n

No

1o Yes

1p Yes

1q Yes

1r Yes

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.
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 72-0408984

Name: Christus Health Central Louisiana

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTI, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
2830 CALDER ST BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
524 Dr Michael DeBakey Drive LAKE CHARLES, LA 70601 72-0411322	HLTHCARE SVCS	LA	501(C)(3)	3	CH	Yes	
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 W LOOP SOUTH SUITE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(C)(3)	12 - Type I	CH	Yes	
1700 WEST LOOP SOUTH STE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(C)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPp HTH SVCs	TX	501(C)(3)	12-Type I	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0998302	SUPP HTH SVCS	LA	501(C)(3)	7	CNLA	Yes	
3330 Masonic Drive Alexandria, LA 71301 23-7255175	SUPP HTH SVCS	LA	501(C)(3)	10	CNLA	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-2798043	SUPP HTH SVCS	TX	501(C)(3)	12-TYPE I	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(C)(4)		CH	Yes	
919 HIDDEN RIDGE ROAD IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
115 AIRPORT RD SULPHUR SPRINGS, TX 75482 81-1708177	HEALTH SVCS	TX	501(C)(3)	3	CH	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(C)(3)	12, TYPE II	CH	Yes	
700 E MARSHALL AVE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(C)(3)	12, TYPE II	CH	Yes	
919 HIDDEN RIDGE IRVING, TX 75035 47-3403356	SPT HLTH SVC	TX	501(C)(4)		CH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1919 HOUSTON, TX 77251 74-6074210	SUPP HTH SVCS	TX	501(C)(3)	7	CH	Yes	
919 HIDDEN RIDGE DR IRVING, TX 75038 82-2109465	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE II	CH	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) CH WILKINSON PHYSICIAN NETWORK	L	6,354,155	ACCRUAL
(1) CH WILKINSON PHYSICIAN NETWORK	Q	57,300	ACCRUAL
(2) ST FRANCES CABRINI HOSP FDN OF ALEXANDRIA	B	68,763	ACCRUAL
(3) CHRISTUS HEALTH NORTHERN LOUISIANA	M	135,553	ACCRUAL
(4) CHRISTUS HEALTH NORTHERN LOUISIANA	O	970,362	ACCRUAL
(5) CHRISTUS HEALTH NORTHERN LOUISIANA	Q	458,294	ACCRUAL
(6) CHRISTUS HEALTH SOUTHEAST TEXAS	O	231,186	ACCRUAL
(7) CHRISTUS HEALTH SOUTHEAST TEXAS	Q	205,330	ACCRUAL
(8) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	M	90,336	ACCRUAL
(9) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	O	659,320	ACCRUAL
(10) CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	Q	309,053	ACCRUAL