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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021**

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

**C** Name of organization
Christus Health Ark-La-Tex

% LEE SONNE

Doing business as
SEE SCHEDULE O

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Texarkana, TX 75503

**D Employer identification number**
75-2796815

E Telephone number
(903) 614-1000

**G** Gross receipts $ 385,667,864

**F** Name and address of principal officer:
JASON ROUNDS
2600 ST MICHAEL DRIVE
TEXARKANA, TX 75503

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

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

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

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

**J Website:** ▶ www.christusstmichael.org

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

**L** Year of formation: 1999

**M** State of legal domicile: TX

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
SUPPORT 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** | 20 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | **5** | 2,286 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 47 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 619,735 |
| **b** | Net unrelated business taxable income from Form 990-T, line 39 | **7b** | 178,958 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 406,094 | 409,655 |
| **9** | Program service revenue (Part VIII, line 2g) | 353,985,226 | 384,952,063 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 383,521 | 73,798 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 471,415 | 210,857 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 355,246,256 | 385,646,373 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,963,118 | 1,620,704 |
| **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) | 124,148,720 | 134,700,425 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶55,427 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 216,416,442 | 219,888,055 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 342,528,280 | 356,209,184 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | 12,717,976 | 29,437,189 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 179,097,861 | 168,287,159 |
| **21** | Total liabilities (Part X, line 26) | 216,113,978 | 70,462,173 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | -37,016,117 | 97,824,986 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2022-05-09

M GLEN BOLES VICE PRESIDENT/CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | P01080011 |

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 2323 VICTORY AVENUE SUITE 2000
DALLAS, TX 75219 — Phone no. (214) 969-8000

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 ETHICAL AND RELIGIOUS DIRECTORS FOR CATHOLIC HEALTH CARE SERVICES AS PROMULGATED OR AMENDED FROM TIME TO TIME BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS. IT IS ALSO A PURPOSE OF THE CORPORATION TO AID, LEND FINANCIAL SUPPORT AND ASSI

**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: See Additional Data ) | (Expenses $ | 66,888,161 | including grants of $ | 0 ) (Revenue $ | 170,607,011 ) |
| **4b** | (Code: See Additional Data ) | (Expenses $ | 188,605,554 | including grants of $ | 0 ) (Revenue $ | 169,719,716 ) |
| **4c** | (Code: See Additional Data ) | (Expenses $ | 43,356,739 | including grants of $ | 0 ) (Revenue $ | 44,625,336 ) |

See Additional Data Table

| | | | | | | |
|---|---|---|---|---|---|---|
| **4d** | Other program services (Describe in Schedule O.) (Expenses $ | 1,870,066 | including grants of $ | 1,620,704 ) (Revenue $ | 0 ) | |
| **4e** | **Total program service expenses ▶** | 300,720,520 | | | | |

## 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 | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or 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 | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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 | 81 | | |
| 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 | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 2,286 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | **2b** | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | | **3a** | Yes |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | | | **3b** | Yes |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | | | **4a** | No |
| **b** | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | **5a** | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **5c** | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | | **6a** | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | | **6b** | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | **7a** | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | **7b** | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | **7c** | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **7h** | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | | **8** | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . | | | **9a** | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | **9b** | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | **13b** | | | |
| **c** | Enter the amount of reserves on hand . . . . . | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **14b** | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O. | | | **16** | No |

**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 | 20 | | |
| | 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 | 14 | | |
| 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 | Yes | |
| 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:
▶LEE SONNE 919 HIDDEN RIDGE IRVING, TX 75038 (469) 282-2000

**Part VII** **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 . . . . . ☑

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|---|---|---|
| **1b Sub-Total** ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d Total (add lines 1b and 1c)** ▶ | 1,644,093 | 16,134,689 | 5,079,882 |

**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 ▶ 93

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | 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? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| OBHG TEXAS HOLDINGS PA,<br>18220 Tomball Parkway<br>HOUSTON, TX 77070 | MEDICAL SERVICES | 379,595 |
| TRAVIS COUNTY EMERGENCY PHYSICIANS,<br>1201 W 38TH ST<br>AUSTIN, TX 78705 | MEDICAL SERVICES | 207,700 |
| ATLANTA HOSPITAL AUTHORITY,<br>1007 SOUTH WILLIAMS ST<br>ATLANTA, GA 75551 | RENTAL SERVICES | 205,095 |
| HHS ENVIRONMENTAL SERVICES LLC,<br>3902 HIGHWAY 78 W<br>SNELLVILLE, GA 30039 | MEDICAL SERVICES | 160,026 |
| HAYES LOCUMS LLC,<br>6700 N ANDREWS AVE STE 600<br>FORT LAUDERDALE, FL 33309 | MEDICAL SERVICES | 140,419 |

**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 ▶ 5

**Part VIII Statement of Revenue**

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | |
| 1a Federated campaigns | 1a | | | | |
| b Membership dues | 1b | | | | |
| c Fundraising events | 1c | | | | |
| d Related organizations | 1d | 74,000 | | | |
| e Government grants (contributions) | 1e | 318,322 | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 17,333 | | | |
| g Noncash contributions included in lines 1a - 1f:$ | 1g | | | | |
| h **Total.** Add lines 1a-1f | | 409,655 | | | |
| **Program Service Revenue** | Business Code | | | | |
| 2a NET PATIENT SERVICE REVENUE | 621990 | 372,951,093 | 372,620,884 | 330,209 | |
| b PHARMACY | 446110 | 2,533,701 | 2,244,175 | 289,526 | |
| c RENT RELATED TO EXEMPT PURPOSE | 900001 | 3,556,034 | 3,556,034 | | |
| d OUTREACH AND EDUCATION | 900001 | 5,569,239 | 5,569,239 | | |
| e ALL OTHER PROGRAM SERVICE REVENUE | 900001 | 341,996 | 341,996 | | |
| f All other program service revenue. | | | | | |
| g **Total.** Add lines 2a–2f. | 384,952,063 | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | 0 | | | |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 Royalties | | 0 | | | |
| | (i) Real | (ii) Personal | | | |
| 6a Gross rents 6a | | | | | |
| b Less: rental expenses 6b | 3,266 | | | | |
| c Rental income or (loss) 6c | -3,266 | 0 | | | |
| d Net rental income or (loss) | | -3,266 | | | -3,266 |
| | (i) Securities | (ii) Other | | | |
| 7a Gross amount from sales of assets other than inventory 7a | | 92,023 | | | |
| b Less: cost or other basis and sales expenses 7b | | 18,225 | | | |
| c Gain or (loss) 7c | | 73,798 | | | |
| d Net gain or (loss) | | 73,798 | | | 73,798 |
| **Other Revenue** 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a | 0 | | | | |
| b Less: direct expenses 8b | 0 | | | | |
| c Net income or (loss) from fundraising events | | 0 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 9a | 0 | | | | |
| b Less: direct expenses 9b | 0 | | | | |
| c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances 10a | 0 | | | | |
| b Less: cost of goods sold 10b | 0 | | | | |
| c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a MANAGEMENT FEES | 900099 | 3,344 | | | 3,344 |
| b GIFT SHOP | 900099 | 25,925 | | | 25,925 |
| c VENDING MACHINE | 900099 | 1,604 | | | 1,604 |
| d All other revenue | | 183,250 | | | 183,250 |
| e **Total.** Add lines 11a–11d | | 214,123 | | | |
| 12 **Total revenue.** See instructions | | 385,646,373 | 384,332,328 | 619,735 | 284,655 |

## 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 . . . . . ☑

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,620,704 | 1,620,704 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 33,597 | 30,454 | 3,132 | 11 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 109,331,017 | 99,103,484 | 10,191,088 | 36,445 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 17,769,852 | 14,540,536 | 3,229,316 | |
| 10 Payroll taxes | 7,565,959 | 6,971,821 | 594,138 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 1,469,156 | 13,374 | 1,455,782 | |
| c Accounting | 0 | | | |
| d Lobbying | 15,762 | | 15,762 | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 67,616,700 | 31,513,467 | 36,103,233 | 0 |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 25,565,231 | 23,645,622 | 1,900,638 | 18,971 |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 14,580,034 | 14,580,034 | | |
| 17 Travel | 227,283 | 93,138 | 134,145 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 299,239 | 223,383 | 75,856 | |
| 20 Interest | 4,524,559 | 4,524,517 | 42 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 14,045,528 | 14,097,161 | -51,633 | |
| 23 Insurance | 2,420,727 | 2,454,088 | -33,361 | |
| 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 | 72,250,373 | 70,533,849 | 1,716,524 | |
| b PROV FOR UNCOLLECT ACCTS | 13,729,008 | 13,729,008 | | |
| c LOCAL PROVIDER PART. FEE | 2,370,838 | 2,370,838 | | |
| d RECRUITMENT/PLACEMENT FEE | 345,426 | 345,426 | | |
| e All other expenses | 428,191 | 329,616 | 98,575 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 356,209,184 | 300,720,520 | 55,433,237 | 55,427 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 331,958 | 1 | 124,345 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | 85,000 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 32,615,411 | 4 | 35,795,225 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 2,028,325 | 7 | 2,423,151 |
| | 8 | Inventories for sale or use | | 7,067,229 | 8 | 7,251,496 |
| | 9 | Prepaid expenses and deferred charges | | 8,239,963 | 9 | 5,355,871 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 328,726,585 | | | |
| | b | Less: accumulated depreciation | 10b 223,037,759 | 117,172,129 | 10c | 105,688,826 |
| | 11 | Investments—publicly traded securities | | 14,934 | 11 | 7,552 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 120,000 |
| | 14 | Intangible assets | | 797,907 | 14 | 781,692 |
| | 15 | Other assets. See Part IV, line 11 | | 10,830,005 | 15 | 10,654,001 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 179,097,861 | 16 | 168,287,159 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 18,281,194 | 17 | 16,472,522 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 52,208,785 | 19 | 35,302,140 |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 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 | | 145,623,999 | 25 | 18,687,511 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 216,113,978 | 26 | 70,462,173 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | -40,015,322 | 27 | 94,833,162 |
| | 28 | Net assets with donor restrictions | | 2,999,205 | 28 | 2,991,824 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | -37,016,117 | 32 | 97,824,986 |
| | 33 | Total liabilities and net assets/fund balances | | 179,097,861 | 33 | 168,287,159 |

## Part XI Reconcilliation of Net Assets

Check 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 | 385,646,373 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 356,209,184 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 29,437,189 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -37,016,117 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 16,406,346 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 88,997,568 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 97,824,986 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-2796815

**Name:** Christus Health Ark-La-Tex

Form 990 (2020)

## Form 990, Part III, Line 4a:

COMMITMENT TO BENEFITING OUR COMMUNITIES PATIENT CARE SERVICES - CHRISTUS HEALTH ARK-LA-TEX IS A REGION OF CHRISTUS HEALTH, WHICH WAS FORMED IN 1999 TO STRENGTHEN THE 156-YEARS-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO. FOUNDED ON THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS IS CHALLENGED TO REACH OUT TO, AND BEYOND, THE MORE THAN 66 COMMUNITIES WE SERVE TO HELP THOSE IN NEED. 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 CHRISTUS HEALTH ARK-LA-TEX REGION RESPONDS TO HEALTH CARE NEEDS THROUGH SERVICES PROVIDED AT CHRISTUS ST. MICHAEL SYSTEM, WHICH INCLUDES CHRISTUS ST. MICHAEL HOSPITAL, A 311-BED ACUTE CARE HOSPITAL, CHRISTUS ST. MICHAEL HOSPITAL-ATLANTA, A 43-BED ACUTE CARE HOSPITAL, 50-BED CHRISTUS ST. MICHAEL REHABILITATION HOSPITAL, CHRISTUS ST. MICHAEL OUTPATIENT REHABILITATION CENTER, CHRISTUS ST. MICHAEL IMAGING CENTER AND CHRISTUS ST. MICHAEL HOME HEALTH-ATLANTA. EACH OF OUR HEALTH CARE ENTITIES HAS THE SAME OBJECTIVE - TO FULFILL OUR MISSION OF EXTENDING THE HEALING MINISTRY OF JESUS CHRIST, WHICH INCLUDES LEADING THE WAY TO A HEALTHIER COMMUNITY. CHRISTUS HEALTH ARK-LA-TEX IS LOCATED IN TEXARKANA, TEXAS AND SERVICES NORTHEAST TEXAS, SOUTHWEST ARKANSAS, AND SOUTHEAST OKLAHOMA, WHICH COVERS A POPULATION OF MORE THAN 338,000 INDIVIDUALS. IN FISCAL YEAR 2021 ALONE, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING; 55,247 VISITS TO OUR EMERGENCY DEPARTMENTS; 2,864 SURGERY PROCEDURES WITHIN OUR HOSPITALS; 4,362 OUTPATIENT SURGERY PROCEDURES; 14,465 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE AND 271,849 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES. TOUCHING THE LIVES OF PEOPLE AROUND US IS WHAT MAKES CHRISTUS HEALTH ARK-LA-TEX STAND APART. ALLOWING OTHERS TO TOUCH US GIVES CHRISTUS HEALTH A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE. WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN ABOUT TO GIVE BIRTH TO HER FIRST CHILD, CHRISTUS HEALTH ARK-LA-TEX'S HEALTH CARE SERVICES WORK TO PROVIDE THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. BY COLLABORATING WITH COMMUNITIES, CHURCHES, BUSINESSES AND OTHER HEALTH CARE ORGANIZATIONS, CHRISTUS HEALTH'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES. THESE PARTNERSHIPS WITHIN THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS HEALTH ARK-LA-TEX BETTER SERVE THOSE IN NEED. FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT DEDICATED EMPLOYEES AND VOLUNTEERS. THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN CHRISTUS' HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITY, NURTURING CHRISTUS' MISSION TO MEET HEALTH CARE NEEDS AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS. OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL STRUCTURE TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH. UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS. IN ADDITION, WE OFFER SPECIFIC DISCOUNTS ON A SLIDING SCALE FOR NECESSARY SERVICES PROVIDED TO PATIENTS WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT SPONSORED PROGRAMS. CHRISTUS HEALTH ARK-LA-TEX PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES. IT CONDUCTS ITS ACTIVITIES AND SERVES ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN. AMONG THE GENERAL MEDICAL/SURGERY SERVICES OFFERED ARE: DAY SURGERY, OPEN-HEART SURGERY, ORTHOPEDICS, LEVEL III NEONATAL INTENSIVE CARE UNIT, CARDIAC AND PULMONARY REHABILITATION, DIAGNOSTIC, THERAPEUTIC, WELLNESS PROGRAMS, OCCUPATIONAL AND SPEECH THERAPY, CARDIAC/PULMONARY OUTPATIENT REHABILITATION, RESPIRATORY CARE, NUTRITION AND DIETARY SERVICES AND PHARMACY. CHRISTUS ST. MICHAEL HEALTH SYSTEM PROVIDES 24-HOUR EMERGENCY DEPARTMENTS, LEVEL III TRAUMA DESIGNATION IN TEXARKANA AND LEVEL IV TRAUMA DESIGNATION IN ATLANTA, THAT ARE OPEN TO SERVE ALL THOSE IN NEED OF EMERGENCY CARE, REGARDLESS OF THEIR ABILITY TO PAY. CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, SUCH AS THE RANDY SAMS SHELTER FOR THE HOMELESS AND THE SPIRIT OF ST. MICHAEL MOBILE CLINIC, WHICH SERVES A SEVEN-COUNTY AREA. AS A NOT-FOR-PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE AREA WE SERVE GUIDES CHRISTUS HEALTH ARK-LA-TEX. WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS.

**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 UNREIMBURSED COSTS OF THESE SERVICES ARE REPORTED TO THE STATE OF TEXAS BUT ARE NOT INCLUDED IN REPORTS PREPARED FOLLOWING CATHOLIC HEALTH ASSOCIATION GUIDELINES. CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER THE FEDERAL MEDICARE PROGRAM, AND IN FACT, THIS IS THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY THIS HEALTH SYSTEM. THE PAYMENT RATE FOR INPATIENT SERVICES IS ON A PER-CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. MEDICARE, BASED ON THEIR FEE SCHEDULE, REIMBURSES OUTPATIENT SERVICES. CHRISTUS HEALTH ALSO PARTICIPATES IN THE TRICARE STANDARD PROGRAM AND MANY OF OUR HOSPITALS CONTRACT WITH THE MANAGED CARE SUPPORT CONTRACTOR FOR THE SOUTH REGION TO PROVIDE SERVICES UNDER THE PROVISION OF TRICARE PRIME.

## Form 990, Part III, Line 4c:

COMMUNITY BENEFIT REPORTING - CHARITY CARE AND MEDICAID CHRISTUS ADHERES TO THE CATHOLIC HEALTH ASSOCIATION'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT (2020), AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING. COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES. TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY; THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY. THIS FALLS INTO TWO CATEGORIES: CHARITY CARE AND UNPAID GOVERNMENT INDIGENT CARE. IN KEEPING WITH THE MISSION, VALUES, AND VISION OF CHRISTUS HEALTH, CHRISTUS HEALTH PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES. CHARITY CARE IS PROVIDED WITH OUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES. THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY ESTABLISHED ELIGIBILITY CRITERIA. FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT. UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 200 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE. CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN TEXAS, LOUISIANA, AND ARKANSAS' MEDICAID PROGRAMS. THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS, WHICH INCLUDE EVALUATION OF BOTH ASSETS AND INCOME.

**Form 990,** Part III **- 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

| | | | | | | |
|---|---|---|---|---|---|---|
| (Code: | ) (Expenses $ | 633,248 | including grants of $ | 230,641 ) (Revenue $ | 0 ) | |
| POOR & UNDERDESERVED | | | | | | |
| (Code: | ) (Expenses $ | 1,236,818 | including grants of $ | 242,477 ) (Revenue $ | 0 ) | |
| BROADER COMMUNITY | | | | | | |

**Form 990,** Part III **- 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses $ 0 including grants of $ 1,147,586 ) (Revenue $ 0 )

ADDITIONAL GRANTS

**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 | | | |
| JEFF PUCKETT<br>BOARD DIRECTOR | 1.0<br>39.0 | X | | | | | | 0 | 6,066,691 | 3,013,219 |
| CHRISTOPHER KARAM<br>Ex-Officio,Pres/CEO(THRU 9/18) | 3.0<br>37.0 | | | | | | X | 0 | 1,677,078 | 560,510 |
| CHRIS GLENNEY<br>BOARD DIRECTOR | 1.0<br>39.0 | X | | | | | | 0 | 1,186,012 | 324,724 |
| STEVEN KEUER MD<br>BOARD DIRECTOR EX-OFFICIO | 1.0<br>39.0 | X | | | | | | 0 | 1,173,300 | 181,951 |
| MARK ANDERSON MD<br>BOARD DIRECTOR | 1.0<br>39.0 | X | | | | | | 0 | 1,012,965 | 275,635 |
| SCOTT SMITH MD<br>BOARD DIRECTOR | 1.0<br>39.0 | X | | | | | | 0 | 997,431 | 159,258 |
| JASON G ROUNDS<br>CEO | 9.0<br>31.0 | | | X | | | | 0 | 634,763 | 71,317 |
| G MICHAEL FINLEY MD<br>Chief Medical Officer | 32.0<br>8.0 | | | | X | | | 0 | 605,392 | 94,215 |
| THOMAS MCKINNEY<br>ADMIN CHRISTUS ST MICHAEL HOSP | 0.0<br>40.0 | | | | | | X | 0 | 469,741 | 96,608 |
| M GLEN BOLES<br>CHIEF FIN. OFFICER/TREASURER | 40.0<br>0.0 | | | X | | | | 0 | 412,336 | 93,276 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOHN M HESTER<br>CRNA | 40.0<br>0.0 | | | | | X | | 399,120 | 0 | 0 |
| LOUISE THORNELL<br>CHIEF NURSE EXECUTIVE | 40.0<br>0.0 | | | | X | | | 0 | 303,590 | 58,084 |
| BRETT KINMAN<br>ADMINISTRATOR of ATLANTA | 40.0<br>0.0 | | | | X | | | 0 | 324,169 | 25,813 |
| LANCE A ATTAWAY<br>CRNA | 40.0<br>0.0 | | | | | X | | 326,422 | 0 | 7,383 |
| WILLIAM MICAH JOHNSON<br>Director | 40.0<br>0.0 | | | | | | X | 0 | 298,360 | 25,357 |
| DAVID H WILLIAMSON<br>PHYSICIAN | 40.0<br>0.0 | | | | | X | | 320,136 | 0 | 362 |
| JESSE B JOHNSON<br>CRNA MANAGER | 40.0<br>0.0 | | | | | X | | 291,526 | 0 | 6,993 |
| PATRICK FLANNERY<br>ST MICHAEL REHAB HOSP ADMIN | 40.0<br>0.0 | | | | X | | | 0 | 266,811 | 14,887 |
| DANIEL P SNOW<br>CRNA | 40.0<br>0.0 | | | | | X | | 277,805 | 0 | 5 |
| LOREN ROBINSON<br>VP MEDICAL AFFAIRS | 40.0<br>0.0 | | | | X | | | 0 | 249,835 | 15,939 |

**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 | | | |
| JENNIFER WRIGHT<br>VP OF OPERATIONS | 40.0<br>0.0 | | | | X | | | 0 | 233,637 | 18,779 |
| LAWRENCE CHELLAIAN<br>VP MISSION INT. | 40.0<br>0.0 | | | | X | | | 0 | 207,445 | 31,099 |
| GAIL WHITE<br>Corp. Secretary (THRU 8/20) | 40.0<br>0.0 | | | X | | | | 29,084 | 0 | 4,468 |
| BILL CHEN PHD<br>BOARD DIRECTOR | 13.0<br>0.0 | X | | | | | | 0 | 15,133 | 0 |
| DICK STONE<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| FRED HARRIS JR<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JEFF BUFORD THRU 1220<br>BOARD DIRECTOR/VICE CHAIRMAN | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| JOE BOB BURGIN<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JOE BOB JOYCE<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL HALLUM<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

**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 | | | |
| RANDY CHILDRESS<br>BOARD DIRECTOR | 1.0<br>39.0 | X | | | | | | 0 | 0 | 0 |
| SHANNON DACUS<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| SISTER GUADALUPE RUIZ<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| PRESTON SMITH<br>BOARD DIRECTOR/CHAIRPERSON | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| DENNIS D O'BANION MD<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| SISTER ETHEL PUNO<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| HEATHER MCKNIGHT<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| ERIC B CAIN<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JOE DAN NICHOLS JR MD<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| MARY CATHERINE HAYNES<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

**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 | | | |
| LARESEA WOODS DDS<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| LATONYA MCELROY<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT MARTINEZ<br>BOARD DIRECTOR (THRU 12/20) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| SONYA Y HUBBARD<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JASON ADAMS<br>BOARD DIRECTOR/CEO of ALT | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| JEAN COLEMAN<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| SISTER RITA FANNING<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JEB JONES<br>BOARD DIRECTOR | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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 . . . . . ▶ ☐

**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) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2019 Schedule A, Part III, line 15 . . . . . | 16 | |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2019** Schedule A, Part III, line 17 . . . . . | 18 | |

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.* | 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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.* | 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)? *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.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).* | 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? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 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))? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," provide detail in* ***Part VI.*** | 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? *If "Yes," provide detail in* ***Part VI.*** | 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)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 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 lines 11b and 11c below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in 11a above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | **11c** | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the officers, 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.* | **1** | | |
| **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.* | **2** | | |

## 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).* | **1** | | |

## 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? | **1** | | |
| **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).* | **2** | | |
| **3** | By reason of the relationship described in line 2 above, 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.* | **3** | | |

## 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 lines 2a and 2b 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.* | **2a** | | |
| **b** | Did the activities described in line 2a 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.* | **2b** | | |
| **3** | Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.*** | **3a** | | |
| **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.* | **3b** | | |

## 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 0.015 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 0.035 | 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 ☐ 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 | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***) | **5** | |
| **6** Other distributions (*describe in* ***Part VI***). See instructions | **6** | |
| **7** **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions | **8** | |
| **9** Distributable amount for 2020 from Section C, line 6 | **9** | |
| **10** Line 8 amount divided by Line 9 amount | **10** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2020** | **(iii) Distributable Amount for 2020** |
|---|---|---|---|
| **1** Distributable amount for 2020 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2020: | | | |
| **a** From 2015. . . . . | | | |
| **b** From 2016. . . . . | | | |
| **c** From 2017. . . . . | | | |
| **d** From 2018. . . . . | | | |
| **e** From 2019. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2020 distributable amount | | | |
| **i** Carryover from 2015 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2020 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2020 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2016. . . . . | | | |
| **b** Excess from 2017. . . . . | | | |
| **c** Excess from 2018. . . . . | | | |
| **d** Excess from 2019. . . . . | | | |
| **e** Excess from 2020. . . . . | | | |

**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 |
| --- |
| |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

**2020**

**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 | Employer identification number |
|---|---|
| Christus Health Ark-La-Tex | 75-2796815 |

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

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

| 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)** 2017 | **(b)** 2018 | **(c)** 2019 | **(d)** 2020 | **(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) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | 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 | | 15,762 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 15,762 |
| 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 |
|---|---|
| LOBBYING DESCRIPTION | SCHEDULE C, PART II-B, LINE 1G AT THE STATE LEVEL, CHRISTUS HEALTH ARK-LA-TEX had direct contact with members and staff of the executive branches of Texas and Arkansas, members and staff of the Texas State Legislature and Arkansas State Legislature, Texas and Arkansas US Representatives and US Senators and their staff through emails, phone calls and meetings on issues such as uninsured health, telehealth, Medicaid waiver, GME, behavioral health, Arkansas Works, Surprise billing, LPPF, Palliative Care and Hospice education. Worked closely with Texas Hospital Association and Arkansas Hospital Association to meet with key legislators throughout the legislative session. Christus Health Ark-La-Tex has also been engaged with legislators on all matters related to COVID-19, which include such issues as staffing, Remdesivir, emergency rules and orders, testing, reporting requirements, and PPE. AT THE FEDERAL LEVEL, WE HAD DIRECT CONTACT WITH MEMBERS AND STAFF THROUGH EMAILS, LETTERS, TELEPHONE CALLS AND MEETINGS TO DISCUSS ISSUES RELATED TO SAFETY-NET PROVIDERS, ACCESS TO CARE, HEALTHCARE REFORM PROPOSALS, QUALITY PROGRAM IMPLEMENTATION, RURAL HOSPITALS, REMOTE MEDICAL TECHNOLOGY, 340B DRUG PROGRAM, CHILDREN'S HEALTH ISSUES, CHIP REAUTHORIZATION, RURAL HEALTH PROGRAM REAUTHORIZATION, AND HEALTHCARE FOR VETERANS. Christus Health Ark-La-Tex has also been engaged with legislators on all matters related to COVID-19, which include such issues as staffing, Remdesivir, emergency rules and orders, testing, reporting requirements, and PPE. EXC, HRS. 40; DIR HRS.60 CHRISTUS HEALTH ARK-LA-TEX DID NOT SUBSTANTIALLY LOBBY DURING THE FISCAL YEAR ENDING 6-30-21. |

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# 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 instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, 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 Term 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:

| | Yes | No |
|---|---|---|
| (i) Unrelated organizations . . . . . 3a(i) | | |
| (ii) Related organizations . . . . . 3a(ii) | | |

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

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

## Part VI Land, Buildings, and Equipment.

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 | | 17,888,419 | | 17,888,419 |
| b Buildings | | 117,079,638 | 72,566,161 | 44,513,477 |
| c Leasehold improvements | | 3,131,358 | 1,994,536 | 1,136,822 |
| d Equipment | | 182,917,627 | 141,569,422 | 41,348,205 |
| e Other | | 7,709,543 | 6,907,640 | 801,903 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 105,688,826 |

**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 | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **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) | | |
| (10) | | |
| **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)ROU ASSETS | 7,452,004 |
| (2)DEPOSITS | 394,812 |
| (3)ASSET CLEARING | 2,292,221 |
| (4)INTERCOMPANY RECEIVABLE | 514,964 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | 10,654,001 |

**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 | 0 |
| (2) MEDICARE PAYABLE | 11,173,434 |
| (3) LEASE LIABILITY | 7,456,037 |
| (4) OTHER TAXES | 25,217 |
| (5) OTHER LIABILITIES | 32,823 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 18,687,511 |

**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:** 75-2796815
**Name:** Christus Health Ark-La-Tex

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| UNCERTAIN TAX POSITIONS UNDER ASC 740 | FORM 990, SCHEDULE D, PART X, LINE 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2021 AND 2020. |

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# 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

**2020**

**Open to Public Inspection**

**Name of the organization**
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## Part I Financial Assistance and Certain Other Community Benefits at Cost

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

**7** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | | 12,677,334 | | 12,677,334 | 3.700 % |
| b Medicaid (from Worksheet 3, column a) | | | 43,356,739 | 44,625,336 | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 56,034,073 | 44,625,336 | 12,677,334 | 3.700 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | 14 | 30,733 | 599,715 | 20,770 | 578,945 | 0.170 % |
| f Health professions education (from Worksheet 5) | 3 | 2,319 | 1,383,169 | 434,719 | 948,450 | 0.280 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 13 | 393 | 268,418 | | 268,418 | 0.080 % |
| j **Total.** Other Benefits | 30 | 33,445 | 2,251,302 | 455,489 | 1,795,813 | 0.530 % |
| k **Total.** Add lines 7d and 7j | 30 | 33,445 | 58,285,375 | 45,080,825 | 14,473,147 | 4.230 % |

## Part II Community Building Activities

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | 1 | | 50,000 | | 50,000 | 0.010 % |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | 1 | | 24,253 | | 24,253 | 0.010 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 2 | | 74,253 | | 74,253 | 0.020 % |

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

### Section A. Bad Debt Expense

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with 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 13,729,008 | | | |
| 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 81,423 | | | |
| 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 | 118,134,897 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 122,340,846 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -4,205,949 |
| 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 | BOWIE CTY CLNCL SRVS | County Indigent Program | 50 % | | |
| 2 | | | | | |
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| 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 | | | | | | | | | | |
| | | | | | | | | | | |
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**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

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| **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. | **3** | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| **a** | ☑ A definition of the community served by the hospital facility | | | |
| **b** | ☑ Demographics of the community | | | |
| **c** | ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| **d** | ☑ How data was obtained | | | |
| **e** | ☑ The 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 19 | | | |
| **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? | **7** | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| **a** | ☑ Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C | | | |
| **b** | ☑ Other website (list url): SEE SCHEDULE H, PART V, SECTION C | | | |
| **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 19 | | | |
| **10** | Is the hospital facility's most recently adopted implementation strategy posted on a website? | **10** | Yes | |
| **a** | If "Yes" (list url): SEE SCHEDULE H, PART V, SECTION C | | | |
| **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? | 13 | Yes | |
| | If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| 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? | 15 | Yes | |
| | 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): | | | |
| 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? | 16 | Yes | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | ☑ The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C | | | |
| b | ☑ The FAP application form was widely available on a website (list url): SEE SECTION C | | | |
| c | ☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION 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 (if not, describe in Section C) | | | |
| **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | | |
| **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C) | | | |
| **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C) | | | |
| **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**

| | | Yes | No |
|---|---|---|---|
| **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? . . . . . **23** | | No |
| | 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? . . . . . **24** | | No |
| | If "Yes," explain in Section C. | | |

**Part V** **Facility Information** *(continued)*

**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, 20a, 20b, 20c, 20d, 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.

| Form and Line Reference | Explanation |
|---|---|
| See Add'l Data | |
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**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? _____

| Name and address | Type of Facility (describe) |
|---|---|
| **1** | |
| **2** | |
| **3** | |
| **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 3c | THE ORGANIZATION USES FEDERAL PROVERTY GUIDELINES. 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. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| 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 IN ITS VISION TO BE A LEADER, A PARTNER, AND AN ADVOCATE IN CREATING INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART I, LINE 7B | UNREIMBURSED MEDICAID CHRISTUS HEALTH ARK-LA-TEX REINVESTS ALL SURPLUS FUNDS BACK IN TO THE COMMUNITIES WE SERVE THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES, AND BETTER FACILITIES. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART I, LINE 7, COLUMN (F) | PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN(A) IS $356,209,184. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS $13,729,008. THIS LEAVES A TOTAL EXPENSE OF $342,480,176 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 17.02%, WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN(F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART I, LINE 7(I) | CASH AND IN-KIND CONTRIBUTIONS CHRISTUS HEALTH ARK-LA-TEX MADE OVER $268,418 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2021. THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8. AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE. CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. CHRISTUS FUND GRANTS TOTALING $160,000 WERE DONATED BY CHRISTUS HEALTH TO NONPROFIT ORGANIZATIONS LOCATED IN THE COMMUNITY SERVED BY CHRISTUS HEALTH ARK-LA-TEX. THE GRANT DOLLARS ARE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS HEALTH ARK-LA-TEX SERVES. ALL GRANTS MADE TO OUTSIDE ORGANIZATIONS THROUGH THE CHRISTUS FUND ARE MADE TO NONPROFIT ORGANIZATIONS THAT SUPPORT THE HEALTH OF THE COMMUNITY. THESE GRANT DOLLARS ARE NOT INCLUDED ON SCHEDULE H, PART I, LINE 7(I). INDIGENT FUNDING EXPENSE OF $268,418 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 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART II | COMMUNITY BUILDING ACTIVITIES THE CHRISTUS HEALTH ADVOCACY DEPARTMENT WORKS IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH THROUGH IMPROVED ACCESS TO HEALTH SERVICES AND ADVANCE GENERAL KNOWLEDGE. DURING FY 2021, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES BY WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTHCARE SERVICES FOR THE CONSTITUENTS WE SERVE. ADVOCACY EFFORTS FOCUS ON THE NEEDS OF CHILDREN, SENIORS AND OTHER VULNERABLE POPULATIONS BY PROMOTING PROGRAMS SUCH AS HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS PROVIDING IMMUNIZATIONS TO THESE POPULATIONS. |

**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. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| 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, 2021, 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 3.73% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE. THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY. THESE AMOUNTS WERE NOT REPORTED AS BAD DEBT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 IS THE DIFFERENCE BETWEEN THE PRESUMPTIVE CHARITY CARE BENCHMARK ESTABLISHED IN THE FISCAL YEAR ENDING JUNE 30, 2011 AND THE AGGREGATE OF INDIVIDUAL ACCOUNTS FOR WHICH THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY IN THE FISCAL YEAR ENDING JUNE 30, 2021. THUS, THE ORGANIZATION ESTIMATES THAT ONLY 0.59% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2021 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. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART III, SECTION A, LINE 4 | BAD DEBT EXPENSE FOOTNOTE THE FOOTNOTE TO THE CHRISTUS HEALTH CONSOLIDATED FINANCIAL STATEMENTS SAYS, "THE PREPARATION OF THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES (US 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 AT THE DATE OF THE CONSOLIDATED FINANCIAL STATEMENTS. 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." |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART III, SECTION B, LINE 8 | EXTENT TO WHICH SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT COSTING METHODOLOGY THE AMOUNT ON SCHEDULE H, PART III, LINE 6 IS DETERMINED BY CALCULATING MEDICARE ALLOWABLE COSTS USING WORKSHEET A OF THE MEDICARE COST REPORT. WORKSHEET A OF THE MEDICARE COST REPORT REQUIRES THE ORGANIZATION TO REMOVE NON-ALLOWABLE EXPENSES FROM TOTAL EXPENSES VIA THE ADJUSTMENTS TO EXPENSES WORKSHEETS WITHIN THE MEDICARE COST REPORT. THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE FILING ORGANIZATION ASSOCIATED WITH THE FILING ORGANIZATION'S PROVISIONS OF SERVICES TO MEDICARE PATIENTS. SCHEDULE H, PART III, LINE 7 WOULD EQUAL A SHORTFALL OF ($4,205,949) IF TOTAL EXPENSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| 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. THE ORGANIZATION APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE. IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES TO PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENTS THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH THE ORGANIZATION'S PRESUMPTIVE CHARITY TESTS. IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL BE WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION. THESE POLICIES SUPPORT THE MISSION AND VISION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART VI, LINE 2 | NEEDS ASSESSMENT CHRISTUS HEALTH ARK-LA-TEX, IN COLLABORATION WITH AREA COMMUNITY STAKEHOLDERS DEVELOPED THE 2020 - 2022 COMMUNITY BENEFIT PLAN. AREA COMMUNITY STAKEHOLDERS PARTICIPATED IN A COMMUNITY NEEDS SURVEY TO EXAMINE AND AFFIRM FINDINGS OF THE COMMUNITY HEALTH NEEDS AS WELL AS THE TIME AND RESOURCES REQUIRED TO ADDRESS ALL OF THE UNMET NEEDS IN THE CHRISTUS ARK-LA-TEX REGION. THE GROUP HAS COMMITTED TO CONTINUE WORK RELATED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT IN THE ARK-LA-TEX REGION FOR THE LONG-TERM. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART VI, LINE 3 | PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS HEALTH ARK-LA-TEX MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE-REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED. PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT OR 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 #50. IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION OF FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE. THE INFORMATION OF FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE. SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION CHRISTUS HEALTH ARK-LA-TEX IS LOCATED IN TEXARKANA, TEXAS. THE REPORT AREA CONSISTS OF BOWIE AND CASS COUNTIES IN TEXAS AND MILLER AND LITTLE RIVER COUNTIES IN ARKANSAS CONSISTING OF A TOTAL POPULATION OF 180,367 RESIDENTS. MORE THAN 75% OF THE REPORT AREA'S POPULATION RESIDES IN BOWIE COUNTY AND MILLER COUNTY, AND THE REMAINING RESIDE IN CASS COUNTY AND LITTLE RIVER COUNTY. 83% RESIDENTS OF THE REPORT AREA LIVE IN AN URBAN ENVIRONMENT, WHILE THE REMAINING 17% ARE RURAL WHICH MIRRORS THE URBAN-RURAL BREAKDOWN OF TEXAS POPULATION STATEWIDE. TEXARKANA, TEXAS AND TEXARKANA, ARKANSAS ARE THE LARGEST CITIES IN THE REPORT AREA AND ARE LOCATED IN BOWIE AND MILLER COUNTIES, RESPECTIVELY. THE REPORT AREA POPULATION CONSISTS OF APPROXIMATELY 68.6 PERCENT NON-HISPANIC WHITE AND 22.8 PERCENT NON-HISPANIC BLACK ACCORDING TO 2016 US CENSUS DATA. THE HIGH SCHOOL GRADUATION RATE IN THE REPORT AREA IS ON PAR WITH US GRADUATION RATE AND EXCEEDS THAT OF BOTH TEXAS AND ARKANSAS. COUNTY LEVEL DATA SHOW MEDIAN HOUSEHOLD INCOME $51,925 FOR BOWIE COUNTY AND $50,961 FOR MILLER COUNTY WHICH IN TURN IS HIGHER THAN LITTLE RIVER COUNTY ($47,682) AND CASS COUNTY ($50,017) AS OF 2016. THIS INCOME LEVEL IS ON PAR WITH THE STATEWIDE MEDIAN INCOME OF ARKANSAS ($53,123) BUT SUBSTANTIALLY LOWER THAN TEXAS' MEDIAN FAMILY INCOME ($64,585). CHRISTUS ARK-LA-TEX PROVIDES THE BEST CARE POSSIBLE REGARDLESS OF AN INDIVIDUALS'S ABILITY TO PAY. |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, LINE 5 | PROMOTION OF COMMUNITY HEALTH CHRISTUS HEALTH ARK-LA-TEX RESPONDS TO THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH SERVICES PROVIDED AT CHRISTUS ST. MICHAEL HEALTH SYSTEM, WHICH I NCLUDES CHRISTUS ST. MICHAEL HOSPITAL, A 311-BED ACUTE CARE HOSPITAL; CHRISTUS ST. MICHAEL HOSPITAL-ATLANTA, A 43-BED ACUTE CARE HOSPITAL; CHRISTUS ST. MICHAEL REHABILITATION HOSPI TAL, A 50-BED HOSPITAL; CHRISTUS ST. MICHAEL OUTPATIENT REHABILITATION CENTER; CHRISTUS ST . MICHAEL IMAGING CENTER, AND CHRISTUS ST. MICHAEL HOME HEALTH-ATLANTA. CHRISTUS HEALTH AR K LA-TEX PROVIDES 24 HOUR EMERGENCY DEPARTMENTS, LEVEL III TRAUMA DESIGNATION AT CHRISTUS ST. MICHAEL AND LEVEL IV TRAUMA DESIGNATION AT CHRISTUS ST. MICHAEL HOSPITAL-ATLANTA, THAT ARE OPEN TO SERVE ALL THOSE IN NEED OF EMERGENCY CARE, REGARDLESS OF THEIR ABILITY TO PAY . CHRISTUS HEALTH ARK-LA-TEX WORKS TO STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HE ALTH CARE SERVICES FOR ALL, ESPECIALLY THE VULNERABLE AND UNDERSERVED POPULATIONS. THE BOW IE COUNTY, TEXAS POPULATION AND MILLER COUNTY, ARKANSAS POPULATION IS 136,605. TEXARKANA, TEXAS AND TEXARKANA, ARKANSAS ARE THE LARGEST CITIES SURROUNDING CHRISTUS HEALTH ARK-LA-TE X. ROOTED IN OUR MISSION AND TRADITION,THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH ARE CO NSTANTLY SEEKING INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. COLLABORATIVE EFFORTS WITH GENESIS PRIME CARE, ALL FOR KIDS PEDIAT RIC CLINIC, AND RANDY SAMS HOMELESS SHELTER PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND THE HOMELESS. CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMUNITY BY PROVIDING EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS HEALTH SCREENINGS AND IMMUNIZATIONS FOR DISEASE DETECTION AND PREVENTION WITH SPECIAL ATTENTION GIVEN TO CHILDREN, SENIORS AND OTHER VULNERABLE POPULAT IONS THROUGH A MOBILE HEALTH CLINIC. HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUN IZATIONS ASSIST OTHER TARGETED POPULATIONS SUCH AS PERSONS AGE 65 OR OLDER AND AFRICAN-AME RICANS. CHRISTUS HEALTH ARK-LA-TEX PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVI CES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES. IT CONDUCTS ITS ACTIVITIES AND SERVES IT S HEALTH CARE MISSION WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN. CHRISTUS HEALTH ARK-LA-TEX COLLABORATES WITH COMMUNIT IES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO STRENGTHEN ITS ROLE AS A MAJOR PROVIDER OF COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES. CHRISTUS HEALTH ARK- LA-TEX PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDICATIONS THEY NEED. THE HOSPITALS WORK WITH COMMUNITY PHARMACIES AND OTHER PHARMACEUTI CAL COMPANIES TO IDENTIFY THESE PATIENTS AND DISTRIBUTE THE NEEDED MEDICATIONS TO SUCH PER SONS. "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF CHRISTUS HEALTH ARK-L A-TEX'S OVERALL COMMUNITY BENEFIT. THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING H EALTH PROFESSIONALS (GRADUATE MEDICAL EDUCATION, NURSING STUDENTS, ALLIED HEALTH PROFESSIO NALS, PHARMACISTS, ETC). HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGU ISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNIT Y BENEFIT. CHRISTUS ARK-LA-TEX HAD OVER $948,450 IN HEALTH PROFESSIONS EDUCATION EXPENSES DURING FY 2021 THAT INCLUDED STUDENT INTERNSHIPS, CLINICAL EXPERIENCE AND OTHER EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS, ADMINISTRATORS, SOCIAL WORKERS, THERAPISTS AND PASTOR AL CARE PROFESSIONALS. CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOUR CES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT W ITH CHRISTUS HEALTH'S MISSION, VALUES, AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE T HAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVE S AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. DURING FY 2021 THE TOTAL GRANT MONEY D ISTRIBUTED BY CHRISTUS HEALTH TO THE ARK-LA-TEX REGION WAS $160,000. CHRISTUS HEALTH ARK-L A-TEX ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. CASH DONATIONS, IN AD DITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, HIV/AID S PREVENTION, AND MANY OTHER EQUALLY WORTHY PURPOSES. CHRISTUS HEALTH REINVESTS ALL SURPLU S FUNDS BACK INTO THE COMMUNITIES IT SERVES THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLO GIES, AND BETTER FACILITIES. DURING FY 2021, CHRISTUS HEALTH ADVOCATED FOR IMPROVEMENT PUB LIC POLICES AND WORKED TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY FO R GREATER ACCESS TO HEALTH CARE SERVICES FOR ALL. AS A NOT FOR PROFIT ORGANIZATION AND AS PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMU NITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA W |

| Form and Line Reference | Explanation |
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| SCHEDULE H, PART VI, LINE 5 | E SERVE GUIDES CHRISTUS HEALTH ARK-LA TEX. WE ARE PRIVILEGED TO HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES. AL L QUALIFIED PHYSICIANS WHO ARE GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS MUST U NDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. REGIONAL GOVERN ING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF TH E AREA WE SERVE GUIDES CHRISTUS HEALTH ARK-LA-TEX. All persons employed and affiliated wit h Christus Ark-La-Tex are required to complete annual conflict of interest statements. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART VI, LINE 6 | AFFILIATED HEALTH CARE SYSTEM DESCRIPTION CHRISTUS HEALTH ARK-LA-TEX IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACILITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES. CHRISTUS SERVICES CAN BE FOUND IN THE STATES OF ARKANSAS, GEORGIA, IOWA, LOUISIANA, NEW MEXICO, TEXAS, AND INTERNATIONALLY IN THE COUNTRIES OF MEXICO AND CHILE. A COMMON MISSION, CORE VALUES, AND VISION UNITE THE HEALTH SYSTEM. EACH REGION, INCLUDING CHRISTUS HEALTH ARK-LA-TEX, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS. REGIONAL STRATEGIC GOALS ARE SET IN COLLABORATION WITH CHRISTUS HEALTH AND INCLUDE METRICS THAT WILL BE USED TO MEASURE COMMUNITY BENEFIT, CLINICAL OUTCOMES, PATIENT SATISFACTION, AND ASSOCIATE ENGAGEMENT. CHRISTUS HEALTH PROVIDES UPDATED MARKET, DEMOGRAPHICS, AND HEALTH INDICATOR DATA ON AN ANNUAL BASIS. THE DATA SUPPLIED FROM CHRISTUS HEALTH ALONG WITH THE SYSTEM WIDE STRATEGIC INITIATIVES ARE CONSISTENT WITH THE COMMUNITY NEEDS ASSESSMENT OF THE REGION. CHRISTUS HEALTH ARK-LA-TEX, IN TURN, PARTNERS WITH OTHER NONPROFIT GROUPS (CHURCHES, HEALTH CARE PROVIDERS, AND GOVERNMENT AGENCIES) TO CREATE COLLABORATIONS WHERE HEALTH NEEDS CAN BE ADDRESSED AND THE GENERAL HEALTH OF INDIVIDUALS AND THE COMMUNITY IS IMPROVED. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H, PART VI, LINE 7 | Community Benefit Report A COMMUNITY BENEFIT REPORT IS FILED FOR THE STATE OF TEXAS IN THE FORM OF THE ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD (ASCBS) FORM AS REQUIRED BY THE HEALTH AND SAFETY CODE, SECTIONS 311.045 AND 311.046. THE CODE REQUIRES NONPROFIT HOSPITALS TO FILE THE ASCBS FORM AND ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS).THE 2013 ASCBS FORM IS EXPANDED TO COLLECT THE INFORMATION ON CHARITY CARE POLICIES AND COMMUNITY BENEFITS IN A STANDARDIZED FORMAT. ALL CHRISTUS HEALTH ENTITIES INCLUDING FACILITIES LOCATED IN STATES THAT DO NOT REQUIRE ANNUAL COMMUNITY BENEFIT REPORTING (I.E., LOUISIANA, AND NEW MEXICO), FOLLOW THE SAME REPORTING RULES AS OUTLINED IN THE CATHOLIC HEALTH ASSOCIATION GUIDE TO PLANNING AND REPORTING COMMUNITY BENEFIT, COPYRIGHT 2012. TOTAL COMMUNITY BENEFIT FOR CHRISTUS HEALTH IS ALSO REPORTED IN THE ANNUAL REPORT PREPARED AND DISTRIBUTED BY THE SYSTEM OFFICE. STATE FILING OF COMMUNITY BENEFIT REPORT: TX |

# Additional Data

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

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

| **Section A. Hospital Facilities**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**3**<br><br>Name, address, primary website address, and state license number | | 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 MICHAEL HEALTH SYSTEM<br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX 75503<br>WWW.CHRISTUSSTMICHAEL.ORG<br>000788 | X | X | | | | | X | | | A |
| 2 | CHRISTUS ST MICHAEL REHAB HOSPITAL<br>2400 ST MICHAEL DRIVE<br>TexaRkana, TX 75503<br>WWW.CHRISTUSSTMICHAEL.ORG<br>000713 | X | | | | | | | | REHABILITATION HOSP | A |
| 3 | CHRISTUS ST MICHAEL HOSPITAL-ATLANTA<br>1007 S WILLIAMS ST<br>ATLANTA, TX 75551<br>WWW.CHRISTUSSTMICHAEL.ORG<br>000788 | X | 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 |
|---|---|
| PART V, SECTION B, LINE 3E | THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY NEEDS PRIORITIZATION OCCURRED IN TWO PHASES. THE FIRST PHASE INCLUDED A DATA-BASED PRIORITIZATION FROM THE THI TEAM IN ADVANCE OF CONV ENING A NEEDS PRIORITIZATION COMMITTEE COMPRISED OF LOCAL STAKEHOLDERS. THE SECOND STEP WA S TO FACILITATE A COMMMUNITY-DRIVEN REFINEMENT OF THE DATA-BASED PRIORITIES, USING NOMINAL GROUP TECHNIQUE TO GENERATE A PRIORITIZED NEEDS LIST. THI STAFF FACILITATED THE NOMINAL G ROUP TECHNIQUE AT A NEEDS PRIORITIZATION MEETING THAT TOOK PLACE IN JANUARY 2019. THI STAF F INFORMED THE CSMHS LIAISON ABOUT THE PURPOSE OF THIS MEETING AND APPROPRIATE LOGISTICS W ERE ARRANGED. THE LOCAL LIAISON RECRUITED INDIVIDUALS FROM THE COMMUNITY TO SERVE ON THE N EEDS PRIORITIZATION COMMITTEE, AND 28 PEOPLE ULTIMATELY ATTENDED THE MEETING. THI STAFF PR ESENTED THE INITIAL ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA, A LIST OF DATA-BASED PRIO RITIES, AND LED THE GROUP IN THE NOMINAL GROUP TECHNIQUE EXERCISE TO DISTILL A FINAL LIST OF TOP PRIORITIES. PARTICIPANTS IDENTIFIED AND SCORED THEIR TOP PRIORITIES, AND THE FACILI TATORS FROM THI CONSOLIDATED INDIVIDUAL PARTICIPANTS' SCORES TO GENERATE AN OVERALL RANKIN G, WHICH WAS RELAYED BACK TO THE GROUP FOR FURTHER DISCUSSION. THE PRIORITIZATION COMMITTE E REACHED CONSENSUS ON THE COMPOSITE RANKING BEFORE FINALIZING THE PRIORITY HEALTH NEEDS L IST. SIGNIFICANT NEEDS ARE PRIORITIZED AND PRESENTED IN THIS SECTION ARE A SERIES OF IMPLE MENTATION STRATEGIES CONTAINING: 1.MENTAL HEALTH: CSMHS SEEKS TO SUSTAIN AND ENHANCES COLL ABORATION AND REFERRAL RELATIONSHIPS WITH LOCAL MENTAL/BEHAVORIAL HEALTH SERVICE PROVIDERS . 2.CHRONIC ILLNESS: CSMHS SEEKS TO IMPROVE UNDERSTANDING AND MANAGEMENT OF CHRONIC DISEAS E FOCUSING ON READMISSIONS, DIABETES, HYPERTENSION AND CANCER IN COLLABORATION WITH TRANSI TIONAL CARE PROGRAM PARTNER AND GENESIS PRIMECARE. 3.HEALTH SYSTEM PERFORMANCE: CSMHS SEEK S TO IMPROVE ACCESS TO HEALTH CARE AND PROMOTE HEALTHY BEHAVIORS IN THE COMMUNITY IN COLLA BORATION WITH GENESIS PRIMECARE, CATHOLIC CHARITIES OF EAST TEXAS AND UTILITZATION OF GO-N OODLE RESOURCES IN AREA SCHOOLS. 4.AGING POPULATIONS: CSMHS SEEKS TO IMPROVE HEALTH CARE A ND PROVIDE HEALTH EDUCATION FOR THE AGING POPULATION IN THE COMMUNITY. 5.LACK OF UNEMPLOYM ENT OPPORTUNITIES: CSMHS SEEKS TO COLLABORATE WITH THE AR-TX REGIONAL ECONOMIC DEVELOPMENT INCORPORATION TO ASSIST WITH JOB CREATION AND OTHER ECONOMIC DEVELOPMENT OPPORTUNITIES. P ART V, SECTION B, LINE 5 CHNA INPUT FROM PERSONS REPRESENTING THE COMMUNITY METHODOLOGY: R EVIEW OF LITERATURE AND QUANTITATIVE DATA - THI STAFF CONDUCTED A LITERATURE REVIEW USING PREVIOUSLY PUBLISHED COMMUNITY HEALTH NEEDS ASSESSMENTS AND OTHER REPORTS FOCUSED ON HEALT H IN THE TEXARKANA REGION. THE FINDINGS FROM PREVIOUS COMMUNITY NEEDS ASSESSMENTS AND PROG RESS REPORTING ON INITIATIVES LAUNCHED IN RESPONSE TO THESE NEEDS ASSESSMENTS WERE INCORPO RATED INTO PROJECT DESIGN, INTERVIEWS AND FOCUS GROUPS, AND THIS REPORT AS APPLICABLE. IN AN EFFORT TO STANDARDIZE THE C |

**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 |
|---|---|
| PART V, SECTION B, LINE 3E | HNA PROCESS ACROSS ALL CHRISTUS FACILITIES, THI STAFF COLLABORATED WITH THE LOUISIANA PUBL IC HEALTH INSTITUTE (LPHI) TO DESIGN AND CONDUCT THE NEEDS ASSESSMENTS. THI AND LPHI FOLLO WED A MIXED METHODS APPROACH OF DATA COLLECTION, ACCESSED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES, INCLUDING BOTH QUALITATIVE AND QUANTITATIVE MEASURES. THE CONSTRUCTION OF TH IS CHNA BEGAN WITH COLLECTION AND REVIEW OF THE QUANTITATIVE DATA THAT DERIVE FROM SECONDA RY SOURCES. UNLESS OTHERWISE SPECIFIED, ALL DATA WERE ACCESSED FROM COMMUNITY COMMONS, A R EPOSITORY OF COMMUNITY-LEVEL DATA COMPILED FROM SOURCES INCLUDING, BUT NOT LIMITED TO, THE AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU, THE CDC BEHAVIORAL RISK FACTOR SURVEILLANC E SYSTEM, AND THE NATIONAL VITAL STATISTICS SYSTEM. THE MOST RECENT DATA AVAILABLE FROM TH IS SOURCE WERE EXAMINED FOR THE REPORT AREA IN AGGREGATE AND BY COUNTY ACROSS SEVERAL DIME NSIONS, INCLUDING SOCIO-DEMOGRAPHICS, HEALTH RISK BEHAVIORS, ACCESS TO CARE, AND CLINICAL OUTCOMES. THE THI TEAM SUBSEQUENTLY OBTAINED INTERNAL DATA FROM THE TWO CSMHS ACUTE CARE H OSPITALS AND CONDUCTED A DESCRIPTIVE ANALYSIS. TOGETHER, THI STAFF REVIEWED OVER 40 MEASUR ES AND CATEGORIZED THEM FOR HIGHER-LEVEL EXAMINATION. KEY INFORMANT INTERVIEWS PURPOSE THE PURPOSE OF IN-DEPTH INTERVIEWS WAS TO GATHER A BROAD SAMPLE OF PERSPECTIVES ON SIGNIFICAN T HEALTH NEEDS IN THE COMMUNITY. FINDINGS FROM INTERVIEWS INFORMED THE DESIGN OF THE FOCUS GROUP AND WERE INCORPORATED INTO THE RESULTS TO LEND CONTEXT TO QUANTITATIVE PATTERNS AND TRENDS. SEMI-STRUCTURED INTERVIEWS FOLLOWED A PRE-DESIGNED QUESTIONNAIRE COVERING THE IDE NTIFICATION OF HEALTH NEEDS, COMMUNITY RESOURCES, AND POSSIBLE OPPORTUNITIES FOR ACTION. T HE INTERVIEWER ASKED ABOUT BARRIERS AND REASONS FOR UNMET HEALTH NEEDS, EXISTING CAPACITY, NEEDED RESOURCES, AND POTENTIAL SOLUTIONS THAT COULD ENHANCE WELL-BEING IN THE COMMUNITY, EITHER FOR SPECIFIC SUBGROUPS OR THE POPULATION AT-LARGE. THE FULL LENGTH KEY INFORMANT I NTERVIEW PROTOCOL CAN BE FOUND IN APPENDIX B OF THIS REPORT. SAMPLE AND RECRUITMENT: REPRE SENTATIVES FROM CSMHS CONTRIBUTED CONTACT INFORMATION FOR 16 PEOPLE WHO REPRESENT THE BROA D INTERESTS OF TEXARKANA AND WHO POSSESS KNOWLEDGE ABOUT THE REGION'S HEALTH-RELATED CHALL ENGES. THESE KEY STAKEHOLDERS INCLUDED NONPROFIT LEADERS, HEALTH DEPARTMENT AUTHORITIES, U NIVERSITY AND COLLEGE LEADERS, HEALTHCARE PROVIDERS OR LEADERS, HUMAN SERVICES PROVIDERS, LOCAL AND STATE AGENCIES, PEOPLE REPRESENTING DISTINCT GEOGRAPHIC AREAS, AND PEOPLE REPRES ENTING DIVERSE RACIAL/ETHNIC GROUPS. THE THI TEAM CONTACTED THESE 16 KEY INFORMANTS BY EMA IL AND TELEPHONE, AND NINE INDIVIDUALS RESPONDED TO THE REQUEST. THI CONDUCTED NINE INTERV IEWS BETWEEN SEPTEMBER AND DECEMBER 2018, EACH LASTING BETWEEN 30 AND 60 MINUTES. TRANSCRI PTION: THE IDENTITIES OF KEY INFORMANTS AND TRANSCRIBED CONTENT OF THEIR STATEMENTS WILL R EMAIN CONFIDENTIAL. FOCUS GROUP: PURPOSE AND QUESTIONS TO ADDRESS- THE PURPOSE OF THE FOCU S GROUP WAS TO OBTAIN CLARITY |

**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 |
|---|---|
| PART V, SECTION B, LINE 3E | AROUND NEEDS AND CONCEPTS PROPOSED FOR INCLUSION IN THE CHNA REPORT, AND TO APPROXIMATE A GROUP RESPONSE TO ALL IDEAS PUT FORTH. THE GROUP FOLLOWED A SEMI-STRUCTURED PROTOCOL INTEN DED TO ELICIT RESPONSES ALIGNED WITH THE FOLLOWING OBJECTIVES: 1. IDENTIFY SIGNIFICANT HEA LTH NEEDS, 2. IDENTIFY COMMUNITY RESOURCES TO MEET ITS HEALTH NEEDS, 3. IDENTIFY BARRIERS AND REASONS FOR UNMET HEALTH NEEDS, AND 4. IDENTIFY SUPPORTS, PROGRAMS, AND SERVICES THAT WOULD HELP TO IMPROVE THE NEEDS OR ISSUES. THI STAFF FINALIZED THE DESIGN OF THE FOCUS GRO UP GUIDE AFTER DISCUSSIONS WITH CSMHS STAFF, A REVIEW OF THE QUANTITATIVE DATA, AND ANALYS IS OF INTERVIEW DATA COLLECTED PRIOR TO THE FOCUS GROUP. RECRUITMENT AND SAMPLE: POTENTIAL PARTICIPANTS WERE IDENTIFIED BY CSMHS LEADERSHIP. MOST PARTICIPANTS WERE RECRUITED THROUG H ORGANIZATIONS THAT PROVIDE HEALTH CARE OR RELATED SERVICES TO COMMUNITY RESIDENTS (E.G., CLINICS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES). ELECTED OFFICIALS AND GOVERNM ENT LEADERS WERE ALSO INVITED TO PARTICIPATE. TO ASSIST WITH RECRUITMENT, THE LOCAL CHRIST US LIAISON RECRUITED STAKEHOLDERS WHO REPRESENTED SPECIFIC GROUPS, OCCUPATIONS, OR PERSPEC TIVES IMPORTANT TO THE PROJECT. TWELVE PEOPLE PARTICIPATED IN THE FOCUS GROUP. ADMINISTERI NG FOCUS GROUP AND COLLECTING DATA: THE FOCUS GROUP LASTED TWO HOURS. THE FACILITATOR OPEN ED WITH A GENERAL ASSESSMENT OF THE FOCUS GROUP PARTICIPANTS' VIEWS OF THE HEALTH PROFILE OF THEIR COMMUNITY, INVITING GENERAL COMMENTS WITH OPEN-ENDED QUESTIONS ABOUT HEALTH NEEDS . NEXT, THE FACILITATOR FOLLOWED WITH PROBES REGARDING ANY HEALTH NEEDS THAT AROSE IN THE QUANTITATIVE AND QUALITATIVE ANALYSES BUT DID NOT APPEAR IN THE GROUP MEMBERS' INITIAL RES PONSES. AN ASSISTANT MODERATOR TOOK NOTES AND RECORDED THE GROUP RESPONSES. THI STAFF CODE D ALL TRANSCRIPTS, IDENTIFYING AND CONSOLIDATING THE MAIN THEMES. FROM SUCCESSIVE READINGS OF TRANSCRIPTS, THE THI TEAM METHODICALLY ANALYZED TRANSCRIPT CONTENT TO PRODUCE A PROGRE SSIVELY REFINED CODING SCHEME. FROM THIS CODING SCHEME, SEVERAL PREDOMINANT THEMES EMERGED THAT WERE USED TO CONSTRUCT THE FINAL SUMMARIES. NEEDS PRIORITIZATION: NEEDS PRIORITIZATI ON OCCURRED IN TWO PHASES. THE FIRST PHASE INCLUDED A DATA-BASED PRIORITIZATION FROM THE T HI TEAM IN ADVANCE OF CONVENING A NEEDS PRIORITIZATION COMMITTEE COMPRISED OF LOCAL STAKEH OLDERS. THE SECOND STEP WAS TO FACILITATE A COMMUNITY-DRIVEN REFINEMENT OF THE DATA-BASED PRIORITIES, USING NOMINAL GROUP TECHNIQUE TO GENERATE A PRIORITIZED NEEDS LIST. THI STAFF FACILITATED THE NOMINAL GROUP TECHNIQUE AT A NEEDS PRIORITIZATION MEETING THAT TOOK PLACE IN JANUARY 2019. THI STAFF INFORMED THE CSMHS LIAISON ABOUT THE PURPOSE OF THIS MEETING AN D APPROPRIATE LOGISTICS WERE ARRANGED. THE LOCAL LIAISON RECRUITED PARTICIPANTS TO SERVE O N THE NEEDS PRIORITIZATION COMMITTEE, AND 28 PEOPLE ULTIMATELY ATTENDED THE MEETING. THI S TAFF PRESENTED THE INITIAL ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA, A LIST OF DATA-BAS ED PRIORITIES, AND LED THE GRO |

**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 |
|---|---|
| PART V, SECTION B, LINES 7a and 7b | The URL for the organization's most recently adopted community health needs assessment is: WWW.CHRISTUSHEALTH.ORG/-/MEDIA/FILES/HOMEPAGE/GIVING-BACK/CHNA/ST- MICHAEL-CHNA-2019.ASHX PART V, SECTION B, LINE 10a The URL for the organization's most recently adopted implemen tation strategy is: WWW.CHRISTUSHEALTH.ORG/-/MEDIA/ABOUT/CHRISTUS-ST-MICHAEL-CHIP-2019.ASH X PART V, SECTION B, LINE 11 SIGNIFICANT NEEDS IDENTIFIED AND ADDRESSED OR NOT ADDRESSED S ELECTED IMPLEMENTATION STRATEGY: Presented in this section are a series of implementation strategies containing the detailed goals and actions CSMHS is undertaking in a three year period to respond to each priority health need listed. A priority strategy statement descr ibes each objective and introduces major actions that will be pursued to deliver improveme nts. Major actions are presented with sub-actions identifying specific partners and resour ces to be engaged in the improvement effort. Actions and sub-actions are linked with antic ipated outcomes, which present a vision of how the status of each health need will change when the actions are completed. 1.MENTAL HEALTH: CSMHS SEEKS TO SUSTAIN AND ENHANCES COLLA BORATION AND REFERRAL RELATIONSHIPS WITH LOCAL MENTAL/BEHAVORIAL HEALTH SERVICE PROVIDERS. 2.CHRONIC ILLNESS: CSMHS SEEKS TO IMPROVE UNDERSTANDING AND MANAGEMENT OF CHRONIC DISEASE FOCUSING ON READMISSIONS, DIABETES, HYPERTENSION AND CANCER IN COLLABORATION WITH TRANSIT IONAL CARE PROGRAM PARTNER AND GENESIS PRIMECARE. 3.HEALTH SYSTEM PERFORMANCE: CSMHS SEEKS TO IMPROVE ACCESS TO HEALTH CARE AND PROMOTE HEALTHY BEHAVIORS IN THE COMMUNITY IN COLLAB ORATION WITH GENESIS PRIMECARE, CATHOLIC CHARITIES OF EAST TEXAS AND UTILIZATION OF GO-NOO DLE RESOURCES IN AREA SCHOOLS. 4.AGING POPULATIONS: CSMHS SEEKS TO IMPROVE HEALTH CARE AND PROVIDE HEALTH EDUCATION FOR THE AGING POPULATION IN THE COMMUNITY. 5.LACK OF UNEMPLOYMEN T OPPORTUNITIES: CSMHS SEEKS TO COLLABORATE WITH THE AR-TX REGIONAL ECONOMIC DEVELOPMENT I NCORPORATION TO ASSIST WITH JOB CREATION AND OTHER ECONOMIC DEVELOPMENT OPPORTUNITIES. A C OMMITTEE OF EXPERTS WERE TASKED WITH REVIEWING THE FINDINGS AND DISTILLING A BROAD LIST OF TEN INDICATORS INTO A LIST OF FIVE PRIORITY HEALTH NEEDS FOR TARGETED, NEAR-TERM ACTION. THIS COMMITTEE WAS COMPRISED OF BOTH HOSPITAL STAFF AND EXTERNAL COMMUNITY HEALTH PARTNERS WHO PARTICIPATED IN THE CHNA FORMULATION. PRIORITIES WERE EVALUATED ACCORDING TO ISSUE PR EVALENCE AND SEVERITY, BASED ON COUNTY AND REGIONAL SECONDARY DATA. INPUT PROVIDED BY KEY INFORMANTS, FOCUS GROUPS PARTICIPANTS, AND OTHER COMMUNITY STAKEHOLDERS WAS ALSO HEAVILY C ONSIDERED, ESPECIALLY FOR PRIORITY AREAS WHERE SECONDARY ARE LESS AVAILABLE. THE COMMITTEE CONSIDERED A NUMBER OF CRITERIA IN DISTILLING TOP PRIORITIES, INCLUDING MAGNITUDE AND SEV ERITY OF EACH PROBLEM, CSMHS'S ORGANIZATIONAL CAPACITY TO ADDRESS THE PROBLEM, IMPACT OF T HE PROBLEM ON VULNERABLE POPULATIONS, EXISTING RESOURCES ALREADY ADDRESSING THE PROBLEM, A ND POTENTIAL RISK ASSOCIATED W |

**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 |
|---|---|
| PART V, SECTION B, LINES 7a and 7b | ITH DELAYING INTERVENTION ON THE PROBLEM. THE COMMITTEE'S FINAL LIST OF FIVE PRIORITY NEED S IS PRESENTED IN RANK ORDER BELOW. THIS PRIORITY LIST OF HEALTH NEEDS LAYS THE FOUNDATION FOR CSMHS TO REMAIN AN ACTIVE, INFORMED PARTNER IN POPULATION HEALTH IN THE REGION FOR YE ARS TO COME. FOLLOWING THE NEEDS PRIORIZATION COMMITTEE MEETING, HOSPITAL STAFF CONVENED T O STRATEGIZE PLANNED RESPONSES TO PRIORITY HEATH NEEDS, IDENTIFY POTENTIAL COMMUNITY PARTN ERS FOR PLANNED INITIATIVES, AND IDENTIFY ACTIONS, SUB ACTIONS, AND ANTICIPATED OUTCOMES O F IMPROVEMENT PLAN EFFORTS. |

**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 |
|---|---|
| PART V, SECTION B, LINE 13B | ELIGIBILITY CRITERIA EXPLAINED IN THE FAP UNDER THE HOSPITAL'S POLICY, PATIENTS WHO WERE UNINSURED AND MET CERTAIN FINANCIAL CRITERIA WERE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE POLICY ALSO PROVIDED FOR ASSISTANCE FOR MEDICALLY INDIGENT PATIENTS. IN GENERAL, PATIENTS WHO WERE BELOW 300% OF FEDERAL POVERTY GUIDELINES RECEIVED FREE CARE. PATIENTS WHO WERE UNINSURED AND ABOVE 300% OF THE FEDERAL POVERTY GUIDELINE WERE BILLED RATES CONSISTENT WITH AMOUNTS GENERALLY BILLED TO COMMERCIAL PAYERS. PATIENTS WHO WERE UNINSURED AND BETWEEN 300% TO 400% OF FEDERAL POVERTY GUIDELINES COULD APPLY FOR ADDITIONAL ASSISTANCE TO PAY AMOUNTS LESS THAN AGB. |

**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 |
|---|---|
| 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. PART V, SECTION B, LINES 16A, 16B, AND 16C THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY WERE WIDELY AVAILABLE AT THE FOLLOWING URL FOR CHRISTUS ST. MICHAEL HEALTH SYSTEM, CHRISTUS ST. MICHAEL REHAB HOSPITAL, AND CHRISTUS ST. MICHAEL HOSPITAL-ATLANTA: WWW.CHRISTUSHEALTH.ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE PART V, SECTION B, LINE 16J HOW THE HOSPITAL FACILITY PUBLICIZES THE FINANCIAL ASSISTANCE POLICY THE HOSPITAL POSTED SIGNS TO INFORM PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY FOR AVAILABILITY OF CHARITY CARE IN THE EMERGENCY DEPARTMENT, LOBBY AND ADMISSIONS AREAS. 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. FINANCIAL 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 THE 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 |
|---|---|
| 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 ORGANIZATION DOES NOT HAVE A POLICY THAT ADDRESSES ACTIONS IN THE EVENT OF NON-PAYMENT. THE ORGANIZATION DOES NOT PURSUE ANY OF THE LISTED ACTIONS AT LINES 18 OR 19 IN PURSUIT OF COLLECTIONS FROM INDIVIDUALS PRIOR TO MAKING A REASONABLE EFFORT TO DETERMINE THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER CHRISTUS HEALTH MANAGEMENT DIRECTIVE 11. PART V, SECTION B, LINE 18F 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. |

**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 |
|---|---|
| PART V, SECTION B, LINE 20E | NOTIFICATION OF FINANCIAL ASSISTANCE POLICY 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 |
|---|---|
| PART V, SECTION B, LINE 22B | 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 6/30/21 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 45% OF CHARGES FOR THE RELEVANT SERVICE LINE. PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED NO MORE THAN THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 300% FPL). FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE. |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," 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

**2020**

**Open to Public Inspection**

Name of the organization
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to 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) | | | | | | | |
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| (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 . . . . . ▶

**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 |
|---|---|
| DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS | FORM 990, SCHEDULE I, PART I, LINE 2 THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO. 0006, "CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS". BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED: (1) ORGANIZATION TEST AND (2) IRS TEST. THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS. CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED. THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE AN IRS SECTION 501(C)(3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED. TO SATISFY THE IRS TEST CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT BUT FOR PUBLIC BENEFIT. CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING. DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION. DONATIONS SHOULD BE MODEST IN SCOPE. IN ADDITION TO FOLLOWING CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO. 0006, THE ORGANIZATION HAS ADDITIONAL GUIDELINES AND PROCEDURES FOR GRANT-MAKING. IN ACCORDANCE WITH THE ORGANIZATION'S DONATION POLICY, PRIORITY WILL BE GIVEN TO CHARITY CASES AS FOLLOWS: (A) SERVICES AND CONTRIBUTIONS TO ORGANIZATIONS WHICH PROVIDE CARE FOR THE POOR AND UNDERSERVED; (B) HEALTH EDUCATION AND PREVENTION; AND (C) OTHER HEALTH RELATED CAUSES. ALL REQUESTS FOR CONTRIBUTIONS, SPONSORSHIPS, ETC., REGARDLESS OF AMOUNT, MUST BE SUBMITTED IN WRITING TO THE CHRISTUS ST. MICHAEL FOUNDATION DIRECTOR. DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES PARTICULARLY RELATING TO THE HEALING MINISTRY AND HEALTH CARE. THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO THE COUNTIES IN WHICH IT SERVES VIA GRANTS PAID TO OTHER HOSPITALS AND HEALTHCARE ORGANIZATIONS LOCATED WITHIN SUCH COUNTIES. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTHCARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT THE FILING ORGANIZATION MAY NOT DIRECTLY SERVE IN ONE OF ITS HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED. |

# Additional Data

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

**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 |
|---|---|---|---|---|---|---|---|
| BOWIE COUNTY CLINICAL SERVICES INC<br>2801 Via Fortuna STE 500<br>AUSTIN, TX 78746 | 11-3794900 | 501(c)(3) | 153,925 | | | | Indigent Care Program Funding |
| CHRISTUS ST MICHAEL FOUNDATION<br>2600 St Michael drive<br>Texarkana, TX 75503 | 47-1655865 | 501(c)(3) | 70,000 | 220,453 | COST | IN-KIND MONTHLY EXP. | DONATION FOR SUPPORT OF THE PREMIUM SUPPORT PROGRAM |

**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 |
|---|---|---|---|---|---|---|---|
| EAST TEXAS BORDER HEALTH<br>502 East Rusk Street<br>Marshall, TX 75670 | 03-0538912 | 501(c)(3) | 256,072 | | | | DONATION FOR COMMUNITY HEALTH CONTRIBUTION GRANT |
| HEALTH TEACHER INC<br>209 10th Ave South<br>STE 350<br>Nashville, TN 37203 | 20-3456491 | 501(c)(3) | 101,850 | | | | DONATION FOR HEALTH EDUCATION PROGRAM |

**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 |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF AR AREA HLTH EDUCATION CTR SW<br>300 EAST 6TH STREET<br>TeXARKANA, AR 71854 | 71-6046242 | 501(C)(3) | 924,181 | | | | MEDICAL EDUCATION AND PROGRAM SERVICES |
| TEXARKANA INDEPENDENT SCHOOL DISTRICT<br>4241 SUMMERHILL RD<br>TEXARKANA, TX 75503 | 75-6002579 | GOVT | 7,774 | | | | DONATION FOR HEALTH AND WELLNESS GRANT |

**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 |
|---|---|---|---|---|---|---|---|
| Ar-Tex Redi<br>7101 University Avenue<br>TEXARKANA, TX 75503 | 83-0517428 | 501(C)(3) | 50,000 | | | | To support local economic development |
| Habitat for Humanity of Texarkana Inc<br>PO BOX 1345<br>TEXARKANA, TX 75504 | 75-2104815 | 501(C)(3) | 5,716 | | | | To support local community |

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# Schedule J (Form 990)

## Compensation Information

**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.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 on 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 on 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

| **(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 | | | | |
| See Additional Data Table | | | | | | | |
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## 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 | COMPANION TRAVEL FORM 990, SCHEDULE J, PART I, LINE 1A TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND BOARD MEMBERS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS. |
| FORM 990, PART VII, QUESTION 1A AND SCHEDULE J, PART II | DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS. ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR. BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS. |
| RELATED ORGANIZATION DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION | FORM 990, SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION. AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION. CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS A BI-ANNUAL COMPENSATION SURVEY. Severance Payment Form 990, Schedule J, Part I, Line 4A The following received severance payments during 2020: Gail White received $14,386 as a severance payment during calendar year 2020. |
| SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | FORM 990, SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN. IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET. PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETUREMENT PLAN SCHEDULE J, PART I, LINE 4B STEVEN KEUER RECEIVED $171,605 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. JASON ROUNDS RECEIVED $61,441 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. G. MICHAEL FINLEY RECEIVED $107,761 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. M. GLEN BOLES RECEIVED $44,627 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. LOUISE THORNELL RECEIVED $34,058 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. LAWRENCE CHELLAIAN RECEIVED $18,313 DURING THE CALENDER YEAR 2020 UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART II W-2 COMPENSATION MAY INCLUDE PAYMENTS RELATED TO COMPENSATION DEFERRED IN PRIOR YEARS. DEFERRED COMPENSATION MAY INCLUDE DEFERRALS OF CURRENT YEAR COMPENSATION UNDER EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN AND PENSION RESTORATION PLAN. |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, SCHEDULE J, PART II, COLUMN B (II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2020. |
| DEFERRED COMPENSATION | FORM 990, SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN. ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS. SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN. THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN. DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL. |
| SUPPLEMENTAL COMPENSATION INFORMATION | FORM 990, PART VII, SECTION A 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: CHRIS GLENNEY, JEFF PUCKETT, MARK ANDERSON, SCOTT SMITH, M.D., STEVEN KEUER, M.D., JASON G. ROUNDS, M. GLEN BOLES, G. MICHAEL FINLEY, M.D., LOUISE THORNELL, PATRICK FLANNERY, JENNIFER WRIGHT, LAWRENCE CHELLAIAN, WILLIAM MICAH JOHNSON, CHRISTOPHER KARAM, THOMAS MCKINNEY. |

# Additional Data

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

## 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 | | | | |
| **1**CHRIS GLENNEY BOARD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 837,158 | 348,204 | 650 | 311,373 | 13,351 | 1,510,736 | 0 |
| **1**JEFF PUCKETT BOARD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 3,561,985 | 2,200,456 | 304,250 | 3,000,239 | 12,980 | 9,079,910 | 142,706 |
| **2**MARK ANDERSON MD BOARD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 738,525 | 262,691 | 11,749 | 202,519 | 73,116 | 1,288,600 | 0 |
| **3**SCOTT SMITH MD BOARD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 635,755 | 346,176 | 15,500 | 140,903 | 18,355 | 1,156,689 | 0 |
| **4**STEVEN KEUER MD BOARD DIRECTOR EX-OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 657,385 | 344,310 | 171,605 | 173,065 | 8,886 | 1,355,251 | 0 |
| **5**JOHN M HESTER CRNA | (i) | 345,778 | 70 | 53,272 | 0 | 0 | 399,120 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6**LANCE A ATTAWAY CRNA | (i) | 193,828 | 20,830 | 111,764 | 0 | 7,383 | 333,805 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7**DAVID H WILLIAMSON PHYSICIAN | (i) | 204,540 | 21,601 | 93,995 | 0 | 362 | 320,498 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8**JESSE B JOHNSON CRNA MANAGER | (i) | 216,210 | 10,614 | 64,702 | 419 | 6,574 | 298,519 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9**DANIEL P SNOW CRNA | (i) | 177,096 | 21,543 | 79,166 | 0 | 5 | 277,810 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10**JASON G ROUNDS CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 384,212 | 148,053 | 102,498 | 48,358 | 22,959 | 706,080 | 33,847 |
| **11**M GLEN BOLES CHIEF FIN. OFFICER/TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 258,651 | 87,622 | 66,063 | 67,675 | 25,601 | 505,612 | 14,773 |
| **12**G MICHAEL FINLEY MD Chief Medical Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 365,224 | 119,527 | 120,641 | 70,933 | 23,282 | 699,607 | 0 |
| **13**LOUISE THORNELL CHIEF NURSE EXECUTIVE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 203,270 | 65,612 | 34,708 | 47,056 | 11,028 | 361,674 | 0 |
| **14**PATRICK FLANNERY ST MICHAEL REHAB HOSP ADMIN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 196,727 | 67,753 | 2,331 | 12,715 | 2,172 | 281,698 | 0 |
| **15**JENNIFER WRIGHT VP OF OPERATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 181,679 | 51,308 | 650 | 11,102 | 7,677 | 252,416 | 0 |
| **16**LAWRENCE CHELLAIAN VP MISSION INT. | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 144,109 | 44,123 | 19,213 | 28,361 | 2,738 | 238,544 | 0 |
| **17** WILLIAM MICAH JOHNSON Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 177,584 | 79,935 | 40,841 | 13,226 | 12,131 | 323,717 | 0 |
| **18**CHRISTOPHER KARAM Ex-Officio,Pres/CEO(THRU 9/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,118,010 | 292,267 | 266,801 | 551,737 | 8,773 | 2,237,588 | 66,229 |
| **19**THOMAS MCKINNEY ADMIN CHRISTUS ST MICHAEL HOSP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 301,410 | 129,082 | 39,249 | 84,045 | 12,563 | 566,349 | 11,249 |

## 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 | | | | |
| **21**LOREN ROBINSON<br>VP MEDICAL AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 209,956 | 39,879 | 0 | 685 | 15,254 | 265,774 | 0 |
| **1**BRETT KINMAN<br>ADMINISTRATOR of ATLANTA | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 222,446 | 101,723 | 0 | 14,764 | 11,049 | 349,982 | 0 |

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**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 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

**2020**

**Open to Public Inspection**

Name of the organization
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| DOING BUSINESS AS | FORM 990, PAGE 1, ITEM C CHRISTUS HEALTH ARK-LA-TEX OPERATES UNDER THE FOLLOWING NAMES: CHRISTUS St. Michael Cardiovascular & Thoracic Surgery Clinic CHRISTUS St. Michael Endocrinology Clinic Christus St. Michael Family Clinic CHRISTUS St. Michael Glenwood Pharmacy CHRISTUS St. Michael Health & Fitness Center CHRISTUS St. Michael Health & Fitness Center - Atlanta Christus St. Michael Health Care Center CHRISTUS St. Michael Health Care Center Pharmacy CHRISTUS St. Michael Health System CHRISTUS St. Michael Hip Fracture Center CHRISTUS St. Michael Home Health - Atlanta CHRISTUS St. Michael Hospital - Atlanta CHRISTUS St. Michael Neurosurgery Clinic CHRISTUS St. Michael Oncology Clinic CHRISTUS St. Michael Oncology Clinic - Cowhorn Creek CHRISTUS St. Michael Orthopedic Surgery Clinic CHRISTUS St. Michael Outpatient Rehabilitation Center - Atlanta CHRISTUS St. Michael Pain Management Clinic CHRISTUS St. Michael Provider Services CHRISTUS St. Michael Providers Services (Atlanta) CHRISTUS St. Michael Pulmonary & Sleep Medicine Clinic CHRISTUS St. Michael Quick Clinic New Boston Christus St. Michael Rehabilitation Hospital CHRISTUS St. Michael Rheumatology Clinic - Cowhorn Creek CHRISTUS St. Michael Senior Health Center CHRISTUS St. Michael Spine Center |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| OTHER PROGRAM SERVICE | 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-MINIS TER 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 NEE DED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND U NDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLE D, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RE NDERED 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 BR OAD SPECTRUM OF SERVICES FROM CHARITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, T RANSPORTATION SERVICES, AND A VARIETY OF OTHER SOCIAL SERVICES. CHRISTUS HEALTH ARK-LA-TEX PROVIDES MEDICATION ASSISTANCE FOR COMMUNITY RESIDENTS WHO ARE UNABLE TO AFFORD THE MEDIC ATIONS THEY NEED. THE HOSPITALS WORK WITH COMMUNITY PHARMACIES AND OTHER PHARMACEUTICAL CO MPANIES TO IDENTIFY THESE PATIENTS AND THEN DISTRIBUTE THE NEEDED MEDICATIONS TO THEM. COL LABORATIVE EFFORTS WITH GENESIS PRIME CARE, ALL FOR KIDS PEDIATRIC CLINIC AND RANDY SAMS H OMELESS SHELTER PROVIDE PRIMARY CARE TO MEET THE NEEDS OF THE POOR, UNDERSERVED AND HOMELE SS. CHRISTUS HEALTH ARK-LA-TEX ALSO SUPPORTS THE NEEDS OF SPECIAL POPULATIONS IN THE COMMU NITY BY PROVIDING HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION OF CANCER AND HEART DISEASE AS WELL AS SCREENINGS AND IMMUNIZATIONS FOR CHILDREN THROUGH A MOBILE HEALTH CLINI C. HEALTH EDUCATION PROGRAMS, SCREENINGS AND ADULT IMMUNIZATIONS ASSIST OTHER TARGETED POP ULATIONS SUCH AS PERSONS AGE 65 OR OLDER AND AFRICAN-AMERICANS. CHRISTUS HEALTH HAS ESTABL ISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE V ISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSO PHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DI FFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES . THE CHRISTUS FUND HAS INVESTED A TOTAL OF $160,000 IN THE ARK-LA-TEX REGION IN FY 2021. HARVEST TEXARKANA AND CASA OF NORTHEAST TX, TWO COMMUNITY AGENCIES SERVING TO IMPROVE THE HEALTH OF THEIR COMMUNITIES WERE RECIPIENTS OF THESE FUNDS. SEVERAL CHRISTUS REGIONS PROVI DE INDIGENT FUNDING DONATIONS OR "GRANTS" TO AID THE COUNTIES IN WHICH THEY, OR ANOTHER CH RISTUS REGION, SERVE. SUCH GRANTS MAY BE PAID TO THE COUNTY DIRECTLY OR VIA ANOTHER HOSPIT AL OR HEALTHCARE ORGANIZATION |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| OTHER PROGRAM SERVICE | IN THE AREA. THIS CHARITABLE DONATION HELPS RELIEVE THE ADDITIONAL EXPENSE OF HEALTH CARE FOR THE INDIGENT POPULATION WITHIN OUR COMMUNITIES THAT CHRISTUS MAY NOT DIRECTLY SERVE IN ONE OF OUR HOSPITALS. THIS IS A RESULT OF OUR MISSION TO EXTEND THE HEALING MINISTRY OF J ESUS CHRIST, ESPECIALLY TO THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE BROADER CO MMUNITY THE GREATEST SHARE OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS. IN ORD ER TO PROVIDE CLINICALLY TRAINED PROFESSIONALS, CHRISTUS HEALTH ARK-LA-TEX COOPERATES WITH THE UNIVERSITY OF ARKANSAS MEDICAL SCIENCES AREA HEALTH EDUCATION CENTER-SOUTHWEST TO PRO VIDE SUPPORT FOR THE MEDICAL LABORATORY SCIENCES PROGRAM. IN EFFORTS TO MEET THE NEEDS FOR PRIMARY CARE PHYSICIANS IN THE AREA, CHRISTUS PROVIDES SUPPORT FOR A THREE-YEAR PRIMARY C ARE RESIDENCY PROGRAM FOR PHYSICIANS THROUGH THE UNIVERSITY OF ARKANSAS MEDICAL SCIENCES A REA HEALTH EDUCATION CENTER-SOUTHWEST. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFI CANT COMMUNITY BENEFIT. CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FU ND, 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 2021, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANC ES AUGMENT, GRASSROOTS ADVOCACY FOR GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTIT UENTS WE SERVE. DESCRIPTION OF RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 M. GLEN BOLES AND JASON ROUNDS SERVE AS OFFICERS OF ARK-LA-TEX HEALTH NETWORK, A WHOLLY OWNED SUBS IDIARY OF CHRISTUS HEALTH ARK-LA-TEX. SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED FORM 990, PART VI, SECTION A, LINE 4 PRIMARILY, THE NEW ORGANIZA TIONAL DOCUMENTS DISTINCTLY ESTABLISHED CERTAIN POWERS, THAT ARE EXPRESSLY RESERVED FOR TH E ORGANIZATION'S MEMBER, BOARD, AND THE MEMBER'S CHIEF EXECUTIVE OFFICER, A SUMMARY OF THE SE RESERVED POWERS ARE AS FOLLOWS: (I) THE APPROVAL OF TRANSACTIONS INVOLVING REAL PROPERT Y AND OTHER ORGANIZATIONAL PROPERTY; (II) THE AMENDMENT OF GOVERNANCE DOCUMENTS; (III) THE APPROVAL OF THE INCURRENCE, FORGIVENESS, AND GUARANTEE OF DEBT; (IV) THE APPROVAL OF CAPI TAL PROJECTS, (V) THE ESTABLISHMENT OF NEW ORGANIZATIONAL ENTITIES, WHICH INCLUDE MERGERS AND ACQUISITIONS, AND (VI) OTHER AUTHORITY AS DELEGATED BY THE APPLICABLE ORGANIZATIONAL A UTHORITY. IN ADDITION TO THE ESTABLISHMENT OF RESERVED POWERS, THE REVISED ORGANIZATIONAL DOCUMENTS ALSO CLARIFIED THE RESPONSIBILITIES OF ORGANIZATIONAL OFFICERS AND BOARD COMMITT EES. THE AMENDED BYLAWS ALSO ESTABLISHED A NEW MEMBER/PARENT FOR THE ORGANIZATION. THE PRI OR MEMBER AND PARENT WAS CHRISTUS HEALTH, WHICH WAS CHANGED TO CHRISTUS NORTHEAST TEXAS HE ALTH SYSTEM CORPORATION. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| DESCRIPTION OF CLASSES OF MEMBERS OF STOCKHOLDERS | FORM 990, PART VI, SECTION A, LINE 6 Christus Health was the sole corporate member of the filing organization until 1/1/2021. Beginning 1/1/2021, the sole member became Christus Northeast Texas Health System Corporation. |

## 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 PRIOR TO 1/1/2021, CHRISTUS HEALTH, AS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION, HAD THE POWER TO APPOINT ALL MEMBERS OF THE FILING ORGANIZATION'S GOVERNING BODY. BEGINNING 1/1/2021, Christus Health Northeast Texas Health System Corporation, AS THE SOLE CORPORATION 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 H AS THE FOLLOWING POWERS: APPROVE, CHANGE AND/OR INTERPRET THE FILING ORGANIZATION'S PHILOS OPHY, MISSION AND VISION; APPROVE THE ADOPTION OR AMENDMENT OF THE FILING ORGANIZATION'S A RTICLES OF INCORPORATION AND BYLAWS; APPOINT AND REMOVE MEMBERS OF THE FILING ORGANIZATION 'S BOARD OF DIRECTORS; APPOINT AND REMOVE THE FILING ORGANIZATION'S CHAIR OF THE BOARD OF DIRECTORS AND VICE CHAIRPERSON OF BOARD OF DIRECTORS; APPROVE INCURRENCE OF DEBT THAT EXCE EDS $5 MILLION PER INCURRENCE OR $25 MILLION ANNUALLY; APPROVE ANY MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION BY THE FILING ORGANIZATION; APPROVE THE IMPLEMENTA TION OF SYSTEM-WIDE POLICIES FOR THE FILING ORGANIZATION; APPROVE SYSTEM-WIDE CONSOLIDATED BUDGET AND PERFORMANCE INDICATORS FOR THE FILING ORGANIZATION; APPROVE THE INDEPENDENT AU DIT 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 SY STEM PARTICIPANT OR LOCAL ENTITY WHICH CREATES A NEW LEGAL ENTITY OR JOINT VENTURE, OR CHA NGES IN BUSINESS PURPOSE OR RELATIONSHIP OF ANY LOCAL ENTITY; AND APPROVE AND AUTHORIZE AC TIONS RESERVED IN ORGANIZATION DOCUMENTS OR SIMILAR GOVERNANCE DOCUMENTS. THE CHRISTUS HEA LTH CEO HAS THE FOLLOWING POWERS: POWER TO APPOINT AND REMOVE THE PRESIDENT OF THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT OR ENCUMBRANCE OF THE FILING ORGANIZATION'S REAL PROPERTY DESIGNATED AS NON-DESIGNATED MINISTRY PROPERTY UNDER $ 5 MILLION BUT MORE THAN $1 MILLION; APPROVE THE INCURRENCE OF DEBT UP TO A $5 MILLION CAP OR $25 MILLION ANNUALLY BY THE FILING ORGANIZATION; APPROVE STRATEGIC PLANS OF THE FILING ORGANIZATION; APPROVE THE FILING ORGANIZATION'S BUDGET; SET THE THRESHOLD OF CAPITAL PROJE CTS LESS THAN $10 MILLION BY THE FILING ORGANIZATION; AND APPROVE MANAGEMENT DIRECTIVES FO R THE FILING ORGANIZATION. THE CHRISTUS HEALTH MEMBERS ARE THE CONGREGATION OF SISTERS OF CHARITY OF THE INCARNATE WORD, HOUSTON, TEXAS AND THE CONGREGATION OF SISTERS OF CHARITY O F THE INCARNATE WORD (OF SAN ANTONIO). THE CHRISTUS HEALTH MEMBERS HAVE THE FOLLOWING POWE RS: APPROVE THE ADOPTION AND AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS OF THE FILI NG 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 MILL ION THRESHOLD DOLLAR AMOUNT REQUIRED BY CANON LAW FOR THE FILING ORGANIZATION; APPROVE THE SALE, LEASE, MORTGAGE, TRANSFER, EASEMENT, OR ENCUMBRANCE OF REAL PROPERTY DESIGNATED AS DESIGNATED MINISTRY PROPERTY BY THE FILING ORGANIZATION, BUT NOT IN EXCESS OF $5 MILLION; APPROVE THE CHANGE OF OWNERSHIP, MANAGEMENT OR CONTROL, (EXCEPT IN THE ORDINARY COURSE OF BUSINESS OFFICE AND SPACE LEAS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF | ES) THE FUNDAMENTAL USE BY CHANGE IN LICENSE THAT WOULD SIGNIFICANTLY CHANGE A FACILITY, O R THE ELIMINATION OF OB, PED, PSYCH OR EMERGENCY SERVICES ON REAL PROPERTY PROVIDED IN CON NECTION WITH DESIGNATED MINISTRY PROPERTY OWNED BY THE FILING ORGANIZATION; AND APPROVE TH E MERGER, CONSOLIDATION, ACQUISITION, DISSOLUTION OR LIQUIDATION OF THE FILING ORGANIZATIO N IF IT OWNS DESIGNATED MINISTRY PROPERTY. |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| EXPLAIN HOW ORG ENSURES LOCAL UNIT ACTIVITIES ARE CONSISTENT WITH ITS OWN | FORM 990, PART VI, SECTION B, LINE 10B CHRISTUS ST. MICHAEL HEALTH SYSTEM AUXILIARY IS TREATED AS A DEPARTMENT OF CHRISTUS HEALTH ARK-LA-TEX (OPERATES UNDER THE SAME TAX ID NUMBER AS CHRISTUS HEALTH ARK-LA-TEX) AND IS REQUIRED TO FOLLOW CHRISTUS ST. MICHAEL'S POLICIES AND PROCEDURES. THE CEO/PRESIDENT OR DESIGNEE IS A MEMBER OF THE AUXILIARY BOARD. VOLUNTEERS ARE SUPERVISED AND OPERATE UNDER THE DIRECTION OF THE CEO/PRESIDENT OR OTHER DESIGNEE. NEW VOLUNTEER CANDIDATES ARE REQUIRED TO SUBMIT APPLICATIONS, UNDERGO BACKGROUND CHECKS AND COMPLETE OTHER REQUIREMENTS THAT ARE APPLICABLE TO CHRISTUS ST. MICHAEL APPLICANTS. ALL VOLUNTEERS ARE REQUIRED TO ATTEND ORIENTATION, SIGN CODE OF ETHICS, COMPLETE THE CONFLICT OF INTEREST STATEMENTS, ETC., ALL OF WHICH ARE RETAINED ON FILE. REVENUES AND EXPENSES ARE SUBMITTED TO THE ACCOUNTING DEPARTMENT AT MONTH-END CLOSE AND EACH MONTH ARE RECORDED ON THE CHRISTUS ST. MICHAEL FINANCIAL STATEMENTS AND ARE INCLUDED IN AUDITS. THE ACCOUNTING DEPARTMENT RETAINS COPIES OF ALL BANK STATEMENTS, DEPOSITS, AND DISBURSEMENTS. THE ACCOUNTING DEPARTMENT RECONCILES THE MONTHLY BANK STATEMENTS. |

**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 2022 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 Ark-La-Tex. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST WITH THE COMPENSATION ARRANGEMENTS AT HAND. THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHRISTUS HEALTH BOARD SELECTS AN INDEPENDENT EXTERNAL FIRM TO PERFORM AN INDEPENDENT COMPENSATION REVIEW, TO ENSURE THAT ALL COMPENSATION IS REASONABLE AND COMPARABLE TO OTHER SIMILARLY SITUATED ORGANIZATIONS, FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS, AND TO PROVIDE SUPPORTING INFORMATION OF COMPENSATION DECISIONS. ON AN ANNUAL BASIS THE EXTERNAL CONSULTANT: 1. DEVELOPS THE MERIT INCREASE RECOMMENDATIONS FOR ALL DESIGNATED SYSTEM EXECUTIVES BASED ON MARKET COMPARABILITY. 2. RECOMMENDS THE CHANGES IN THE COMPENSATION STRUCTURE (GRADES) BASED ON THE MARKET CHANGES. 3. COMPLETES A REVIEW AND EVALUATION OF NEWLY CREATED POSITIONS TO RECOMMEND A GRADE PLACEMENT TO THE COMMITTEE FOR ITS DISCUSSION AND APPROVAL. ON A BI-ANNUAL BASIS, THE EXTERNAL CONSULTANT COMPLETES A DETAILED REVIEW OF ALL OTHER DESIGNATED SYSTEM EXECUTIVES' COMPENSATION AND BENEFITS. THIS GROUP INCLUDES ALL TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY LEADERS OF THE ORGANIZATION. THE REVIEW INCLUDES RECOMMENDATIONS TO THE COMMITTEE ON ANY CHANGES NECESSARY IN EITHER SPECIFIC COMPENSATION OR COMPENSATION STRUCTURE TO ENSURE MARKET COMPETITIVENESS, REASONABLENESS AND INTERNAL EQUITY. UPON RECOMMENDATIONS FROM THE INDEPENDENT EXTERNAL FIRM, THE EXECUTIVE COMPENSATION COMMITTEE MAKES FINAL COMPENSATION DECISION. 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 GEN PUBLIC | 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 |
|---|---|
| CASH- NON-BEARING INTEREST | FORM 990, PART X, LINE 1 CHRISTUS HEALTH SYSTEM MAINTAINS A CENTRALIZED CASH MANAGEMENT SYSTEM. THIS CASH MANAGEMENT SYSTEM (CMS) INCLUDES A CONCENTRATION ACCOUNT WHEREIN DEPOSITS AND DISBURSEMENTS FOR RELATED CHRISTUS EXEMPT ORGANIZATIONS FLOW THROUGH THIS ACCOUNT AND OVER TO THE MANAGED INVESTMENT ACCOUNTS. EACH PARTICIPATING ORGANIZATION REPORTS A BALANCE IN THE CMS REFLECTIVE OF ITS CUMULATIVE CASH ACTIVITY. CASH BALANCES FOR EACH CHRISTUS ORGANIZATION ARE REPORTED ON FORM 990 IN ACCORDANCE WITH FINANCIAL STATEMENT REPORTING. CMS OWNERSHIP IS MAINTAINED BY CHRISTUS HEALTH (EIN 76-0590551) AND ALL ASSOCIATED INVESTMENT INCOME IS PROPERLY REPORTED ON THE CHRISTUS HEALTH FORM 990. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| OTHER CHANGES IN NET ASSETS | FORM 990, PART XI, LINE 9 INTERCOMPANY EQUITY ADJUSTMENT $ 89,004,952 RESTRICTED CONTRIBUTIONS $ (7,381) ROUNDING $ (3) ---------- TOTAL $ 88,997,568 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:MEDICAL SERVICES TOTAL FEES:30148701 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION:INFORMATION SERVICES TOTAL FEES:15810770 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:REPAIRS & MAINTENANCE SERVICES TOTAL FEES:3308240 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:OCCUPANCY RELATED SERVICES TOTAL FEES:2004321 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:COLLECTION SERVICES TOTAL FEES:1494610 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:CONSULTING SERVICES TOTAL FEES:313663 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:19301 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 11G | DESCRIPTION:MARKETING SERVICES TOTAL FEES:7018 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION:OTHER PROFESSIONAL SERVICES TOTAL FEES:14510076 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

**2020**

**Open to Public Inspection**

Name of the organization
Christus Health Ark-La-Tex

**Employer identification number**
75-2796815

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

| (a) Name, address, and EIN (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 |
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**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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 | (g) Section 512(b)(13) controlled entity? No |
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**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) Disproprtionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
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**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.

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

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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## 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:** 75-2796815
**Name:** Christus Health Ark-La-Tex

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>76-0590551 | SPT HLTH SVCS | TX | 501(c)(3) | 10 | NA | | No |
| 3330 MASONIC DRIVE<br>ALEXANDRIA, LA 71301<br>72-0408984 | HLTHCARE SVCS | LA | 501(c)(3) | 3 | CH | Yes | |
| PO BOX 922037<br>HOUSTON, TX 77292<br>76-0591592 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| ONE SAINT MARY PLACE<br>SHREVEPORT, LA 71101<br>72-0408982 | HLTHCARE SVCS | LA | 501(c)(3) | 3 | CH | Yes | |
| 600 ELIZABETH STREET<br>CORPUS CHRISTI, TX 78404<br>74-1109836 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| 2830 CALDER STREET<br>BEAUMONT, TX 77726<br>76-0591590 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| 524 DR MICHAEL DEBAKEY DRIVE<br>LAKE CHARLES, LA 70601<br>72-0411322 | HLTHCARE SVCS | LA | 501(c)(3) | 3 | CH | Yes | |
| 333 N SANTA ROSA STREET<br>SAN ANTONIO, TX 78207<br>74-1109665 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| 1700 WEST LOOP SOUTH STE 1100<br>HOUSTON, TX 77027<br>74-2898615 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| 1700 WEST LOOP SOUTH STE 400B<br>HOUSTON, TX 77027<br>76-0422435 | HLTHCARE SVCS | TX | 501(c)(3) | 12-TYPE I | CH | Yes | |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>61-1500100 | SPT HLTH SVCS | TX | 501(c)(3) | 12-TYPE I | CH | Yes | |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>46-2798043 | SPT HLTH SVCS | TX | 501(c)(3) | 12-TYPE I | CH | Yes | |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>46-4617988 | HEALTH PLAN | LA | 501(c)(4) | | CH | Yes | |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>46-5203505 | HLTHCARE SVCS | TX | 501(c)(3) | 3 | CH | Yes | |
| 2600 ST MICHAEL DRIVE<br>TEXARKANA, TX 75503<br>47-1695865 | SPT HLTH SVCS | TX | 501(c)(3) | 7 | ALT | Yes | |
| 115 AIRPORT ROAD<br>SULPHUR SPRINGS, TX 75482<br>81-1708177 | HEALTH SVCS | TX | 501(c)(3) | 3 | CNTHSC | Yes | |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>82-2109465 | HLTHCARE SVCS | TX | 501(c)(3) | 12-TYPE II | CH | Yes | |
| 1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2616975 | HLTHCARE SVCS | TX | 501(c)(3) | 12-TYPE II | CH | Yes | |
| PO BOX 1919<br>HOUSTON, TX 77251<br>74-6074210 | SUPP HLH SVCS | TX | 501(c)(3) | 7 | CH | Yes | |
| 700 E MARSHALL AVE<br>LONGVIEW, TX 75601<br>75-2027157 | HLTHCARE SVCS | TX | 501(C)(3) | 12-TYPE II | 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** |
| 919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>47-3405546 | SPT HLTH SVCS | TX | 501(C)(4) | | CH | Yes | |
| 1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2616977 | HEALTHCARE | TX | 501(C)(3) | 3 | CNTHSC | Yes | |
| 1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-0818167 | HOSPITAL | TX | 501(C)(3) | 3 | CNTHSC | Yes | |
| 1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2771569 | HOSPITAL | TX | 501(C)(3) | 3 | CNTHSC | Yes | |
| 919 HIDDEN RIDGE<br>IRVING, TX 75038<br>75-1976930 | HOSPITAL | TX | 501(C)(3) | 3 | CNTHSC | Yes | |
| 600 ELIZABETH STREET<br>CORPUS CHRISTI, TX 78404<br>45-2106295 | HEALTH PLAN | TX | 501(C)(4) | | CSHSC | Yes | |

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (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 |
| ARK-LA-TEX HEALTH NETWORK<br>PO BOX 2911<br>TEXARKANA, TX 755042911<br>75-2562459 | HLTHCARE SVCS | TX | ALT | C Corporation | 0 | 1,727,439 | 100.000 % | Yes | |
| ARKANSAS INTEGRATED COMM HEALTH NETWORK<br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX 75503<br>76-0480684 | HEALTHCARE SV | TX | ALT | C Corporation | 0 | 0 | 100.000 % | Yes | |
| CHRISTUS MUGUERZA SAPI DE CV<br>HIDALGO PTE 2525 COL OBISPADO<br>MONTERREY, N.L. 64060<br>MX | HLTHCARE SVCS | MX | CH | C Corporation | | | | Yes | |
| EMERALD ASSURANCE CAYMAN LTD<br>PO BOX 1051<br>GRAND CAYMAN KY1-1102<br>CJ 98-0407545 | INSURANCE | CJ | CH | C Corporation | | | | Yes | |
| CHRISTUS TEXARKANA UNIT OWNERS ASSOC<br>2600 ST MICHAEL DRIVE<br>TEXARKANA, TX 75503<br>47-2486362 | BUILDING ASSOC. | TX | ALT | C CORPORATION | 0 | 0 | 100.000 % | Yes | |
| CHRISTUS LOUISIANA QUALITY ALLIANCE<br>919 HIDDEN RIDGE DRIVE<br>IRVING, TX 75038<br>47-4618648 | ACO | LA | CH | C Corporation | | | | Yes | |
| TRINCARE INC<br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2161369 | RETAIL HEALTH SVC | TX | CNTHSC | C CORPORATION | | | | Yes | |
| HEALTHPLAN OF TEXAS INC<br>1315 DOCTORS DRIVE<br>TYLER, TX 75701<br>75-2636832 | THIRD PARTY ADMIN | TN | CNTHSC | C CORPORATION | | | | 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 |
|---|---|---|---|
| ARK-LA-TEX HEALTH NETWORK | L | 1,053,226 | ACCRUAL |
| ARK-LA-TEX HEALTH NETWORK | M | 658,361 | ACCRUAL |
| ARK-LA-TEX HEALTH NETWORK | O | 374,235 | ACCRUAL |
| ARK-LA-TEX HEALTH NETWORK | P | 146,615 | ACCRUAL |
| ARK-LA-TEX HEALTH NETWORK | Q | 278,408 | ACCRUAL |
| CH WILKINSON PHYSICIAN NETWORK | L | 9,541,910 | ACCRUAL |
| CH WILKINSON PHYSICIAN NETWORK | M | 4,816,016 | ACCRUAL |
| CHRISTUS SANTA ROSA HEALTH CARE CORPORATION | P | 291,287 | ACCRUAL |
| CHRISTUS SANTA ROSA HEALTH CARE CORPORATION | Q | 197,671 | ACCRUAL |
| CHRISTUS ST MICHAEL FOUNDATION | B | 290,453 | ACCRUAL |
| CHRISTUS ST MICHAEL FOUNDATION | C | 74,000 | ACCRUAL |
| CHRISTUS ST MICHAEL FOUNDATION | O | 106,523 | ACCRUAL |
| MOTHER FRANCES HOSP REGIONAL HEALTH CARE CENT | L | 129,573 | ACCRUAL |
| MOTHER FRANCES HOSP REGIONAL HEALTH CARE CENT | M | 129,573 | ACCRUAL |
| TRINITY CLINIC | A(IV) | 124,448 | ACCRUAL |
| TRINITY CLINIC | J | 124,448 | ACCRUAL |
| TRINITY CLINIC | L | 22,864,521 | ACCRUAL |
| TRINITY CLINIC | M | 12,985,596 | ACCRUAL |