

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: Christus Health Southwestern Louisiana
D Employer identification number: 72-0411322
E Telephone number: (337) 436-2511
F Name and address of principal officer: KEVIN HOLLAND, 524 DR MICHAEL DEBAKEY DRIVE, LAKE CHARLES, LA 70601
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: www.christuspatrick.org
K Form of organization: Corporation
L Year of formation: 1921
M State of legal domicile: LA

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Summary statistics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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: 2020-06-26, Name and title: KIMBERLY PATNAUDE CFO

Paid Preparer Use Only: Preparer's name, signature, date, firm's name, address, PTIN, EIN, phone 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 THE ETHICAL AND RELIGIOUS DIRECTORS FOR CATHOLIC HEALTH CARE SERVICES AS PROMULGATED OR AMENDED FROM TIME TO TIME BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS IT IS ALSO A PURPOSE OF THE CORPORATION TO AID, LEND FINANCIAL SUPPORT AND AS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 81,001,779 including grants of \$ 0 ) (Revenue \$ 144,772,345 )  
See Additional Data

**4b** (Code ) (Expenses \$ 103,869,705 including grants of \$ 0 ) (Revenue \$ 96,206,822 )  
See Additional Data

**4c** (Code ) (Expenses \$ 45,416,287 including grants of \$ 0 ) (Revenue \$ 21,436,107 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 4,808,228 including grants of \$ 2,699,685 ) (Revenue \$ 0 )

**4e Total program service expenses** ▶ 235,095,999

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	1,712		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes
<p><b>4a</b> 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)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> 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? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> 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? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</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 . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>	
<p><b>15</b> 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 . . . . .</p>			<b>15</b>	No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (checked), 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: KIMBERLY PATNAUDE 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 (318) 561-7172

**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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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 57

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like IMPERIAL HEALTH LLP and LAKE CHARLES ANESTHESIOLOGY APMC.

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 45



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	5,923		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	599,840		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		0		
	<b>h Total.</b> Add lines 1a-1f . . . . .		605,763		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE		621990	260,052,743	259,864,675	188,068	0
<b>b</b> RENT RELATED TO EXEMPT FUNCTION		531390	1,456,722	1,456,722	0	0	0
<b>c</b> WELLNESS CENTER REVENUE		713940	677,499	677,499	0	0	0
<b>d</b> REBATES		900099	64,954	64,954	0	0	0
<b>e</b> OUTREACH		900099	107,491	107,491	0	0	0
<b>f</b> All other program service revenue			55,866	55,866			0
<b>g Total.</b> Add lines 2a-2f . . . . .			262,415,275				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			0			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		1,115,973					
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	1,115,973	0				
	<b>d</b> Net rental income or (loss) . . . . .			1,115,973			1,115,973
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			318,306				
	<b>b</b> Less cost or other basis and sales expenses		22,385				
	<b>c</b> Gain or (loss)		295,921				
	<b>d</b> Net gain or (loss) . . . . .			295,921			295,921
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> FOOD & VENDING REVENUE	900099	210,654	0	0	210,654		
<b>b</b> OTHER OPERATING REVENUE	900099	113,807	0	0	113,807		
<b>c</b> MANAGEMENT FEE REVENUE	541610	981,573	0	0	981,573		
<b>d</b> All other revenue . . . . .		152,984	0	0	152,984		
<b>e Total.</b> Add lines 11a-11d . . . . .		1,459,018					
<b>12 Total revenue.</b> See Instructions . . . . .		265,891,950	262,227,207	188,068	2,870,912		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	864,214	864,214		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	81,881,461	73,054,374	8,697,313	129,774
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	368,411	327,514	40,897	0
<b>9</b> Other employee benefits.	11,585,783	10,064,413	1,521,370	0
<b>10</b> Payroll taxes.	5,458,564	4,919,168	521,804	17,592
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	272,870	272,870	0	0
<b>b</b> Legal.	409,945	44,902	365,043	0
<b>c</b> Accounting.	680,476	680,476	0	0
<b>d</b> Lobbying.	27,897	0	27,897	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,822,516	17,752,066	12,070,450	0
<b>12</b> Advertising and promotion.	0	0	0	0
<b>13</b> Office expenses.	24,783,127	18,676,281	6,106,846	0
<b>14</b> Information technology.	8,941,646	8,896,272	45,374	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	7,720,321	7,386,020	334,301	0
<b>17</b> Travel.	369,954	236,816	133,138	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	271,667	34,496	237,171	0
<b>20</b> Interest.	14,023	14,023	0	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	9,668,315	9,490,867	177,448	0
<b>23</b> Insurance.	4,081,178	3,988,465	92,713	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	53,447,870	53,115,388	332,482	0
<b>b</b> PROV FOR UNCOLLECT ACCTS	16,910,466	16,910,466	0	0
<b>c</b> SALES & USE TAXES	2,942,186	2,942,186	0	0
<b>d</b> NON-CONTROLLING INTEREST	1,907,008	1,907,008	0	0
<b>e</b> All other expenses	3,980,919	3,517,714	463,205	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	266,410,817	235,095,999	31,167,452	147,366
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,650,135	<b>1</b>	20,989,973
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	32,732,003	<b>4</b>	26,734,973
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	980,517	<b>7</b>	534,385
	<b>8</b> Inventories for sale or use . . . . .	8,230,250	<b>8</b>	7,336,664
	<b>9</b> Prepaid expenses and deferred charges . . . . .	630,057	<b>9</b>	1,354,317
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 255,191,809		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 168,148,443	85,060,713	<b>10c</b> 87,043,366
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	17,080,497	<b>13</b>	17,011,399
	<b>14</b> Intangible assets . . . . .	29,502,474	<b>14</b>	28,984,027
	<b>15</b> Other assets See Part IV, line 11 . . . . .	410,277	<b>15</b>	661,784
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	192,276,923	<b>16</b>	190,650,888	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,804,886	<b>17</b>	18,624,716
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,756,770	<b>19</b>	1,856,098
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	49,986,694	<b>25</b>	4,107,001
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	68,548,350	<b>26</b>	24,587,815
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	123,711,861	<b>27</b>	166,046,361
	<b>28</b> Temporarily restricted net assets . . . . .	16,712	<b>28</b>	16,712
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	123,728,573	<b>33</b>	166,063,073	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	192,276,923	<b>34</b>	190,650,888	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	265,891,950
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	266,410,817
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-518,867
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	123,728,573
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	14,849,866
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	28,003,501
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	166,063,073

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0411322

**Name:** Christus Health Southwestern Louisiana

Form 990 (2018)

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

COMMITMENT TO BENEFITING OUR COMMUNITIES - PATIENT CARE SERVICES CHRISTUS HEALTH SOUTHWESTERN LOUISIANA IS PART OF CHRISTUS HEALTH, FORMED IN 1999 TO STRENGTHEN THE 154-YEAR-OLD, FAITH-BASED HEALTH CARE MINISTRIES OF THE CONGREGATIONS OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF HOUSTON AND SAN ANTONIO FOUNDED ON THE MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST," CHRISTUS IS CHALLENGED TO REACH OUT TO, AND BEYOND, THE MORE THAN 60 COMMUNITIES WE SERVE TO HELP THOSE IN NEED THE VISION OF CHRISTUS HEALTH AS A CATHOLIC, FAITH-BASED MINISTRY, IS TO BE A LEADER, A PARTNER AND AN ADVOCATE IN THE CREATION OF INNOVATIVE HEALTH AND WELLNESS SOLUTIONS THAT IMPROVE THE LIVES OF INDIVIDUALS AND OF LOCAL AND GLOBAL COMMUNITIES SO THAT ALL MAY EXPERIENCE GOD'S HEALING PRESENCE AND LOVE CHRISTUS HEALTH SOUTHWESTERN LOUISIANA RESPONDS TO THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH SERVICES PROVIDED AT CHRISTUS ST. PATRICK HOSPITAL, A 261 LICENSED BED ACUTE CARE FACILITY, DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY AND EMBRACING THE PHYSICAL, SPIRITUAL AND EMOTIONAL NEEDS OF EACH PATIENT LAKE AREA HOSPITAL WAS ACQUIRED BY CHRISTUS HEALTH IN 2017 LAKE AREA MEDICAL CENTER (LAMC) IS A 88-BED FULL-SERVICE ACUTE CARE HOSPITAL LOCATED AT 4200 NELSON ROAD IN LAKE CHARLES, LOUISIANA LAKE AREA MEDICAL CENTER IS THE AREA'S PREFERRED LEADER FOR WOMEN'S SERVICES AND OFFERS INPATIENT, OUTPATIENT, MEDICAL AND SURGICAL CARE FOR MEN, WOMEN AND CHILDREN LAMC IS AN ACCREDITED BARIATRIC SURGERY CENTER AND IS EQUIPPED WITH A 24-HOUR PHYSICIAN-STAFFED EMERGENCY DEPARTMENT AND A LEVEL 3 NEONATAL ICU CHRISTUS HEALTH SOUTHWESTERN LOUISIANA, LOCATED IN LAKE CHARLES, LOUISIANA IN THE SOUTHWESTERN PART OF THE STATE, HAS A SERVICE AREA THAT INCLUDES PARISHES ALONG THE SOUTHERN COAST OF LOUISIANA INTO THE SOUTH CENTRAL PORTIONS OF THE STATE, WHICH INCLUDES A POPULATION OF MORE THAN 306,192 INDIVIDUALS IN 2019 FISCAL YEAR, WE WERE PRIVILEGED TO SERVE HUNDREDS OF THOUSANDS OF INDIVIDUALS IN VARIOUS WAYS INCLUDING 57,921 VISITS TO OUR EMERGENCY DEPARTMENT, 2,550 INPATIENT SURGERY PROCEDURES, 17,885 OUTPATIENT SURGERY PROCEDURES, 10,693 PATIENTS WHO WERE ADMITTED TO OUR HOSPITALS FOR CARE, AND 216,718 PATIENTS WHO RECEIVED OUTPATIENT CARE AT OUR FACILITIES TOUCHING THE LIVES OF THE PEOPLE AROUND US IS WHAT MAKES CHRISTUS HEALTH SOUTHWESTERN LOUISIANA STAND APART ALLOWING OTHERS TO TOUCH US GIVES US A VISION FOR THE MEDICALLY NEEDY IN EACH OF THE COMMUNITIES WE SERVE WHETHER IT IS THE LIFE OF A CHILD EXPECTING A FUTURE FILLED WITH MIRACLES, THE LIFE OF A MAN IN NEED OF A CRITICAL HEART SURGERY, OR THE LIFE OF A WOMAN IN NEED OF LIFE-SAVING BREAST CANCER TREATMENT, CHRISTUS HEALTH SOUTHWESTERN LOUISIANA'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 SOUTHWESTERN LOUISIANA'S VARIOUS ENTITIES HAVE STRENGTHENED THEIR ROLES AS MAJOR PROVIDERS OF COMPREHENSIVE, ACCESSIBLE HEALTH CARE SERVICES THESE PARTNERSHIPS WITH THE COMMUNITY HAVE BEEN A BLESSING BY HELPING CHRISTUS HEALTH SOUTHWESTERN LOUISIANA FURTHER CARE FOR THOSE IN NEED FURTHERMORE, INVESTMENT IN COMMUNITY SERVICES WOULD NOT BE POSSIBLE WITHOUT DEDICATED EMPLOYEES AND VOLUNTEERS THEY HELP TO BUILD STRONG RELATIONSHIPS BETWEEN THE HOSPITALS AND OTHER HEALTH CARE MINISTRIES AND THE COMMUNITIES, NURTURING CHRISTUS' MISSION TO MEET THE NEEDS OF AND MAKE A DIFFERENCE IN THE LIVES OF OTHERS OUR EMPLOYEES WORK BOTH INSIDE AND OUTSIDE THE WALLS OF OUR HEALTH CARE FACILITIES AND ARE COMMITTED TO REACHING BEYOND THE TRADITIONAL HOSPITAL WALLS TO HELP OUR COMMUNITIES MAINTAIN GOOD HEALTH UNDERSTANDING THE NEED TO PROVIDE ACCESS TO HEALTH CARE TO AS MUCH OF OUR PUBLIC AS POSSIBLE, CHRISTUS HEALTH PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, INCLUDING MEDICAID, MEDICARE, CHAMPUS, TRICARE AND OTHERS IN ADDITION, WE PROVIDE SPECIFIC PROGRAMS TO PROVIDE DISCOUNTED SERVICES TO THOSE IN NEED WHO DO NOT HAVE MEDICAL INSURANCE OR WHO DO NOT PARTICIPATE IN GOVERNMENT-SPONSORED PROGRAMS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES IT SERVES IT CONDUCTS ITS ACTIVITIES AND SERVES ITS COMMUNITIES WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN CHRISTUS SOUTHWESTERN LA OFFERS THE AREA'S LEADING HEART PROGRAM, PROVIDING NON-INVASIVE DIAGNOSTIC SERVICES, INTERVENTIONAL CATHETERIZATION PROCEDURES SUCH AS ANGIOPLASTY, DRUG-COATED STENTS AND PACEMAKER IMPLANTATION, HEART AND LUNG SURGERY, CARDIOVASCULAR REHABILITATION, AND RESEARCH PROGRAMS SWLA'S CANCER CENTER PROVIDES MULTIDISCIPLINARY CANCER CARE, INCLUDING RADIATION THERAPY, CANCER SURGERY, CHEMOTHERAPY, OUTPATIENT TREATMENT, RESEARCH, EDUCATION AND SUPPORT IN ADDITION, SWLA OFFERS INNOVATIVE SURGERY PROCEDURES INCLUDING HEARTBURN SURGERY, NEUROSURGERY, ORTHOPEDIC SURGERY AND SINUS SURGERY, AS WELL AS SPECIALIZED PROGRAMS IN GEROPSYCHIATRY, REHABILITATION, JOINT REPLACEMENT AND A FULL RANGE OF OUTPATIENT DIAGNOSTIC AND SURGICAL SERVICES CHRISTUS SWLA ALSO PROVIDES TWO 24-HOUR EMERGENCY ROOMS THAT ARE OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY CHRISTUS SOUTHWESTERN LOUISIANA ALSO SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, INCLUDING FIVE SCHOOL-BASED CLINICS 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 SOUTHWESTERN LOUISIANA WE HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH US TO PROVIDE CARE TO OUR COMMUNITIES ALL QUALIFIED PHYSICIANS GRANTED PRIVILEGES TO SERVE WITH US IN OUR HOSPITALS HAVE UNDERGONE A THOROUGH AND COMPREHENSIVE CREDENTIALING PROCESS

**Form 990, Part III, Line 4b:**

OTHER GOVERNMENT-SPONSORED PROGRAMS IN ADDITION TO THE PROVISION OF CHARITY CARE AND OTHER COMMUNITY SERVICES, CHRISTUS HEALTH PROVIDES SERVICES TO PERSONS COVERED UNDER GOVERNMENT-SPONSORED PROGRAMS, INCLUDING MEDICARE, DEPARTMENT OF DEFENSE (DOD) AND TRICARE. THE NON-REIMBURSED COSTS OF THESE SERVICES 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 CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP (DRG) INTO WHICH THE PATIENT IS CATEGORIZED. OUTPATIENT SERVICES ARE REIMBURSED PER THE MEDICARE FEE SCHEDULE. CHRISTUS HEALTH DBA US FAMILY HEALTH PLAN ALSO PROVIDES THE UNIFORM MEDICAL BENEFIT FOR 11,339 MILITARY FAMILY MEMBERS UNDER CONTRACT WITH THE DOD. UNDER THIS PROGRAM, COMPREHENSIVE MEDICAL SERVICES ARE PROVIDED TO FAMILIES OF ACTIVE DUTY MILITARY PERSONNEL, AND TO RETIREES AND THEIR FAMILIES IN ALL AGE CATEGORIES INCLUDING THOSE OVER AGE 65. CHRISTUS HEALTH ALSO PARTICIPATES IN THE TRICARE STANDARD PROGRAM AND MANY OF OUR HOSPITALS CONTRACT WITH THE MANAGED CARE SUPPORT CONTRACTOR FOR THE SOUTH REGION TO PROVIDE SERVICES UNDER THE PROVISION OF TRICARE PRIME.

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**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 (2012) AND COMPLIES WITH THE STATE OF TEXAS REQUIREMENTS FOR REPORTING COMMUNITY BENEFIT, REPORTED AS UNPAID COSTS, INCLUDES BOTH CHARITY CARE AND COMMUNITY SERVICES TO THE LIMITS OF ITS RESOURCES, CHRISTUS HEALTH IS AN INSTITUTION OF PURELY PUBLIC CHARITY, THUS, THE MOST TANGIBLE EXPRESSION OF CHRISTUS HEALTH'S CHARITABLE PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES TO THOSE PERSONS WHO ARE UNABLE TO PAY 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 SOUTHWESTERN LOUISIANA PROVIDES CHARITY CARE SERVICES IN A MANNER THAT RESPECTS THE DIGNITY OF THE PATIENTS AND THEIR FAMILIES CHARITY CARE IS PROVIDED WITHOUT CHARGE OR AT A CHARGE THAT IS LESS THAN THE USUAL CHARGE FOR SUCH SERVICES THE DETERMINATION AS TO THE AMOUNT TO BE CHARGED, IF ANY, IS MADE ACCORDING TO A PATIENT'S ABILITY TO PAY AS DETERMINED BY THE ESTABLISHED ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM AT OR UNDER 300 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), SERVICES ARE PROVIDED WITHOUT ANY EXPECTATION OF PAYMENT UNINSURED PATIENTS WHOSE ECONOMIC CIRCUMSTANCES PLACE THEM BETWEEN 300 AND 400 PERCENT OF FPL ARE CHARGED BASED ON A SLIDING SCALE, AND THOSE ABOVE 400 PERCENT RECEIVE DISCOUNTS BASED ON THE UNINSURED FEE SCHEDULE NO PATIENT IS REFUSED NECESSARY MEDICAL CARE DUE TO INABILITY TO PAY CHRISTUS HEALTH IS AN ACTIVE PARTICIPANT IN THE STATES OF TEXAS AND LOUISIANA MEDICAID PROGRAMS THOSE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTH CARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND OTHER REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME

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**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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD H LLOYD II ..... ADMINISTRATOR/CEO (THRU 09/18)	1 0 ..... 39 0	X		X				0	515,976	57,999
SISTER MIRIAM MILLER CCVI ..... Director (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
ROBERT T CHANDLER ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
GAVIN E CHICO MD ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
MOSELLE A DEARBORNE ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
HARRY R HAWTHORNE MD ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
ALOYSIA DUCOTE ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
DALLAS HIXSON ..... DIRECTOR/CHAIR (THRU 09/18)	1 0 ..... 2 0	X		X				0	0	0
RONALD S JOHNS ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
MARTIN W JOHNSON ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 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			
MICHELLE M COLLINS ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
SUSAN E KEMP MD ..... DIRECTOR (THRU 09/18)	1 0 ..... 39 0	X						0	213,120	21,847
BERNARD S JOHNSON ..... VICE CHAIRMAN (THRU 09/18)	1 0 ..... 2 0	X		X				0	0	0
NANCY STICH ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
WILLIE C WHITE III ..... DIRECTOR (THRU 09/18)	1 0 ..... 2 0	X						0	0	0
DANA H SMETHERMAN ..... DIRECTOR (AS OF 09/01-12/18)	1 0 ..... 0 0	X						0	0	0
DENNIS N STINE ..... DIRECTOR/CHAIR (AS OF 09/18)	1 0 ..... 0 0	X		X				0	1,000	0
JOHN A GILLEAN ..... DIRECTOR (AS OF 09/18)	1 0 ..... 39 0	X						0	2,458,644	73,711
JOYCE SUSAN NJERI MBATARU ..... DIRECTOR (AS OF 09/18)	1 0 ..... 0 0	X						0	0	0
KEVIN W HOLLAND ..... CEO (AS OF 09/18)	40 0 ..... 0 0	X		X				0	223,657	19,835

**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			
MICHAEL F HULEFELD ..... DIRECTOR (AS OF 09/18)	1 0 ..... 0 0	X						0	0	0
PAUL GENERALE ..... DIRECTOR (AS OF 09/18)	1 0 ..... 39 0	X						0	3,007,416	502,346
PETER C NOVEMBER II ..... DIRECTOR (AS OF 09/18)	1 0 ..... 0 0	X						0	0	0
ROBERT I HART ..... DIRECTOR (AS OF 09/18)	1 0 ..... 0 0	X						0	0	0
VINCENT R ADOLPH ..... DIRECTOR (AS OF 01/19)	1 0 ..... 0 0	X						0	0	0
KIM KELSCH ..... REGIONAL CORPORATE SECRETARY	10 0 ..... 30 0			X				0	82,971	15,564
SCOTT A MERRYMAN ..... CFO	1 0 ..... 39 0			X				0	601,479	118,468
TIMOTHY HAMAN MD ..... CHIEF MEDICAL OFFICER	1 0 ..... 39 0				X			0	286,644	30,316
STEPHEN F WRIGHT ..... REG PRES/CEO (THRU 10/18)	1 0 ..... 39 0				X			0	1,727,752	138,925
CHRISTOPHER KARAM ..... SR VP & CEO (AS OF 10/18)	1 0 ..... 39 0				X			0	1,252,076	274,560

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY WHITE CHANDLER ..... GROUP VP, HUMAN RESOURCES	1 0 ..... 39 0				X			0	420,503	91,130
H LES TOMPKINS ..... DIRECTOR MANAGED CARE	1 0 ..... 39 0				X			0	227,719	17,581
MARSHA WHITE ..... CHIEF NURSE EXECUTIVE	40 0 ..... 0 0				X			0	158,564	4,740
MARY DISANTE ..... CHIEF NURSING OFFICER	40 0 ..... 0 0				X			0	195,894	28,856
DAWN HATCHER JOHNSON ..... CHIEF FINANCIAL OFFICER	40 0 ..... 0 0				X			0	196,873	16,080
ROBBIN ODOM ..... CHIEF NURSING OFFICER	40 0 ..... 0 0				X			0	215,466	7,103
FARJAAD M SIDDIQ ..... PHYSICIAN	40 0 ..... 0 0					X		959,153	0	9,074
LAWRENCE WEBER ..... PHYSICIAN	40 0 ..... 0 0					X		925,474	0	3,125
JAMES J JANCUSKA ..... PHYSICIAN	40 0 ..... 0 0					X		905,694	0	4,856
KENNETH EWANE MD ..... PHYSICIAN	40 0 ..... 0 0					X		836,248	0	23,600

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM C MOSS ..... PHYSICIAN	40 0 ..... 0 0					X		551,569	0	7,180
NANCY HELLYER ..... CHIEF EXECUTIVE OFFICER	0 0 ..... 40 0						X	0	563,012	90,585
DAVID ENGLEKING ..... MEDICAL DIR HLTH PLANS	0 0 ..... 40 0						X	0	283,861	24,533

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

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Christus Health Southwestern Louisiana

Employer identification number

72-0411322

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

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

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0411322

**Name:** Christus Health Southwestern Louisiana

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Christus Health Southwestern Louisiana	<b>Employer identification number</b> 72-0411322
--	---

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		27,897
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			27,897
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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, had direct contact with members of the Louisiana State Legislature and their respective staff through various means of correspondence including emails, letters, telephone calls and in-person meetings on issues related to Medicaid, Trauma, Medicaid expansion, public private partnership, community health needs, mental and behavioral health, insurance health plans, and rural hospitals. At the federal level, CHRISTUS Louisiana has had direct contact through various avenues of correspondence including emails, letters, calls, and meetings with Louisiana Congressional delegation and their staff to discuss issues important to our ministries including safety-net providers, access to care, rural hospitals, remote medical technology, telehealth-related initiatives, the 340b drug program, balance billing issues, and healthcare for veterans. 40 EXECUTIVE HOURS

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Christus Health Southwestern Louisiana

**Employer identification number**  
72-0411322

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

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



**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		22,523,544		22,523,544
<b>b</b> Buildings . . . . .		133,713,083	87,957,563	45,755,520
<b>c</b> Leasehold improvements		2,471,603	1,383,189	1,088,414
<b>d</b> Equipment . . . . .		87,128,311	74,546,241	12,582,070
<b>e</b> Other . . . . .		9,355,268	4,261,450	5,093,818
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				87,043,366

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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) CONSOLIDATED SUBSIDIARY	17,011,399	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)	17,011,399	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO RELATED ORGANIZATION	2,328,804
OTHER LONG TERM LIABILITIES	1,618,354
SALES TAX PAYABLE	159,843
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	4,107,001

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0411322

**Name:** Christus Health Southwestern Louisiana

## 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 UNCERTAIN TAX POSITIONS UNDER ASC 740 Schedule D, Part X, Line 2 PER FOOTNOTE 3 IN THE CONSOLIDATED FINANCIAL STATEMENTS, THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2019 AND 2018

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 Christus Health Southwestern Louisiana

**Employer identification number**  
 72-0411322

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

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

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			3,287,900		3,287,900	1 320 %
<b>b</b> Medicaid (from Worksheet 3, column a)			41,485,276	20,288,247	21,197,029	8 500 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			44,773,176	20,288,247	24,484,929	9 820 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	16	25,740	2,361,191	2,043	2,359,148	0 950 %
<b>f</b> Health professions education (from Worksheet 5)	6	137	30,160		30,160	0 010 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)	1	200	8,336		8,336	
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	10	5,354	1,533,685	49,303	1,484,382	0 600 %
<b>j Total.</b> Other Benefits	33	31,431	3,933,372	51,346	3,882,026	1 560 %
<b>k Total.</b> Add lines 7d and 7j	33	31,431	48,706,548	20,339,593	28,366,955	11 380 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		22,974		22,974	0.010 %
8 Workforce development						
9 Other						
10 Total	1		22,974		22,974	0.010 %

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

**Section A. Bad Debt Expense**

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
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	16,910,466	
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	108,227	
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	76,278,599
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	76,635,452
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-356,853
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
9b	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	No

**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 SOUTH RYAN MRI LLC	MEDICAL SCREENING AND TESTING	51 %		49 %
2 LA PETCT IMAGING LC	MEDICAL SCREENING AND TESTING	33 %		25.5 %
3 COLONNADE ENDO CTR	SURGICAL CENTER	70 %		29.1 %
4 IMPERIAL CALCASIEU	SURGICAL CENTER	51 %		49 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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)

See Additional Data Table	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



**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)  
 CHRISTUS ST PATRICK HOSPITAL

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): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

CHRISTUS ST PATRICK HOSPITAL

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

CHRISTUS ST PATRICK HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CHRISTUS ST PATRICK HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
 CHRISTUS LAKE AREA HOSPITAL

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): \_\_\_\_\_ 2

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)		No
	<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
	<b>b</b> <input type="checkbox"/> Demographics of the community		
	<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	<b>d</b> <input type="checkbox"/> How data was obtained		
	<b>e</b> <input type="checkbox"/> The significant health needs of the community		
	<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
<b>5</b>	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 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 . . . . .		
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		
<b>6 b</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 . . . . .		
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
	<b>a</b> <input type="checkbox"/> Hospital facility's website (list url) _____		
	<b>b</b> <input type="checkbox"/> Other website (list url) _____		
	<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .		
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		
	<b>a</b> _____		
	<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12 a</b>	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)? . . . . .		No
	<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
	<b>c</b> 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)**

CHRISTUS LAKE AREA HOSPITAL

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			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

CHRISTUS LAKE AREA HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> 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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CHRISTUS LAKE AREA HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No





**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? 4

Name and address	Type of Facility (describe)
<b>1</b> South Ryan MRI LLC 650 Dr Michael DeBakey Drive Lake Charles, LA 70601	Medical Screening Facility
<b>2</b> Louisiana PETCT Imaging of Lake Charles 920 Pierremont Road Suite 411 Shreveport, LA 71106	Medical Screening Facility
<b>3</b> Colonnade Endoscopy Center LLC 555 Dr Michael Debakey Drive Lake Charles, LA 70601	endoscopy facility
<b>4</b> IMPERIAL CALCASIEU SURGERY CENTER 1757 IMPERIAL BLVD LAKE CHARLES, LA 70605	SURGERY CTR
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 5	<p>BUDGETED CHARITY CARE THE ORGANIZATION BUDGETS CHARITY CARE FOR INTERNAL FINANCIAL REVIEW PURPOSES ONLY THE PROVISION OF CHARITY CARE IS NOT LIMITED TO AMOUNTS ESTABLISHED FOR BUDGETARY PURPOSES SCHEDULE H, PART I, LINE 6A ANNUAL COMMUNITY BENEFIT REPORT A REPORT OF COMMUNITY BENEFIT IS INCLUDED IN A WRITTEN ANNUAL REPORT FOR CHRISTUS HEALTH, THE ORGANIZATION'S PARENT COMPANY CHRISTUS HEALTH IS AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM FORMED IN 1999 WITH A MISSION "TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST " THE ANNUAL COMMUNITY BENEFIT REPORT SUMMARIZES ACTIVITIES AND PROGRAMS CONDUCTED DURING THE PAST YEAR TO IMPROVE HEALTH INCLUDING PROACTIVE COMMUNITY HEALTH SERVICES HOWEVER, THE ANNUAL REPORT IS ONLY A SNAPSHOT OF HOW THE ORGANIZATION DISTINGUISHES ITSELF 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 SCHEDULE H, PART I, LINE 7, COLUMN (F) PERCENT OF TOTAL EXPENSE TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS \$266,410,817 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$16,910,466 THIS LEAVES A TOTAL EXPENSE OF \$249,500,351 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 19.88% WHICH EXCEEDS THE AMOUNT REPORTED ON PART I, LINE 7K COLUMN (F) WHICH IS COMPUTED USING NET COMMUNITY BENEFIT EXPENSE SCHEDULE H, PART I, LINE 7I CASH AND IN-KIND CONTRIBUTIONS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA MADE OVER \$1,533,685 IN CASH AND IN KIND CONTRIBUTIONS DURING FISCAL YEAR 2019 THE AFOREMENTIONED AMOUNT IS DETERMINED IN ACCORDANCE WITH REPORTING RULES FOR SCHEDULE H, WORKSHEET 8 AS SUCH THIS AMOUNT DIFFERS FROM GRANTS REPORTED AT FORM 990, SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS AND PART IX, LINES 1 THROUGH 3 GRANTS AND OTHER ASSISTANCE CHRISTUS HEALTH ESTABLISHED THE CHRISTUS FUND, A GRANT FUND TO PROVIDE RESOURCES TO NONPROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION, AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY THE GRANT DOLLARS WERE USED TO SUPPORT PROGRAMS THAT PROMOTE THE HEALTH OF THE COMMUNITY THAT CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 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 \$1,338,075 IS INCLUDED IN SCHEDULE H, PART I, LINE 7(I) 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</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE CHRISTUS HEALTH ADVOCACY DEPARTMENT IS WORKING IN PARTNERSHIP WITH LOCAL, STATE AND FEDERAL POLICY MAKERS TO ENSURE ACTIVITIES AND PROGRAMS ARE IN PLACE THAT WILL ENHANCE PUBLIC HEALTH AND ADVANCE GENERAL KNOWLEDGE THESE ARE SOME OF THE MAIN COMMUNITY BUILDING ACTIVITIES THAT ARE IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE THE COMMUNITY PRIORITIES FOR THE AREA INCLUDE, BUT ARE NOT LIMITED TO GROWTH OF THE COMMUNITY BY INCREASING THE WELLNESS OF THE POPULATION, KEEPING THE COMMUNITY FREE OF DISEASES AND CONTROLLABLE HEALTH CONDITIONS, ASSISTING THE COMMUNITY WITH RESOURCES THAT ARE AVAILABLE TO HELP WITH COMMUNITY MEMBERS' DAY-TO-DAY CARE AND HEALTH NEEDS, PROVIDE HEALTH SCREENINGS AND RESOURCE INFORMATION FOR SELF CARE, EMPOWER THE COMMUNITY TO BECOME MORE AWARE OF ITS MEMBERS' HEALTH NEEDS AND EXPECTED OUTCOMES, AND PROMOTE AVOIDABLE INJURY FOR THE FIVE PARISHES SERVED

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, LINE 1</p>	<p>BAD DEBT REPORTING IN ACCORDANCE WITH HFMA STATEMENT 15 CHRISTUS HEALTH FOLLOWS IN PRINCIP LE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 THE SYSTEM HAS ADOPTED AN UNCOMPENSATED CARE POLICY WHERE REVENUE FROM SERVICES PROVIDED TO THE UNINSURED IS RECOGNIZED AT THE TIME OF PAYMENT, RATHER THAN AT THE TIME OF SERVICE THIS POLICY IS THE RESULT OF A LACK OF REASONABLE ASSURANCE OF COLLECTION FOR SERVICES PROVIDED TO THE UNINSURED DUE TO THE SYSTEM'S HISTORICALLY LOW COLLECTION RATE MANAGEMENT HAS ESTIMATED THAT THE DIFFERENCE BETWEEN RECORDING REVENUE FROM THE UNINSURED ON A CASH BASIS, RATHER THAN THE ACCRUAL BASIS, IS IMMATERIAL ACCORDINGLY, ALL ACCOUNTS RECEIVABLE FROM THE UNINSURED HAVE BEEN FULLY RESERVED IN THE ALLOWANCE FOR UNCOMPENSATED CARE SCHEDULE H, PART III, SECTION A, LINE 2 METHODOLOGY USED IN DETERMINING BAD DEBT THE ORGANIZATION'S TOTAL BAD DEBT EXPENSE (TOTAL OF ALL HOSPITAL FACILITIES) IS IN ACCORDANCE WITH THE ORGANIZATION'S FINANCIAL STATEMENTS, WHICH IS COMPUTED AS BAD DEBT NET OF CONTRACTUAL ALLOWANCE, PAYMENTS RECEIVED AND RECOVERIES OF BAD DEBT PREVIOUSLY WRITTEN OFF SCHEDULE H, PART III, SECTION A, LINE 3 ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ORGANIZATION'S CHARITY CARE POLICY THE FILING ORGANIZATION RECOGNIZES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO SEEK FINANCIAL ASSISTANCE DUE TO BARRIERS SUCH AS EDUCATIONAL LEVEL, LITERACY, DOCUMENTATION REQUIREMENTS, OR BEING INTIMIDATED BY THE APPLICATION PROCESS IN ORDER TO ESTIMATE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAVE NOT SUBMITTED AN APPLICATION, THE ORGANIZATION ENGAGED PARO DECISION SUPPORT, LLC PARO CHARITY SCORE IS DESIGNED TO IDENTIFY PATIENTS THAT LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BASED ON A PREDICTIVE MODEL AND OTHER FINANCIAL AND ASSET ESTIMATES FOR THE PATIENT DERIVED FROM PUBLIC RECORD SOURCES FOR THE FISCAL YEAR ENDING JUNE 30, 2011, THE ORGANIZATION REPORTED THAT 30% OF BAD DEBT EXPENSES WERE ATTRIBUTABLE TO PATIENTS WHO MAY HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WERE NOT RESPONSIVE TO THE APPLICATION PROCESS EXISTING AT THAT TIME THIS FIGURE WAS BASED ON THE PARO ANALYSIS AND ESTIMATES OF PATIENTS' FINANCIAL NEEDS THAT EXAMINED WHETHER PATIENTS WERE CHARACTERISTIC OF OTHERS WHO HISTORICALLY QUALIFIED FOR ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS THE PRESUMPTIVE CHARITY CARE ANALYSIS PERFORMED FOR THE PRIOR FISCAL YEAR DETERMINED A BENCHMARK OF BAD DEBT ACCOUNTS IN THE CHRISTUS HEALTH SYSTEM THAT LACKED THE INFORMATION TO QUALIFY FOR CHARITY CARE UNDER THE FILING ORGANIZATION'S CUSTOMARY PROCESS BUT WOULD HAVE LIKELY QUALIFIED FOR ASSISTANCE DURING THE FISCAL YEAR ENDING JUNE 30, 2019, THE ORGANIZATION UTILIZED THE PARO SCORE TO IDENTIFY THE ACCOUNTS OF INDIVIDUAL PATIENTS THAT WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE DESPITE HAVING NOT COMPLETED AN APPLICATION, AND SUCH ANALYSIS DETERMINED THAT 42.9% OF SUCH ACCOUNTS WERE LIKELY ELIGIBLE FOR FINANCIAL ASSISTANCE THE ORGANIZATION GRANTED PRESUMPTIVE ELIGIBILITY FOR THESE ACCOUNTS AND THEY WERE RECLASSIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY 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, 2019 THUS, THE ORGANIZATION ESTIMATES THAT ONLY 64% OF THE BAD DEBT EXPENSES IN FISCAL YEAR ENDING JUNE 30, 2019 ARE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IT IS IMPORTANT TO NOTE THAT THE FIGURE CALCULATED FOR FISCAL YEAR ENDING JUNE 30, 2019 WAS ESTIMATED AND NOT EXACT, AND THEREFORE THE DIFFERENCE BETWEEN THE AMOUNTS QUALIFIED AS PRESUMPTIVE CHARITY CARE IN ANY FISCAL YEAR MAY VARY FROM THE BENCHMARK ESTABLISHED IN FISCAL YEAR ENDING JUNE 30, 2011 SCHEDULE H, PART III, SECTION A, LINE 4 BAD DEBT 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 (U.S. GAAP) REQUIRES MANAGEMENT OF THE SYSTEM TO MAKE ASSUMPTIONS, ESTIMATES, AND JUDGMENTS THAT AFFECT THE AMOUNTS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS, INCLUDING THE NOTES THERETO, AND RELATED DISCLOSURES OF COMMITMENTS AND CONTINGENCIES, IF ANY THE SYSTEM CONSIDERS CRITICAL ACCOUNTING POLICIES TO BE THOSE THAT REQUIRE MORE SIGNIFICANT JUDGMENTS AND ESTIMATES IN THE PREPARATION OF ITS CONSOLIDATED FINANCIAL STATEMENTS, INCLUDING THE FOLLOWING RECOGNITION OF NET PATIENT SERVICE REVENUES, WHICH INCLUDE CONTRACTUAL ALLOWANCES AND THE PROVISION FOR BAD DEBT, ESTIMATES FOR REIMBURSEMENT UNDER THE UPPER PAYMENT LIMIT, DISP</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, LINE 1</p>	<p>ROPORTIONATE SHARE AND MEDICAID 1115 WAIVER PROGRAMS, RESERVES FOR LOSSES AND EXPENSES REL ATED TO HEALTH CARE PROFESSIONAL AND GENERAL LIABILITIES, ACCRUALS FOR CLAIMS INCURRED BUT NOT YET REPORTED RELATED TO THE SYSTEM'S HEALTH PLAN, DETERMINATION OF FAIR VALUES OF CER TAIN FINANCIAL INSTRUMENTS, DETERMINATION OF FAIR VALUE OF CERTAIN GOODWILL AND LONG-LIVED ASSETS, INCLUDING ASSETS ACQUIRED, AND RISKS AND ASSUMPTIONS FOR MEASUREMENT OF PENSION A ND RETIREE MEDICAL LIABILITIES MANAGEMENT RELIES ON HISTORICAL EXPERIENCE AND ON OTHER AS SUMPTIONS BELIEVED TO BE REASONABLE UNDER THE CIRCUMSTANCES IN MAKING ITS JUDGMENTS AND ES TIMATES ACTUAL RESULTS COULD DIFFER MATERIALLY FROM THESE ESTIMATES " SCHEDULE H, PART II I, SECTION B, LINE 8 EXTENT TO WHICH SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT COST ING METHODOLOGY THE SHORTFALL ON PART III, LINE 7 IS NOT COUNTED AS A COMMUNITY BENEFIT T HE 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 REPO RT 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 (\$356,853) IF TOTAL EXPE NSES ALLOCABLE TO MEDICARE SERVICES WERE SUBSTITUTED ON SCHEDULE H, PART III, LINE 6 SCHE DULE H, PART III, SECTION C, LINE 9B COLLECTION POLICY IT IS THE POLICY OF THE ORGANIZATIO N TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES CHRISTUS HEALTH APPLIES ITS COLLECTION EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE IF A PATIENT DOES NOT HAVE THE FINANCIAL RESOURCES T O PAY THEIR OUTSTANDING BALANCES, THE GOAL OF THE ORGANIZATION IS TO QUALIFY THESE PATIENT S THROUGH THE ORGANIZATION'S CHARITY POLICY OR SCREEN THE PATIENTS THROUGH ORGANIZATION'S PRESUMPTIVE CHARITY TESTS IF THE PATIENT QUALIFIES UNDER EITHER POLICY THE ACCOUNT WILL B E WRITTEN OFF BASED UPON LEVEL OF QUALIFICATION THESE POLICIES SUPPORT THE MISSION AND VI SION OF THE ORGANIZATION AND ARE APPROVED BY SENIOR LEADERSHIP</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT THE ORGANIZATION'S COMMUNITY HEALTH PLAN WAS DEVELOPED BASED ON A NEEDS ASSESSMENT DONE IN COLLABORATION WITH LOCAL SCHOOL DISTRICTS, CHURCHES, REGIONAL PUBLIC HEALTH DEPARTMENTS, STATE LEGISLATORS, PHYSICIANS, UNITED WAY, PRIVATE BUSINESS PERSONS, LOCAL POLICE AND FIRE DEPARTMENTS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA CONTINUES TO IDENTIFY THE COMMUNITY'S NEEDS IN TWO WAYS - ACCESS TO HEALTH CARE SERVICES AND EARLY SCREENING AND DETECTION SERVICES FOR CHRONIC DISEASE MANAGEMENT THE COMMUNITY NEEDS ASSESSMENT IDENTIFIED SEVEN (7) PRIORITIES FOR THE FUTURE CANCER, MENTAL HEALTH, ACCESS TO CARE, IMMIGRATION, AFFORDABLE HOUSING, HUMAN TRAFFICKING, CHRONIC DISEASE MANAGEMENT THE ASSESSMENT IDENTIFIED THAT THERE IS A DISPARITY OF ACCESS TO CARE IN THE NORTH LAKE CHARLES AREA AS WELL AS IN ALLEN AND BEAUREGARD PARISHES THE NORTH LAKE CHARLES AREA IS ADDRESSED WITH THE PRESENCE OF 4 SCHOOL-BASED HEALTH CLINICS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA IS WORKING TO HAVE A GREATER PRESENCE IN ALLEN AND BEAUREGARD PARISHES DESPITE THE LOW POPULATIONS IN THOSE AREAS SCHEDULE H, PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE CHRISTUS HEALTH SOUTHWESTERN LOUISIANA MAKES EVERY EFFORT TO EDUCATE PATIENTS ON ITS CHARITY AND DISCOUNT POLICY AND ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS DURING REGISTRATION, PRE REGISTRATION (FOR SCHEDULED TESTS AND SURGERIES), POST REGISTRATION (DURING THEIR HOSPITALIZATION) AND FOLLOWING DISCHARGE (TELEPHONE OR WRITTEN INQUIRY) IN LANGUAGES APPROPRIATE FOR THE POPULATION BEING SERVED PATIENTS ARE GIVEN INFORMATION AND FORMS BY A FINANCIAL COUNSELOR WHO HELPS THEM COMPLETE THE FORMS DURING THEIR INPATIENT AND OUTPATIENT VISITS PATIENTS ARE ASKED TO BRING OR MAIL SUPPORTING DOCUMENTATION TO DETERMINE INCOME, ASSETS AND HOUSEHOLD EXPENSES THE BUSINESS OFFICE REVIEWS THE APPLICATION BASED ON THE INFORMATION PROVIDED BY THE PATIENT IF THE PATIENT QUALIFIES FOR CHARITY CARE OR A DISCOUNT, A NEW BILL IS GENERATED PATIENTS WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION ARE CONSIDERED INELIGIBLE AND ARE BILLED ACCORDINGLY IF THE DOCUMENTATION IS PROVIDED AT A LATER TIME, THE PATIENT MAY THEN BE DETERMINED TO BE ELIGIBLE FOR CHARITY CARE OR A DISCOUNT DOCUMENTATION IS RETAINED BY THE BILLING OFFICE FOR SEVEN YEARS A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY IS POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITALS, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREAS AND THE ADMISSIONS OFFICE WAITING AREAS, AS REQUIRED BY BOTH THE STATE OF TEXAS COMMUNITY BENEFIT STANDARD (WHICH ADDRESSES THE DUTIES AND RESPONSIBILITIES OF NONPROFIT HOSPITALS) AND CHRISTUS HEALTH COMMUNITY BENEFIT GUIDELINES #050 IN ADDITION, A PUBLIC NOTICE REGARDING THE CHARITY CARE POLICY AND INFORMATION ON FINANCIAL ASSISTANCE ARE ALSO POSTED ON THE CHRISTUS HEALTH WEBSITE THE INFORMATION ON FINANCIAL ASSISTANCE INCLUDES EXPLANATIONS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY FOR FINANCIAL ASSISTANCE SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION A FIVE-PARISH REGION (ALLEN, BEAUREGARD, CAMERON, CALCASIEU, AND JEFF DAVIS) WITH A POPULATION OF NEARLY 275,000 IS SERVED BY CHRISTUS HEALTH SOUTHWESTERN LOUISIANA THE FOLLOWING DEMOGRAPHICS CHARACTERIZE THIS REGION THE FIVE-PARISH AREA IS PREDOMINANTLY A CAUCASIAN POPULATION, WITH AN AFRICAN-AMERICAN POPULATION THAT IS HIGHER THAN THE NATIONAL AVERAGE THE REGION HAS HIGH POVERTY RATES AS COMPARED TO THE STATE AND NATION, DUE TO A COMBINATION OF LOW WAGE PER JOB AND HIGH UNEMPLOYMENT THE REGION AND STATE HAVE A HIGHER RATE OF UNINSURED PERSONS THAN THE NATION RECENTLY, MORE LOUISIANA FAMILIES ARE RECEIVING HEALTH CARE COVERAGE BECAUSE OF THE EXPANSION OF THE LA CHIP PROGRAM COMPARED TO THE NATION, THE FIVE-PARISH AREA HAS HIGH RATES OF ORAL CAVITY, MELANOMA, AND TUBERCULOSIS SCHEDULE H, PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH CHRISTUS HEALTH SOUTHWESTERN LOUISIANA COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY TO QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA RESPONDS TO THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH SERVICES PROVIDED AT CHRISTUS ST PATRICK HOSPITAL, A 261-BED LICENSED ACUTE CARE FACILITY, AND CHRISTUS LAKE AREA HOSPITAL, A 88-BED FULL SERVICE ACUTE CARE HOSPITAL, DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITY, AS WELL AS EMBRACING THE PHYSICAL, SPIRITUAL AND EMOTIONAL NEEDS OF EACH PATIENT CHRISTUS HEALTH SOUTHWESTERN LOUISIANA PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE FROM THE COMMUNITIES SERVED THE HOSPITAL CONDUCTS ACTIVITIES AND SERVES ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN CHRISTUS HEALTH SOUTH</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>THWESTERN LOUISIANA PROVIDES TWO 24-HOUR EMERGENCY ROOMS THAT ARE OPEN TO SERVE ALL THOSE IN NEED OF EMERGENT AND NON-EMERGENT CARE, REGARDLESS OF ABILITY TO PAY CHRISTUS HEALTH S OUTHWESTERN LOUISIANA OFFERS THE AREA'S LEADING HEART PROGRAM, PROVIDING NONINVASIVE DIAGN OSTIC SERVICES, INTERVENTIONAL CATHETERIZATION PROCEDURES, MULTIDISCIPLINARY CANCER CARE, INNOVATIVE SURGERY PROCEDURES, SPECIALIZED GEROPSYCHIATRY, REHABILITATION, AND ORTHOPEADIC SERVICES ONE OF THE GREATEST EXPENSES IS COMMUNITY HEALTH IMPROVEMENT SERVICES WHICH INC LUDE COMMUNITY CLINICS, IMMUNIZATIONS FOR UNDERSERVED CHILDREN AND SENIORS, TRANSPORTATION SERVICES, VARIOUS OTHER SOCIAL SERVICE PROGRAMS, AND COMMUNITY HEALTH EDUCATION INCLUDING SEMINARS AND HEALTH SCREENINGS FOR IDENTIFIED HEALTH ISSUES THE TARGET POPULATIONS FOR CHRISTUS HEALTH SOUTHWESTERN LOUISIANA'S COMMUNITY PLAN ARE CHILDREN IN PRE-KINDERGARTEN THROUGH GRADE 12 IN LAKE CHARLES AND CAMERON PARISH, THOSE WHO LACK EDUCATION AND ACCESS TO EARLY SCREENING AND DETECTION OF CHRONIC DISEASES INCLUDING HEART DISEASE, CANCER, AND ME NTAL HEALTH SERVICES, AND UNINSURED AND UNDERINSURED MEMBERS OF THE COMMUNITY "COMMUNITY SERVICES FOR A BROADER COMMUNITY" IS ALSO A PART OF CHRISTUS HEALTH SOUTHWESTERN LOUISIANA 'S OVERALL COMMUNITY BENEFIT CHRISTUS HEALTH SOUTHWESTERN LOUISIANA USED CASH DONATIONS A S A VEHICLE TO HELP ITS COMMUNITIES THE ORGANIZATION MADE CASH DONATIONS, IN ADDITION TO G RANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, DIABETES, HEART DISEASE, THE PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, THOSE SUFFERING FROM HIV/AIDS AND FOR MANY OTHER EQUALLY WORTHY PURPOSES CHRISTUS HEALTH AND ITS REL ATED ENTITIES, INCLUDING CHRISTUS HEALTH SOUTHWESTERN LOUISIANA, REINVEST ALL SURPLUS FUND S BACK IN TO THE COMMUNITIES THEY SERVE THROUGH EXPANDED HEALTH SERVICES, NEW TECHNOLOGIES AND BETTER FACILITIES DURING FY 2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POL ICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS IT SERVES AS A NONPROFIT ORGANIZATION AND A PART OF CHRISTUS HEALTH, A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPEND ENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA IT SERVES GUIDES CHRISTUS HEALTH SOUTHWESTERN LOUISIANA CHRISTUS HEALTH SOUTHWESTERN LOUISIANA IS PRIVILEGED TO HAVE AN O PEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK WITH THE SOUTHWESTERN LOUISIA NA REGION TO PROVIDE CARE TO ITS COMMUNITIES ALL QUALIFIED PHYSICIANS WHO ARE GRANTED PRI VILEGES TO SERVE WITHIN ITS HOSPITALS MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIAL ING AND ORIENTATION PROCESS ALL CHRISTUS SOUTHWESTERN LOUISIANA LEADERS EMPLOYED AND AFF LIATED WITH CHRISTUS HEALTH SOUTHWESTERN LOUISIANA ARE REQUIRED TO COMPLETE ANNUAL CONFLIC T OF INTEREST STATEMENTS CHRISTUS HEALTH SOUTHWESTERN LOUISIANA HAS PART OWNERSHIP IN TWO DIAGNOSTIC IMAGING ORGANIZATIONS- LOUISIANA PET/CT IMAGING OF LAKE CHARLES, L L C AND SOUTH RYAN MRI, L L C , AN ENDOSCOPY CENTER, COLONNADE ENDOSCOPY CENTER, AND A SURGERY CENTER, IMPERIAL CALCASIEU SURGERY CENTER SCHEDULE H, PART VI, LINE 6 AFFILIATED HEALTH CARE S YSTEM CHRISTUS HEALTH SOUTHWESTERN LOUISIANA IS PART OF CHRISTUS HEALTH, AN INTERNATIONAL, CATHOLIC, FAITH BASED, NONPROFIT HEALTH SYSTEM COMPRISED OF ALMOST 350 SERVICES AND FACIL ITIES INCLUDING MORE THAN 60 HOSPITALS AND LONG TERM CARE FACILITIES, 175 CLINICS AND OUTPATIENT CENTERS, AND OTHER COMMUNITY HEALTH MINISTRIES AND COMMUNITY DEVELOPMENT VENTURES CHRISTUS SERVICES CAN BE FOUND IN ARKANSAS, GEORGIA, IOWA, LOUISIANA, MISSOURI, NEW MEXICO, TEXAS, AND IN SIX PROVINCES OF MEXICO, COLUMBIA AND CHILE A COMMON MISSION, CORE VALUE S, AND VISION UNITE THE HEALTH SYSTEM EACH REGION, INCLUDING CHRISTUS HEALTH SOUTHWESTERN LOUISIANA, DEVELOPS FIVE-YEAR AND TEN-YEAR STRATEGIC PLANS THAT HELP SET THE YEARLY OPERATIONAL PLANS AND BUDGETS REGIONAL STRAT</p>



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0411322

**Name:** Christus Health Southwestern Louisiana

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		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 PATRICK HOSPITAL 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 www.stpatrickhospital.org 647	X	X					X			
2	CHRISTUS LAKE AREA HOSPITAL 4200 NELSON ROAD LAKE CHARLES, LA 70605 www.christushealth.org/lake_area 2203783523	X	X					X			

**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
<p>SCHEDULE H, PART V, SECTION B, LINES 2 &amp; 3</p>	<p>CHRISTUS LAKE AREA HOSPITAL WAS ACQUIRED BY CHRISTUS HEALTH IN JULY 2017 PRIOR TO JOINING CHRISTUS HEALTH, LAKE AREA HOSPITAL WAS NOT REQUIRED TO PERFORM A CHNA BEGINNING IN 2019 , CHRISTUS LAKE AREA HOSPITAL IS PARTICIPATING IN THE CHNA PROCESS OF CHRISTUS SWLA, THAT PROCESS HAS BEGUN EFFECTIVE JULY, 2018 SCHEDULE H, PART V, SECTION B, LINE 3E THE PRIORITY HEALTH NEEDS SELECTED BY THE CHNA ADVISORY COMMITTEE FOR CHRISTUS HEALTH SOUTHWESTERN LOUISIANA ARE 1 CANCER (SPECIFICALLY COLORECTAL, LUNG, BREAST AND PROSTATE CANCER) MAJOR ACTIONS WILL BE TO PROVIDE ONCOLOGICAL SERVICES AND SUPPORTS TO IMPROVE PATIENT OUTCOMES SUB-ACTIONS INCLUDE REVIEW AND ASSESS CURRENT ONCOLOGICAL SERVICES PROVIDED TO DETERMINE POSSIBLE CHANGES REQUIRED OR GAPS IN SERVICE, PROVIDE NURSE NAVIGATION AND SUPPORT GROUPS TO ONCOLOGICAL PATIENTS AND WHEN APPROPRIATE, CONNECT ONCOLOGICAL PATIENTS TO APPROPRIATE RESEARCH TRIALS 2 MENTAL HEALTH MAJOR ACTIONS WILL BE TO DEVELOP PARTNERSHIPS WITH OTHER ORGANIZATIONS TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES IN COMMUNITY SUB-ACTIONS INCLUDE PARTNER WITH NONPROFITS TO RAISE AWARENESS/OUTREACH AND OFFER REFERRALS OR ASSISTANCE, EXPLORE TECHNOLOGY TO REACH AN OUTPATIENT POPULATION TO ADDRESS INABILITY TO ACCESS RESOURCES, AND EXPLORE WAYS TO BRING TOGETHER A ROUNDTABLE OR TASK FORCE ON MENTAL HEALTH 3 ACCESS TO CARE/LACK OF COORDINATION OF CARE MAJOR ACTIONS WILL BE TO EXPLORE ESTABLISHING A SYSTEM OF COMMUNITY ORGANIZATIONS OR AGENCIES THAT CAN ASSIST WITH IMPROVING ACCESS TO CARE OR PROVIDING OTHER HEALTH SERVICES AT A REDUCED COST, IMPROVE ACCESS TO APPROPRIATE CARE FOR THE ECONOMICALLY DISADVANTAGED BY REDUCING INAPPROPRIATE ADMISSIONS/ READMISSIONS TO THE EMERGENCY ROOM, AND FACILITATE OPPORTUNITIES TO DISTRIBUTE HEALTH INFORMATION/PREVENTION MATERIALS TO LARGER AUDIENCES SUB ACTIONS INCLUDE EXPLORE POSSIBILITY OF BUILDING A BIGGER NETWORK OF PRIMARY CARE PROVIDERS, EXPLORE DISPENSARY OF HOPE AND MEDICAL ASSISTANT PROGRAM, PROVIDE HEALTH SCREENINGS AND/OR PREVENTION EDUCATION INFORMATION AT AREA HEALTH FAIRS AND ACHIEVE A 10% REDUCTION IN ED VISITS FOR THE ECONOMICALLY DISADVANTAGED BY IMPROVING ACCESS TO APPROPRIATE CARE ALTERNATIVES 4 AFFORDABLE HOUSING MAJOR ACTIONS INCLUDE DEVELOPING PARTNERSHIPS WITH GOVERNMENT, BUSINESSES, AND OTHER SECTORS TO DETERMINE WHAT ROLE CHRISTUS CAN PLAY TO ADDRESS HOUSING IN THE SW LA REGION AND WHEN APPROPRIATE, SERVE AS AN ADVOCATE FOR SAFE, AFFORDABLE HOUSING SUB ACTIONS INCLUDE PARTICIPATE ON COALITIONS , MEET WITH THE CITY AND OTHERS TO EXPLORE WAYS TO PARTNER, AND PROVIDE INFORMATION ON HOW UNSAFE OR POOR HOUSING IS CONNECTED TO POOR HEALTH OUTCOMES 5 HUMAN TRAFFICKING MAJOR ACTION INCLUDES INCREASING AWARENESS AMONG CLINICIANS, SCHOOLS, AND OTHERS ON THE ISSUE OF HUMAN TRAFFICKING SUB ACTIONS ARE TO JOIN A LOCAL COALITION ON HUMAN TRAFFICKING, SHARE INFORMATION WITH CLINICIANS AND OTHERS ABOUT HUMAN TRAFFICKING AND HOW IT IMPACTS THE SOUTHWESTERN LOUISIANA REGION, AND</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 2 & 3	<p>DEVELOP TRAINING FOR CLINICIANS ON HOW TO DETECT THE SIGNS OF HUMAN TRAFFICKING 6 IMMIGRATION MAJOR ACTION INCLUDES DEVELOPING PARTNERSHIPS WITH GOVERNMENT AND OTHER SECTORS TO DETERMINE WHAT ROLE CHRISTUS CAN PLAY TO ADDRESS IMMIGRATION IN THE SWLA REGION SUB ACTIONS INCLUDE SEARCH OUT DATA TO FULLY ASSESS THE ISSUE (# OF UNDOCUMENTED), MEET WITH THE CITY, THE DIOCESE, AND OTHERS TO EXPLORE WAYS TO PARTNER, AND PROVIDE A BASIC MEDICAL TERMINOLOGY IN SPANISH COURSE TO STAFF AND PROVIDERS 7 CHRONIC DISEASE MANAGEMENT (INCLUDES HEART DISEASE, OBESITY AND DIABETES) MAJOR ACTIONS INCLUDE EXPLORING OPPORTUNITIES TO ENHANCE OR EXPAND CHRONIC DISEASE MANAGEMENT AND PREVENTION EDUCATION AND INITIATIVES, AND MAXIMIZE WAYS TO PROVIDE AFFORDABLE MEDICATION OPTIONS TO PREVENT OR MANAGE CHRONIC CONDITIONS SUBACTIONS INCLUDE STRENGTHEN AFFILIATIONS WITH LOCAL DISEASE ADVOCACY ASSOCIATIONS, PROVIDE NURSE NAVIGATORS/CARE COORDINATORS TO PATIENTS WHENEVER POSSIBLE, WORK WITH SCHOOLS TO IMPLEMENT CHRONIC DISEASE PREVENTION ACTIVITIES FOR YOUTH, AND EDUCATE AND ENCOURAGE PRACTITIONERS TO PRESCRIBE AFFORDABLE MEDS SCHEDULE H, PART V, SECTION B, LINE 5 A COMBINATION OF KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND WIDELY ADVERTISED COMMUNITY VALIDATION MEETINGS WERE UTILIZED TO PROVIDE CHRISTUS SWLA WITH CRITICAL INPUT TO ASSIST IN DETERMINING WHAT PRIORITIES WILL BE ADDRESSED OVER THE NEXT THREE YEARS THIS FEEDBACK WAS USED TO SUPPLEMENT THE QUANTITATIVE DATA PROVIDED FROM SECONDARY SOURCES, SUCH AS THE AMERICAN COMMUNITY SURVEY (ACS) AND THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS IN ORDER TO ENSURE COMMUNITY INPUT AND EXPERT OVERSIGHT THROUGHOUT THE ENTIRE PROJECT, AN ADVISORY COMMITTEE REPRESENTING INTERNAL AND EXTERNAL STAKEHOLDERS IN THE SOUTHWESTERN LOUISIANA REGION WAS ESTABLISHED IN LATE 2015 THE ADVISORY COMMITTEE MET PERIODICALLY ON THE CHRISTUS CAMPUS THROUGHOUT THIS PROCESS THE COMMITTEE WAS INVOLVED IN THE REVIEW OF ALL DATA COLLECTION MATERIALS DEVELOPED BY LPHI INCLUDING A LIST OF RECOMMENDED QUANTITATIVE INDICATORS, THE KEY INFORMANT INTERVIEW GUIDE, AND THE FOCUS GROUP INTERVIEW GUIDE THE KEY INFORMANT SEMI-STRUCTURED INTERVIEW GUIDE WAS DESIGNED TO ELICIT RESPONSES ABOUT BOTH THE DIRECT AND INDIRECT FACTORS THAT INFLUENCE THE HEALTH OF COMMUNITY MEMBERS MAJOR AREAS OF FOCUS OF THE GUIDE INCLUDED COMMUNITY HEALTH AND WELLNESS, BEHAVIORAL RISK FACTORS, HEALTH CARE UTILIZATION, AND ACCESS TO CARE ADDITIONAL PROBES AND FOLLOW UP QUESTIONS WERE DESIGNED TO ENSURE THE PARTICIPANT PROVIDED DETAILED RESPONSES, INCLUDING OPPORTUNITIES TO SHARE INFORMATION ON ASSETS IN THE COMMUNITY THAT COULD BE TAPPED FOR FUTURE IMPLEMENTATION PLANNING FOCUS GROUPS WERE ALSO SELECTED AS AN ADDITIONAL MECHANISM TO OBTAIN COMMUNITY INPUT LIKE THE KEY INFORMANT INTERVIEW GUIDE, THE FOCUS GROUP GUIDE WAS ALSO DESIGNED TO ENCOURAGE PARTICIPANTS TO THINK ABOUT THE BEHAVIORAL, ENVIRONMENTAL, AND SOCIAL FACTORS THAT INFLUENCE A PERSON'S HEALTH STATUS WITHIN</p>

**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
<p>SCHEDULE H, PART V, SECTION B, LINES 2 &amp; 3</p>	<p>THE GEOGRAPHIC AREA OF FOCUS SCHEDULE H, PART V, SECTION B, LINE 7A THE URL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS <a href="https://www.christushealth.org/-/media/files/homepage/giving-back/chna/2017--2019-chna-christus-swla-ashx?la=en">https://www.christushealth.org/-/media/files/homepage/giving-back/chna/2017--2019-chna-christus-swla-ashx?la=en</a> SCHEDULE H, PART V, SECTION B, LINE 10A THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS <a href="https://www.christushealth.org/-/media/about/christus-ochsner-swla-chip-ashx?la=en">https://www.christushealth.org/-/media/about/christus-ochsner-swla-chip-ashx?la=en</a> SCHEDULE H, PART V, SECTION B, LINE 11 THE PRIORITY HEALTH NEEDS IDENTIFIED BY CHRISTUS HEALTH SOUTHWESTERN LOUISIANA ARE 1 CANCER (SPECIFICALLY COLORECTAL, LUNG, BREAST AND PROSTATE CANCER ) MAJOR ACTIONS WILL BE TO PROVIDE ONCOLOGICAL SERVICES AND SUPPORTS TO IMPROVE PATIENT OUTCOMES SUB-ACTIONS INCLUDE REVIEW AND ASSESS CURRENT ONCOLOGICAL SERVICES PROVIDED TO DETERMINE POSSIBLE CHANGES REQUIRED OR GAPS IN SERVICE, PROVIDE NURSE NAVIGATION AND SUPPORT GROUPS TO ONCOLOGICAL PATIENTS AND WHEN APPROPRIATE, CONNECT ONCOLOGICAL PATIENTS TO APPROPRIATE RESEARCH TRIALS 2 MENTAL HEALTH MAJOR ACTIONS WILL BE TO DEVELOP PARTNERSHIPS WITH OTHER ORGANIZATIONS TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES IN COMMUNITY SUB-ACTIONS INCLUDE PARTNER WITH NONPROFITS TO RAISE AWARENESS/OUTREACH AND OFFER REFERRALS OR ASSISTANCE, EXPLORE TECHNOLOGY TO REACH AN OUTPATIENT POPULATION TO ADDRESS INABILITY TO ACCESS RESOURCES, AND EXPLORE WAYS TO BRING TOGETHER A ROUNDTABLE OR TASK FORCE ON MENTAL HEALTH 3 ACCESS TO CARE/LACK OF COORDINATION OF CARE MAJOR ACTIONS WILL BE TO EXPLORE ESTABLISHING A SYSTEM OF COMMUNITY ORGANIZATIONS OR AGENCIES THAT CAN ASSIST WITH IMPROVING ACCESS TO CARE OR PROVIDING OTHER HEALTH SERVICES AT A REDUCED COST, IMPROVE ACCESS TO APPROPRIATE CARE FOR THE ECONOMICALLY DISADVANTAGED BY REDUCING INAPPROPRIATE ADMISSIONS/READMISSIONS TO THE EMERGENCY ROOM, AND FACILITATE OPPORTUNITIES TO DISTRIBUTE HEALTH INFORMATION/ PREVENTION MATERIALS TO LARGER AUDIENCES SUB ACTIONS INCLUDE EXPLORE POSSIBILITY OF BUILDING A BIGGER NETWORK OF PRIMARY CARE PROVIDERS, EXPLORE DISPENSARY OF HOPE AND MEDICAL ASSISTANT PROGRAM, PROVIDE HEALTH SCREENINGS AND/OR PREVENTION EDUCATION INFORMATION AT AREA HEALTH FAIRS AND ACHIEVE A 10% REDUCTION IN ED VISITS FOR THE ECONOMICALLY DISADVANTAGED BY IMPROVING ACCESS TO APPROPRIATE CARE ALTERNATIVES 4 AFFORDABLE HOUSING MAJOR ACTIONS INCLUDE DEVELOPING PARTNERSHIPS WITH GOVERNMENT, BUSINESSES, AND OTHER SECTORS TO DETERMINE WHAT ROLE CHRISTUS CAN PLAY TO ADDRESS HOUSING IN THE SW LA REGION AND WHEN APPROPRIATE, SERVE AS AN ADVOCATE FOR SAFE, AFFORDABLE HOUSING SUB ACTIONS INCLUDE PARTICIPATE IN COALITIONS, MEET WITH THE CITY AND OTHERS TO EXPLORE WAYS TO PARTNER, AND PROVIDE INFORMATION ON HOW UNSAFE OR POOR HOUSING IS CONNECTED TO POOR HEALTH OUTCOMES 5 HUMAN TRAFFICKING MAJOR ACTION INCLUDES INCREASING AWARENESS AMONG CLINICIANS, SCHOOLS, AND OTHERS ON THE ISSUE OF HUMAN TRAFFICKING SUB ACTIONS ARE TO JOIN A LOCAL COALITION ON HUMAN TRAFFICKING, SHARE INFORMATION WITH CLIN</p>

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 17	DID THE HOSPITAL FACILITY HAVE IN PLACE DURING THE TAX YEAR A SEPARATE BILLING AND COLLECTIONS POLICY, OR A WRITTEN FINANCIAL ASSISTANCE POLICY THAT EXPLAINED ACTIONS THE HOSPITAL FACILITY MAY TAKE UPON NON-PAYMENT? THE HOSPITAL DID NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS DURING THE TAX YEAR THE POLICY STRICTLY PROHIBITED TAKING LEGAL ACTION AGAINST PATIENTS AND ALSO FORBADE PLACING A LIEN ON THE PATIENT'S HOME IN THE EVENT OF NONPAYMENT, THE HOSPITAL AND ITS COLLECTIONS GROUPS WOULD SEND STATEMENTS AND MAKE PHONE CALLS SCHEDULE H, PART V, SECTION B, LINE 20E 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
SCHEDULE H, PART V, SECTION B, LINE 22A	DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE HOSPITAL USED THE AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT RATE FROM FISCAL YEAR ENDING 6/30/09 TO DETERMINE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE THIS AVERAGE RATE WAS THE AVERAGE REIMBURSEMENT RECEIVED FOR CATEGORIES OF SERVICES FROM ALL PRIVATE INSURERS THAT REIMBURSE HOSPITALS ACROSS THE CHRISTUS HEALTH SYSTEM, EXCEPT FOR ST VINCENT AND LONG-TERM HOSPITALS, AND EXCLUDING IMPLANT AND DRUG CONTRIBUTION DOLLARS ALL UNINSURED PATIENTS WERE CHARGED NO MORE THAN THE AVERAGE REIMBURSEMENT RATE FOR THE RELEVANT SERVICE LINE PATIENTS ELIGIBLE FOR ADDITIONAL FINANCIAL ASSISTANCE WERE CHARGED 70% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 301% TO 400% OF FPL), 50% OF THE AVERAGE RATE (FOR INCOME LEVELS FROM 201% TO 300% OF FPL) OR RECEIVED FREE CARE (INCOMES BELOW 200% FPL) FOR LAB SERVICES, ELIGIBLE PATIENTS WERE CHARGED A PERCENTAGE OF THE MEDICARE RATE

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: Christus Health Southwestern Louisiana

Employer identification number: 72-0411322

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 4



**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
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ORGANIZATION FOLLOWS CHRISTUS HEALTH MANAGEMENT DIRECTIVE NO 0006, 'CONTRIBUTIONS/DONATIONS TO OTHER ORGANIZATIONS' BEFORE ANY DONATION IS MADE, TWO CRITERIA ARE ADDRESSED (1) ORGANIZATION TEST AND (2) IRS TEST THE ORGANIZATION TEST ENSURES THAT DONATIONS ARE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, EDUCATIONAL, AND RELIGIOUS PURPOSES, AND IN FURTHERANCE OF OUR PURPOSE OF SUPPORTING THE HEALING MINISTRY OF JESUS CHRIST AND ADVANCING, PROMOTING, AND SUPPORTING THE HEALTHCARE MINISTRIES OF THE SPONSORING CONGREGATIONS CONTRIBUTIONS CAN BE MADE TO SUPPORT CHRISTUS SYSTEM MEMBERS AND TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS, PARTICULARLY THOSE DESIGNED TO SUPPORT AND BENEFIT THE POOR AND UNDERSERVED THE ORGANIZATION CONSIDERED FOR DONATIONS MUST BE AN IRS SECTION 501(C)(3) ORGANIZATION AND DOCUMENTATION TO THAT EFFECT OBTAINED TO SATISFY THE IRS TEST, CONTRIBUTIONS GIVEN MUST BE DEDICATED TO ACHIEVING CHARITABLE PURPOSES NOT FOR PERSONAL BENEFIT, BUT FOR PUBLIC BENEFIT CONTRIBUTIONS ARE PROHIBITED TO ORGANIZATIONS THAT CONTRIBUTE TO POLITICAL CAMPAIGNS, CANDIDATES FOR OFFICE, OR CONDUCT MORE THAN INCIDENTAL LOBBYING DOCUMENTATION MUST SUPPORT HOW THE DONATION MEETS ORGANIZATIONAL PURPOSES AND FURTHERANCE OF MISSION DONATIONS SHOULD BE MODEST IN SCOPE THE FILING ORGANIZATION PROVIDES INDIGENT FUNDING GRANTS TO 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:** 72-0411322

**Name:** Christus Health Southwestern Louisiana

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allen Clinical Services 8585 Picardy Avenue Baton Rouge, LA 70809	46-3081235	501(C)3	134,092				INDIGENT CARE FUNDING
Eastern Louisiana Clinical Services Inc 3330 Masonic Drive Alexandria, LA 71301	45-1779607		166,660				INDIGENT CARE FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ochsner Clinic foundation 1201 S CLEARVIEW PARKWAY BLDG B STE 500 NEW ORLEANS, LA 70121	72-0502505	503(c)(3)	91,787				INDIGENT CARE FUNDING
LOUISIANA CLINICAL SERVICES 320 SOMERULOS STREET BATON ROUGE, LA 70802	27-2869360		215,726				INDIGENT CARE FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERMILLION HEALTH SERVICES 80 VERSAILLES BLVD SUITE C ALEXANDRIA, LA 71303	81-1644563		211,669				INDIGENT CARE FUNDING
JEFFERSON CLINICAL SERVICES 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	45-2183224	501(C)(3)	8,007				INDIGENT CARE FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOUISIANA FAMILY SERVICES 8585 PICARDY AVENUE BATON ROUGE, LA 70809	46-2739639		27,553				INDIGENT CARE FUNDING
NATCHITOCHEs CLINICAL SERVICES 320 SOMERULOS STREET BATON ROUGE, LA 70802	45-1558646	501(C)(3)	8,720				INDIGENT CARE FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTUS ST PATRICK FOUNDATION 524 DR MICHAEL DEBAKEY DR LAKE CHARLES, LA 70601	47-1496376	501(C)(3)	139,398				GENERAL SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Christus Health Southwestern Louisiana

Employer identification number  
72-0411322

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				





**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	<p>FORM 990, PART VII, QUESTION 1A AND SCHEDULE J, PART II DIRECTORS AND EX-OFFICIO DIRECTORS PROVIDE THEIR SERVICES AS MEMBERS OF THE BOARD WITHOUT COMPENSATION OR BENEFITS ANY COMPENSATION AND BENEFITS DISCLOSED FOR SUCH PERSONS IS EARNED IN THE RESPECTIVE INDIVIDUAL'S ROLE AS AN OFFICER OR EMPLOYEE OF THE ORGANIZATION, NOT FOR THE INDIVIDUAL'S ROLE AS A BOARD MEMBER OR DIRECTOR OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES ARE FULL-TIME EMPLOYEES BOARD MEMBERS SPEND TIME AS NEEDED FOR BOARD MEETINGS AND FUNCTIONS TAXABLE COMPENSATION WAS REPORTED TO VARIOUS OFFICERS AND DIRECTORS RELATED TO COMPANION TRAVEL TO CHRISTUS MEETINGS RELATED ORG DETERMINING CEO/EXECUTIVE DIRECTOR'S COMPENSATION SCHEDULE J, PART I, LINE 3 THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CHRISTUS HEALTH, A RELATED ORGANIZATION AS A RESULT, COMPENSATION IS ESTABLISHED AT THE CHRISTUS HEALTH LEVEL AND THE FILING ORGANIZATION DOES NOT HAVE A ROLE IN IMPLEMENTING THE METHODS USED TO ESTABLISH COMPENSATION OR IN DETERMINING CEO/EXECUTIVE DIRECTOR COMPENSATION CHRISTUS HEALTH USES AN EXECUTIVE COMPENSATION COMMITTEE TO ESTABLISH AND APPROVE THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THIS COMMITTEE USES AN INDEPENDENT COMPENSATION CONSULTANT WHO PERFORMS BI-ANNUAL COMPENSATION SURVEY SCHEDULE J, PART I, LINE 4A THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DONALD H LLOYD - \$71,538 STEPHEN F WRIGHT - \$154,308 MARSHA WHITE - \$96,239 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SCHEDULE J, PART I, LINE 4B DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AND PENSION RESTORATION PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT PENSION RESTORATION PLAN AT 6% OF PENSIONABLE EARNINGS WHICH ARE OVER THE IRS LEGISLATIVE COMPENSATION LIMIT SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER LEGACY PENSION PLAN IF A PARTICIPANT HAS PROTECTED PENSION BENEFITS UNDER SUCH LEGACY PLANS, HIS/HER PERCENTAGE IS ZERO UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, AS THE PROTECTED BENEFIT IS ALREADY EQUAL TO OR BETTER THAN CURRENT MARKET PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FORM 990, SCHEDULE J, PART I, QUESTION 4B AND FORM 990, SCHEDULE J, PART II, COLUMN (F), COMPENSATION REPORTED AS DEFERRED IN PRIOR YEAR 990 DONALD H LLOYD II RECEIVED \$18,954 DURING CALENDAR YEAR 2018 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN STEPHEN F WRIGHT RECEIVED \$73,765 DURING CALENDAR YEAR 2018 UNDER A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II, COLUMN B(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 DONALD H LLOYD II, TIMOTHY HAMAN, MD, STEPHEN F WRIGHT, SCOTT A MERRYMAN, CHRISTOPHER KARAM, JOHN A GILLEAN, KEVIN W HOLLAND, PAUL GENERALE, NANCY HELLYER, DAVID ENGLEKING, WENDY (WHITE) CHANDLER, H LES TOMPKINS, MARY DISANTE, JOY MARTIN, AND KIM PATNAUDE SUPPLEMENTAL COMPENSATION INFORMATION SCHEDULE J, PART II, COLUMN B(II) BONUS AND INCENTIVE COMPENSATION MAY INCLUDE AMOUNTS THAT WERE DEFERRED IN A PRIOR YEAR BUT PAID OUT IN CALENDAR YEAR 2018 DEFERRED COMPENSATION SCHEDULE J, PART II, COLUMN C DEFERRED COMPENSATION INCLUDES EXECUTIVE DEFERRED INCOME ACCOUNT, SUPPLEMENTAL EXECUTIVE RETIREMENT AND RETENTION PLAN, EMPLOYER CONTRIBUTION TO 403(B) MATCHED SAVINGS PLAN, PENSION RESTORATION PLAN AND ESTIMATED PENSION BENEFITS UNDER CHRISTUS HEALTH CASH BALANCE PLAN ESTIMATED PENSION BENEFITS WERE CALCULATED BASED ON THE PROVISIONS OF THE CURRENT CASH BALANCE PLAN AT 6% OF PENSIONABLE EARNINGS SOME ASSOCIATES ARE GRANDFATHERED UNDER AN EARLIER PENSION PLAN THESE GRANDFATHERED PARTICIPANTS, BASED ON COMPUTATION AT THE TIME OF THEIR RETIREMENT, WILL RECEIVE THE LARGER OF THE RETIREMENT BENEFIT COMPUTED UNDER THE CASH BALANCE PLAN COMPARED TO THE PREVIOUS PENSION PLAN DUE TO THE COMPLEXITY OF CALCULATING AN ACCURATE BENEFIT COST FOR GRANDFATHERED PARTICIPANTS, THE FORM 990 REPORTS AS PENSION BENEFITS THEIR ANNUAL ESTIMATED CASH BALANCE PLAN ACCRUAL</p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 72-0411322  
**Name:** Christus Health Southwestern Louisiana

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONALD H LLOYD II ADMINISTRATOR/CEO (THRU 09/18)	(i)	-----	-----	-----	-----	-----	-----	0
	(ii)	320,306	48,843	146,827	36,739	21,260	573,975	18,954
SUSAN E KEMP MD DIRECTOR (THRU 09/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	195,120	-----	18,000	5,542	16,305	234,967	0
TIMOTHY HAMAN MD CHIEF MEDICAL OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	264,278	14,604	7,762	12,760	17,556	316,960	0
STEPHEN F WRIGHT REG PRES/CEO (THRU 10/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,175,006	217,562	335,184	121,744	17,181	1,866,677	73,765
SCOTT A MERRYMAN CFO	(i)	-----	-----	-----	0	0	0	0
	(ii)	481,621	96,998	22,860	108,423	10,045	719,947	0
CHRISTOPHER KARAM SR VP & CEO (AS OF 10/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	724,485	435,363	92,228	254,291	20,269	1,526,636	0
JOHN A GILLEAN DIRECTOR (AS OF 09/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,037,092	1,000,595	420,957	43,095	30,616	2,532,355	0
KEVIN W HOLLAND CEO (AS OF 09/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	134,151	30,000	59,506	18,531	1,304	243,492	0
PAUL GENERALE DIRECTOR (AS OF 09/18)	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,864,660	1,090,468	52,288	484,517	17,829	3,509,762	0
FARJAAD M SIDDIQ PHYSICIAN	(i)	814,887	65,206	79,060	0	9,074	968,227	0
	(ii)	-----	-----	-----	0	0	0	0
LAWRENCE WEBER PHYSICIAN	(i)	910,474	15,000	0	0	3,125	928,599	0
	(ii)	-----	-----	-----	0	0	0	0
JAMES J JANCUSKA PHYSICIAN	(i)	865,167	39,027	1,500	0	4,856	910,550	0
	(ii)	-----	-----	-----	0	0	0	0
KENNETH EWANE MD PHYSICIAN	(i)	825,248	-----	11,000	8,250	15,350	859,848	0
	(ii)	-----	-----	-----	0	0	0	0
WILLIAM C MOSS PHYSICIAN	(i)	536,569	15,000	-----	193	6,987	558,749	0
	(ii)	-----	-----	-----	0	0	0	0
NANCY HELLYER CHIEF EXECUTIVE OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	389,362	89,328	84,322	79,666	10,919	653,597	0
DAVID ENGLEKING MEDICAL DIR HLTH PLANS	(i)	-----	-----	-----	0	0	0	0
	(ii)	196,307	60,767	26,787	10,603	13,930	308,394	0
WENDY WHITE CHANDLER GROUP VP, HUMAN RESOURCES	(i)	-----	-----	-----	0	0	0	0
	(ii)	344,003	62,686	13,814	66,490	24,640	511,633	0
H LES TOMPKINS DIRECTOR MANAGED CARE	(i)	-----	-----	-----	0	0	0	0
	(ii)	181,180	46,539	-----	15,536	2,045	245,300	0
MARSHA WHITE CHIEF NURSE EXECUTIVE	(i)	-----	-----	-----	0	0	0	0
	(ii)	58,113	0	100,451	0	4,740	163,304	0
MARY DISANTE CHIEF NURSING OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	182,067	9,296	4,531	14,564	14,292	224,750	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
DAWN HATCHER JOHNSON CHIEF FINANCIAL OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	151,310	7,809	37,754	4,946	11,134	212,953	0
ROBBIN ODOM CHIEF NURSING OFFICER	(i)	-----	-----	-----	0	0	0	0
	(ii)	200,012	12,577	2,877	4,468	2,635	222,569	0

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Christus Health Southwestern Louisiana

Employer identification number

72-0411322

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
DOING BUSINESS AS	Form 990, Page 1, Item C Christus Health Southwestern Louisiana operates under the following names Christus St Patrick Hospital CHRISTUS St Patrick South Lake Charles CHRISTUS St Patrick Women's Health Network Southwest Regional Tumor Registry CHRISTUS St Patrick Short Stay Surgery Center Gigi's Fitness Center CHRISTUS St Patrick Imperial Pointe Surgery Center CHRISTUS St Patrick Rehabilitation Services CHRISTUS Hospital Lake Area CHRISTUS Lake Area Hospital CHRISTUS Health Imperial Calcasieu Surgical Center CHRISTUS Imperial Calcasieu Surgical Center CHRISTUS Lake Area OB/GYN Associates CHRISTUS Ochsner Health System CHRISTUS Ochsner Lake Area Hospital CHRISTUS Ochsner Southwestern Louisiana CHRISTUS Ochsner St Patrick Behavioral Outpatient Program CHRISTUS Ochsner St Patrick Hospital CHRISTUS Ochsner St Patrick Outpatient Wound Center - Imperial Pointe CHRISTUS Ochsner St Patrick Women's Health Center Ochsner CHRISTUS Health Center

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	<p>FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED ROOTED IN OUR MISSION AND TRADITION, THE FOUNDERS AND SPONSORS OF CHRISTUS HEALTH AND THOSE WHO CO-MINISTER WITH THEM SEEK NEW AND INNOVATIVE WAYS OF DELIVERING QUALITY HEALTH CARE THAT IS BOTH AFFORDABLE AND ACCESSIBLE TO ALL. TODAY, MORE THAN EVER, WE MUST AIM TO IMPROVE THE TOTAL HEALTH STATUS OF THE COMMUNITY THROUGH PROGRAMS THAT PLACE OUR SERVICES WHERE THEY ARE NEEDED MOST, WITH SPECIAL ATTENTION AND PREFERENCE GIVEN TO PROGRAMS THAT SUPPORT AND BENEFIT THE HEALTH AND WELFARE OF THE POOR AND UNDERSERVED. COMMUNITY SERVICES FOR THE POOR AND UNDERSERVED REPRESENT THE UNPAID COST OF SERVICES PROVIDED FOR WHICH A PATIENT IS NOT BILLED, OR FOR WHICH A FEE HAS BEEN ASSESSED THAT RECOVERS ONLY A PORTION OF THE COST OF THE RENDERED SERVICE. THIS CATEGORY INCLUDES INITIATIVES THAT REACH OUT TO THOSE IN NEED THROUGH COMMUNITY HEALTH AND SOCIAL PROGRAMS. THESE PROGRAMS SEEK JUSTICE FOR THE VULNERABLE AND WORK TO BRING ABOUT CHANGES IN OUR POLITICAL AND ECONOMIC SYSTEMS. THE PROGRAMS COVER A BROAD SPECTRUM OF SERVICES FROM COMMUNITY CLINICS TO IMMUNIZATIONS FOR CHILDREN AND SENIORS, MEALS ON WHEELS, TRANSPORTATION SERVICES, HOME REPAIR PROJECTS AND A VARIETY OF OTHER SOCIAL SERVICES. CHRISTUS HEALTH HAS ESTABLISHED THE CHRISTUS FUND TO PROVIDE RESOURCES TO NOT-FOR-PROFIT AGENCIES AND GROUPS WHOSE VISION, MISSION AND GOALS ARE CONSISTENT WITH CHRISTUS HEALTH'S MISSION, VALUES AND PHILOSOPHY OF A HEALTHY COMMUNITY. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN MAKE A PROFOUND DIFFERENCE IN THE QUALITY OF PEOPLES' LIVES AND CREATE SUSTAINABLE HEALTH IN OUR COMMUNITIES. THE COST OF THESE GRANTS IS NOT INCLUDED IN THE PROGRAM SERVICE EXPENSES OF CHRISTUS HEALTH SOUTHWESTERN LOUISIANA. PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4D COMMUNITY SERVICES FOR THE BROADER COMMUNITY MOST OF THESE EXPENSES ARE FOR EDUCATING HEALTH PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NOT-FOR-PROFIT HEALTH CARE AND CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. CHRISTUS HEALTH SOUTHWESTERN LOUISIANA TAKES AN ACTIVE ROLE IN EDUCATING THE PUBLIC. THE HOSPITAL PROVIDES REGULARLY SCHEDULED COMMUNITY HEALTH EDUCATION, SUCH AS SEMINARS AND SCREENINGS. CHRISTUS HEALTH SOUTHWESTERN LOUISIANA ALSO SUPPORTS THE COMMUNITY THROUGH PARTICIPATION WITH VARIOUS AGENCIES. CHRISTUS HEALTH ALSO USED CASH DONATIONS AS A VEHICLE TO HELP OUR COMMUNITIES. WE MADE CASH DONATIONS, IN ADDITION TO GRANTS AWARDED THROUGH THE CHRISTUS FUND, TO SUPPORT CAUSES LIKE THE FIGHT AGAINST CANCER, PROVISION OF A CONTINUUM OF CARE FOR OUR ELDERLY, THE FIGHT AGAINST HIV/AIDS, AND FOR MANY OTHER EQUALLY WORTHY PURPOSES. DURING FY2019, CHRISTUS HEALTH ADVOCATED FOR IMPROVING PUBLIC POLICIES, WORKING TO ESTABLISH, AND IN SOME INSTANCES AUGMENT, GRASSROOTS ADVOCACY AND GREATER ACCESS TO HEALTH CARE SERVICES FOR THE CONSTITUENTS WE SERVE.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE FAMILY OR BUSINESS RELATIONSHIPS	Form 990, Part VI, SECTION A, Line 2 Stephen Wright and Scott Merryman have a business relationship Both served as an officer of Occupational Health Services, Inc and both also serve as an officer or director of Southwestern Louisiana Physician Hospital Organization, Inc

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	Form 990, Part VI, SECTION A, LINE 6 CHRISTUS Health was the sole corporate member of the filing organization. During the year, Ochsner Health became a 40% owner of SWLA and its subsidiaries.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	Form 990, Part VI, SECTION A, LINE 7a CHRISTUS Health was the sole corporate member of the filing organization. During the year, Ochsner Health became a 40% owner of SWLA and its subsidiaries.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR &amp; TYPE OF VOTING RIGHTS</p>	<p>Form 990, Part VI, SECTION A, LINE 7b Christus Health's Board of Directors has the following powers approve, change and/or interpret the filing organization's philosophy, mission and vision, approve the adoption or amendment of the filing organization's articles of incorporation and bylaws, appoint and remove members of the filing organization's board of directors, appoint and remove the filing organization's chair of the board of directors and vice chairperson of board of directors, approve incurrence of debt that exceeds \$5 million per incurrence or \$25 million annually, approve any merger, consolidation, acquisition, dissolution or liquidation by the filing organization, approve the implementation of system-wide policies for the filing organization, approve system-wide consolidated budget and performance indicators for the filing organization, approve the independent audit reports of the filing organization, approve capital projects greater than \$10 million for the filing organization, approve any transaction by the filing organization the effect of which is to create a new legal entity or joint venture, any transaction involving a system participant or local entity which creates a new legal entity or joint venture, or changes in business purpose or relationship of any local entity, and approve and authorize actions reserved in organization documents or similar governance documents The Christus Health CEO has the following powers power to appoint and remove the President of the filing organization, approve the sale, lease, mortgage, transfer, easement or encumbrance of the filing organization's real property designated as non-Designated Ministry Property under \$5 million but more than \$1 million, approve the incurrence of debt up to a \$5 million cap or \$25 million annually by the filing organization, approve strategic plans of the filing organization, approve the filing organization's budget, set the threshold of capital projects less than \$10 million by the filing organization, and approve management directives for the filing organization The Christus Health Members are the Congregation of Sisters of Charity of the Incarnate Word, Houston, Texas and the Congregation of Sisters of Charity of the Incarnate Word (of San Antonio) The Christus Health Members have the following powers approve the adoption and amendment of articles of incorporation and bylaws of the filing organization if the change is related to reserved powers of members, approve the sale, lease, mortgage, transfer, easement or encumbrance of real property in excess of a \$5 million threshold dollar amount required by canon law for the filing organization, approve the sale, lease, mortgage, transfer, easement, or encumbrance of real property designated as Designated Ministry Property by the filing organization, but not in excess of \$5 million, approve the change of ownership, management or control, (except in the ordinary course of business office and space leases) the fundam</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	ental use by change in license that would significantly change a facility, or the eliminat ion of OB, Ped, Psych or emergency services on real property provided in connection with D esignated Ministry Property owned by the filing organization, and approve the merger, cons olidation, acquisition, dissolution or liquidation of the filing organization if it owns D esignated Ministry Property

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	Form 990, Part VI, SECTION B, LINE 11B The Form 990 is prepared and reviewed by the organization's external independent accountants The CHRISTUS Health Accounting department works with an external accounting firm in preparation and review of the Form 990 The filing organization's CFO, or other designee, reviews the Form 990 The final Form 990 that will be filed with the IRS is posted to a secure internet portal for all members of the Board of Directors to view Review of the final Form 990 occurs prior to filing with the IRS in the Spring of 2020 via either meeting, conference call, or web portal polling tool by the respective CHRISTUS Organization's board, based on a set of suggested review processes developed by CHRISTUS Health

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
<b>COMPENSATION DETERMINATION PROCESS</b>	<p>Form 990, Part VI, section b, Lines 15a &amp; 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 Southwestern Louisiana The Executive Compensation Committee is composed of individuals who have no conflict of interest with the compensation arrangements at hand The Executive Compensation Committee of the CHRISTUS Health Board selects an independent external firm to perform an independent compensation review, to ensure that all compensation is reasonable and comparable to other similarly situated organizations, for similarly qualified persons in functionally comparable positions, and to provide supporting information of compensation decisions On an annual basis the external consultant 1 develops the merit increase recommendations for all Designated System Executives based on market comparability 2 recommends the changes in the Compensation Structure (grades) based on the market changes 3 completes a review and evaluation of newly created positions to recommend a grade placement to the Committee for its discussion and approval On a bi-annual basis, the external consultant completes a detailed review of all other Designated System Executives' compensation and benefits This group includes all top management officials, other officers and key leaders of the organization The review includes recommendations to the Committee on any changes necessary in either specific compensation or compensation structure to ensure market competitiveness, reasonableness and internal equity Upon recommendations from the independent external firm, the Executive Compensation Committee makes final compensation decisions Additionally, the Executive Compensation Committee reviews all compensation payments for excess benefit transactions The discussion and decisions of the Committee are documented and formalized in the Committee minutes and maintained on record The filing organization determines the compensation of the Secretary by use of an independent and external consultant The consultant helps determine pay rates for the associates of the filing organization, taking into account market data and shift differential The compensation rates are approved by the filing organization Based on the aforementioned procedure, the Secretary's compensation is not reviewed by a compensation committee</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 TRANSFER OF NET ASSETS BETWEEN ENTITIES \$27,696,717 ISSUANCE OF COMMON STOCK (\$2,296,721) PRE-ACQUISITION \$1,453,834 NON-CONTROLLING INTEREST \$1,907,008 PARTNERSHIP DISTRIBUTIONS (\$804,149) PENSION FUNDING \$46,810 ROUNDING 2 ----- TOTAL \$28,003,501

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION OCCUPANCY RELATED SERVICES TOTAL FEES 1962987

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 9275707

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE SERVICES TOTAL FEES 6570174

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 2699104

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 1401611

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION MARKETING SERVICES TOTAL FEES 47029

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL SERVICES TOTAL FEES 7326480



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION INTERCOMPANY EXPENSE TOTAL FEES 539424

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Christus Health Southwestern Louisiana

**Employer identification number**

72-0411322

**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
<b>(1)</b> LAKE AREA PHYSICIAN SERVICES LLC 12455 NOEL RD 20TH FLOOR DALLAS, TX 75240 75-2864057	HLTHCARE SVCS	TX	3,872,579	4,628,746	SWLA

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> COLONNADE ENDOSCOPY CENTER LLC 555 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1493410	SURGICAL CTR	LA	SWLA	RELATED	135,311	2,047,888		No		Yes		70 000 %
<b>(2)</b> SOUTH RYAN MRI LLC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 74-3103662	IMAGING SVCS	LA	OCCUP HLTH SVCS	RELATED				No			No	51 000 %
<b>(3)</b> Imperial Calcasieu Surg LLC 1757 IMP RD LK CHRLS, LA 70605	ASC	LA	SWLA	RELATED	1,622,951	16,631,000		No			No	51 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> OCCUPATIONAL HEALTH SERVICES INC 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1217389	MEDICAL SVCS	LA	SWLA	C Corp	679,872	3,540,182	100 000 %	Yes	
<b>(2)</b> SOUTHWESTERN LOUISIANA PHO 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1274256	HEALTH SVCS	LA	SWLA	C Corp	626	43,306	100 000 %	Yes	
<b>(3)</b> SOUTH RYAN DEVELOPMENT CORPORATION 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 72-1183790	LEASING BUILD	LA	SWLA	C Corp	30,360	346,206	100 000 %	Yes	
<b>(4)</b> CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N L 64060 MX	HEALTHCARE SVCS	MX	CH	C Corp				Yes	
<b>(5)</b> EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C Corp				Yes	
<b>(6)</b> CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-4618648	ACO	LA	CH	C Corp				Yes	
<b>(7)</b> THE LAMC BUILDING E			N/A					Yes	

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

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

See Additional Data Table

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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 72-0411322  
**Name:** Christus Health Southwestern Louisiana

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2600 ST MICHAEL DRIVE TEXARKANA, TX 75503 75-2796815	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH SUITE 1100 HOUSTON, TX 77027 74-2898615	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
1700 WEST LOOP SOUTH STE 400B HOUSTON, TX 77027 76-0422435	HLTHCARE SVCS	TX	501(c)(3)	11a	CH	Yes	
1700 WEST LOOP SOUTH STE 1100A HOUSTON, TX 77027 72-1270964	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 61-1500100	SUPP HTH SVCS	TX	501(c)(3)	11a	CH	Yes	
3330 MASONIC DRIVE ALEXANDRIA, LA 71301 72-0408984	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
PO BOX 922037 HOUSTON, TX 77292 76-0591592	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
ONE SAINT MARY PLACE SHREVEPORT, LA 71101 72-0408982	HLTHCARE SVCS	LA	501(c)(3)	3	CH	Yes	
600 ELIZABETH STREET CORPUS CHRISTY, TX 78404 74-1109836	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
2830 CALDER STREET BEAUMONT, TX 77726 76-0591590	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 76-0590551	SUPP HTH SVCS	TX	501(c)(3)	9	NA		No
333 N SANTA ROSA STREET SAN ANTONIO, TX 78207 74-1109665	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-2798043	SUPP HTH SVCS	TX	501(c)(3)	12-TYPE 1	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-4617988	MEDICAID HMO	LA	501(c)(4)		CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 46-5203505	HLTHCARE SVCS	TX	501(c)(3)	3	CH	Yes	
524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 70601 47-1496376	SUPP HTH SVCS	LA	501(c)(3)	7	SWLA	Yes	
115 AIRPORT ROAD SULPHUR SPRINGS, TX 75482 81-1708177	HEALTH SVCS	TX	501(c)(3)	3	CH	Yes	
1315 DOCTORS DRIVE TYLER, TX 75701 75-2616975	HLTHCARE SVCS	TX	501(C)(3)	12-TYPE II	CH	Yes	
700 EAST MARSHALL AVENUE LONGVIEW, TX 75601 75-2027157	HLTHCARE SVCS	TX	501(C)(3)	12, TYPE II	CH	Yes	
919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-3403356	SUPP HTH SVCS	TX	501(C)(4)		CH	Yes	

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

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



**Form 990, Schedule R, Part 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
(1) OCCUPATIONAL HEALTH SERVICES INC 524 DR MICHARL DEBALEY DRIVE LAKE CHARLES, LA 70601 72-1217389	MEDICAL SVCS	LA	SWLA	C Corp	679,872	3,540,182	100 000 %	Yes	
(1) SOUTHWESTERN LOUISIANA PHO 524 DR MICHARL DEBALEY DRIVE LAKE CHARLES, LA 70601 72-1274256	HEALTH SVCS	LA	SWLA	C Corp	626	43,306	100 000 %	Yes	
(2) SOUTH RYAN DEVELOPMENT CORPORATION 524 DR MICHARL DEBALEY DRIVE LAKE CHARLES, LA 70601 72-1183790	LEASING BUILD	LA	SWLA	C Corp	30,360	346,206	100 000 %	Yes	
(3) CHRISTUS MUGUERZA SAPI DE CV HIDALGO PTE 2525 COL OBISPADO MONTERREY, N L 64060 MX	HEALTHCARE SVCS	MX	CH	C Corp				Yes	
(4) EMERALD ASSURANCE CAYMAN LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0407545	INSURANCE	CJ	CH	C Corp				Yes	
(5) CHRISTUS LOUISIANA QUALITY ALLIANCE 919 HIDDEN RIDGE DRIVE IRVING, TX 75038 47-4618648	ACO	LA	CH	C Corp				Yes	
(6) THE LAMC BUILDING E			N/A					Yes	

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> CHRISTUS HEALTH CENTRAL LOUISIANA	L	90,336	ACCRUAL
<b>(1)</b> CHRISTUS HEALTH CENTRAL LOUISIANA	O	659,320	ACCRUAL
<b>(2)</b> CHRISTUS HEALTH CENTRAL LOUISIANA	P	309,053	ACCRUAL
<b>(3)</b> CH WILKINSON PHYSICIAN NETWORK	J	100,000	ACCRUAL
<b>(4)</b> CH WILKINSON PHYSICIAN NETWORK	L	2,660,622	ACCRUAL
<b>(5)</b> CH WILKINSON PHYSICIAN NETWORK	M	2,647,795	ACCRUAL
<b>(6)</b> CH WILKINSON PHYSICIAN NETWORK	Q	100,000	ACCRUAL
<b>(7)</b> DEDICATED SYSTEM SUPPORT INC	L	482,388	ACCRUAL
<b>(8)</b> DEDICATED SYSTEM SUPPORT INC	O	209,315	ACCRUAL
<b>(9)</b> CHRISTUS ST PATRICK FOUNDATION	O	105,041	ACCRUAL
<b>(10)</b> CHRISTUS ST PATRICK FOUNDATION	B	139,398	ACCRUAL
<b>(11)</b> CHRISTUS HEALTH FOUNDATION OF SOUTHEAST TEXAS	P	532,679	ACCRUAL