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Form 990-T **Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

2018

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D Employer identification number
(Employees' trust, see instructions)B Exempt under section
☒ 501(c)(3) ☐ 220(e) ☐ 530(a)
☐ 408(e) ☐ 529(a)Print
or
Type

CHRISTUS HEALTH NORTHERN LOUISIANA

Number, street, and room or suite no. If a P.O. box, see instructions

1453 EAST BERT KOUNS IND LOOP

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

SHREVEPORT, LA 71105

72-0408982

E Unrelated business activity code
(See instructions)

621500

C Book value of all assets
at end of year

F Group exemption number (See instructions) 0928

186,580,192.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses 2 Describe the only (or first) unrelated trade or business here LAB TESTING If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No If "Yes," enter the name and identifying number of the parent corporation ATCH 1 CHRI 76-0590551

J The books are in care of ERIC WINGARD Telephone number 318-561-7172

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 101,604.			
b Less returns and allowances	1c Balance 101,604.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3 101,604.		101,604.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13 101,604.		101,604.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages 000426	15	26,089.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) ATCH. 2	28	59,538.
29 Total deductions. Add lines 14 through 28	29	85,627.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	15,977.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	15,977.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

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CHRISTUS

PAGE 122

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	15,977.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	15,977.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

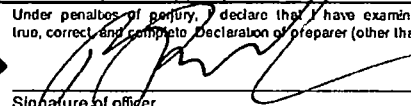
Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d.	45e	
46	Subtract line 45e from line 44.	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	3,768.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g.	51	3,768.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	3,768.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 3,768. Refunded <input type="checkbox"/>	55	


Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here:  Date: 8-26-20 Title: CFO

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

Paid Preparer Use Only	Print preparer's name	KATHLEEN MOSELEY	Preparer's signature		Date	06/23/20	Check <input type="checkbox"/> if self employed	PTIN	P00116760
	Firm's name	ERNST & YOUNG U.S. LLP				Firm's EIN	34-6565596		
	Firm's address	425 HOUSTON STREET, SUITE 600, FORT WORTH, TX 76102				Phone no	817-335-1900		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b.	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ►				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I, ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2018)

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

Name of organization

CHRISTUS HEALTH NORTHERN LOUISIANA

Employer identification number

72-0408982

Unrelated business activity code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ CATERING

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>6,064.</u>			
b	Less returns and allowances			
	c Balance ▶	1 c		
			<u>6,064.</u>	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	<u>6,064.</u>	<u>6,064.</u>
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12.	13	<u>6,064.</u>	<u>6,064.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <u>ATCH 3</u>	28	<u>6,559.</u>
29	Total deductions. Add lines 14 through 28.	29	<u>6,559.</u>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	<u>-495.</u>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	<u>-495.</u>

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service▶ Attach to the corporation's tax return
▶ Go to www.irs.gov/Form8827 for the latest information.**2018**

Name CHRISTUS HEALTH NORTHERN LOUISIANA		Employer identification number 72-0408982
1	Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	1
2	Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2 39
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3
4	Add lines 1, 2, and 3	4 39
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5 NONE
6	Enter the refundable minimum tax credit (see instructions)	6 NONE
7	Add lines 5 and 6	7 0
8a	Enter the smaller of line 4 or line 7 If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a 0
b	Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions If you made an entry on line 6, go to line 8c Otherwise, skip line 8c	8b 0
c	Subtract line 8b from line 8a This is the current year refundable minimum tax credit Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	8c 0
9	Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this amount to carry forward and use in future years	9 39

Instructions

Section references are to the Internal Revenue Code unless otherwise noted

What's New**Refundable minimum tax credit.** For tax years beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount See the instructions for line 6**Purpose of Form**

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward

Who Should File

Form 8827 should be filed by corporations that had

- An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3)

Line 3

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations

Line 5

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(B)), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2)

Line 6Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability Complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions Enter the amount from line 6 of the worksheet on Form 8827, line 6**Note:** A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year

CHRISTUS HEALTH NORTHERN LOUISIANA

72-0408982

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH
76-0590551

ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	32,658.
PURCHASED SERVICES	25,879.
OTHER MISCELLANEOUS EXPENSE	1,001.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>59,538.</u>
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SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES

6,559.

PART II - LINE 28 - OTHER DEDUCTIONS

6,559.

Christus Health Northern Louisiana
 EIN: 72-0408982
 Year End: 6/30/19

2018 Form 990-T, Part II, Line 31 - Net Operating Loss Deduction

Date Generated			Amount		Amount	Amount	Contribution	
Fiscal Year	Expiration Date	Amount	Previously	Amount	Expired	converted to		
Ended	Fiscal Year Ended	Generated	Utilized	Utilized	in 2015	NOL	Balance	
6/30/1998	6/30/2018	1,403,429	(3,770)	(15,977)	-	-	1,383,682	
6/30/1999	6/30/2019	1,736,288	-	-	-	-	1,736,288	
6/30/2000	6/30/2020	81,270	-	-	-	-	81,270	
6/30/2001	6/30/2021	1,780,803	-	-	-	-	1,780,803	
6/30/2002	6/30/2022	1,534,094	-	-	-	-	1,534,094	
6/30/2003	6/30/2023	1,001,271	-	-	-	-	1,001,271	
6/30/2004	6/30/2024	205,025	-	-	-	-	205,025	
6/30/2005	6/30/2025	-	-	-	-	-	-	
6/30/2006	6/30/2026	336,683	-	-	-	-	336,683	
6/30/2007	6/30/2027	97,435	-	-	-	-	97,435	
6/30/2008	6/30/2028	1,268,213	-	-	-	-	1,268,213	
6/30/2009	6/30/2029	385,311	-	-	-	-	385,311	
6/30/2010	6/30/2030	-	-	-	-	-	-	
6/30/2011	6/30/2031	-	-	-	-	-	-	
6/30/2012	6/30/2032	1,670	-	-	-	-	1,670	
6/30/2013	6/30/2033	218	-	-	-	-	218	
6/30/2014	6/30/2034	62,846	-	-	-	-	62,846	
6/30/2015	6/30/2035	2,236	-	-	-	-	2,236	
6/30/2016	6/30/2036	1,994	-	-	-	-	1,994	
6/30/2017	6/30/2037	8,281	-	-	-	-	8,281	
6/30/2018	6/30/2038	-	-	-	-	-	-	
6/30/2019	6/30/2039	-	-	-	-	1,498	1,498	
Total carryforward to 6/30/2020		9,907,067	(3,770)	(15,977)	-	1,498	9,888,818	

Christus Health Northern Louisiana
EIN: 72-0408982
Year End: 6/30/19

2018 Form 990-T, Schedule M (CATERING) - Part II, Line 31 - Net Operating Loss Deduction

Date Generated Fiscal Year Ended	Amount Generated	Amount Previously Utilized	Amount Utilized	Contribution converted to NOL	Balance
6/30/2019	495	-	-	-	495
Total carryforward to 6/30/2020	495	-	-	-	495