

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

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

2018

Department of the Treasury Internal Revenue Service

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

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

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

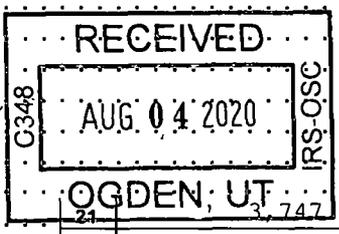
H Enter the number of the organization's unrelated trades or businesses. REFERENCE LAB

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ATCH 1 CHPT 76-0590551

J The books are in care of KIMBERLY PATNAUDE Telephone number 318-561-7172

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45d, 46-49, 50a-50g, 51-55 for Tax and Payments.

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign activities and tax-exempt interest.

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: Signature of KATHLEEN MOSELEY, Date 6/26/2020, Title CFO. Includes checkbox for IRS discussion.

Paid Preparer Use Only: Print/Type preparer's name KATHLEEN MOSELEY, Firm's name ERNST & YOUNG U.S. LLP, Firm's address 425 HOUSTON ST, STE 600, FORT WORTH, TX 76102.

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

Table with 8 rows and 4 columns for Schedule A. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply.

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

(see instructions)

Table for Schedule C with 2 main sections. Section 1: Description of property (1-4). Section 2: Rent received or accrued (a, b, 3(a), Total). Section 3: Total income calculation.

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

Table for Schedule E with 5 main columns: 1. Description of debt-financed property, 2. Gross income, 3. Deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

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

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 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.

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)

Table with 5 columns: 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).

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)

Table with 7 columns: 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, 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).

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

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss) (col 2 minus col 3), 5 Circulation income, 6 Readership costs, 7 Excess readership costs (column 6 minus column 5, but not more than column 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 ▶			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number
72-0411322

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,747

Part III MACRS Depreciation (Don't include listed property. See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	3,747
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Credit for Prior Year Minimum Tax - Corporations

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 SOUTHWESTERN LOUISIANA		Employer identification number 72-0411322	
1	Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	1	NONE
2	Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2	17,952
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4	Add lines 1, 2, and 3	4	17,952
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	
6	Enter the refundable minimum tax credit (see instructions)	6	
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
8b	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
8c	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	17,952

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 6

Beginning 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

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

ATTACHMENT 2

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

A&G ALLOCATION	51,581.
LICENSES & FEES	7,920.
SUPPLIES	3,652.
OVERHEAD ALLOCATION	3,201.
OTHER MISCELLANEOUS EXPENSES	511.
PURCHASED SERVICES	37.

PART II - LINE 28 - OTHER DEDUCTIONS 66,902.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NORTHWEST IRONWORKERS HEALTH AND SECURITY TRUST P.O. BOX 34203 SEATTLE, WA 98124-1203		OMB No. 1545-0115 <h1 style="text-align: center;">2018</h1> Form 1099-MISC	Miscellaneous Income
PAYER'S TIN 91-6068079	RECIPIENT'S TIN 72-0411322	1 Rents \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 606.97 5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S name CHRISTUS HEALTH SOUTHWEST LOUISIANA PO BOX 846039 DALLAS, TX 75284		6 Medical and health care payments \$ 7 Nonemployee compensation \$ 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 10 Crop insurance proceeds \$ 11 \$ 12	
Account number (see instructions) 720411322	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15a Section 408A deferrals \$ 15b Section 408A income \$	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Form 1099-MISC (keep for your records)	www.irs.gov/Form1099MISC	16 State tax withheld \$ 17 State/Payer's state no. \$ 18 State income \$	

CHRISTUS Health Southwestern Louisiana
 EIN: 72-0411322
 Year End: 6/30/19

Net Operating Loss Carryforward Schedule - losses pre 6/30/18

Date Generated	Expiration Date *						
Fiscal Year Ended	Fiscal Year Ended	Amount Generated	Amount Previously Utilized	Amount Utilized	Amount Expired	Contribution Converted to NOL	Balance
6/30/2002	6/30/2022	151,537	(122,606)	(28,931)			-
6/30/2003	6/30/2023	83,552		(24,397)			59,155
6/30/2004	6/30/2024	41,324					41,324
6/30/2005	6/30/2025	148					148
6/30/2006	6/30/2026	-					-
6/30/2007	6/30/2027	-					-
6/30/2008	6/30/2028	-					-
6/30/2009	6/30/2029	-					-
6/30/2010	6/30/2030	-					-
6/30/2011	6/30/2031	-					-
6/30/2012	6/30/2032	-					-
6/30/2013	6/30/2033	142					142
6/30/2014	6/30/2034	371					371
6/30/2015	6/30/2035	13,438					13,438
6/30/2016	6/30/2036	36,948					36,948
6/30/2017	6/30/2037	49,853					49,853
6/30/2018	6/30/2038	40,457					40,457
Carryforward to 06/30/2020		417,770	(122,606)	(53,328)	-	-	241,836

*Available for use against future Unrelated Business Income. If not utilized, the net operating loss will expire in the fiscal year ended indicated above.

CHRISTUS Health Southwestern Louisiana
EIN: 72-0411322
Year End: 6/30/19
Unrelated Business Activity Code: 621990
Unrelated Business Name: Reference Lab

Net Operating Loss Carryforward Schedule - losses post 6/30/18

<u>Fiscal Year</u> <u>Ended</u>	<u>NOL</u> <u>Generated</u>	<u>Amount</u> <u>Previously</u> <u>Utilized</u>	<u>Amount</u> <u>Utilized in</u> <u>2018</u>	<u>Amount</u> <u>Expired</u>	<u>Charitable</u> <u>Conversion</u>	<u>Balance</u>
6/30/2019	-	-	-	-	5,233	5,233
Total	-	-	-	-	5,233	5,233