" Form 990-T	E	cempt Organization	Bus	siness Income	Tax Retur	n	OMB No 1545-0687
rorm 000 I	 	and proxy (a) ndar year 2018 or other tax year begin		der section 6033(
Daniel de la contraction de la	For cale	Go to www.irs gov/Form990				° 	<u> </u>
Department of the Treasury Internal Revenue Service	▶Do	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change				me changed and see instruction:		D Emplo	oyer identification number lyees' trust, see instructions)
B Exempt under section	٦	CHRISTUS HEALTH SOU	THWE	STERN LOUISIANA			
X 501(C)(13-)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		72-0	411322
408(e) 220(e) Type						ated business activity code structions)
408A530(524 DR MICHAEL DEBA				(000 111	30000013)
529(a)	_	City or town, state or province, countr	-	ZIP or foreign postal code			
C Book value of all assets at end of year		LAKE CHARLES, LA 70		0020		62199	90
190,650,888		up exemption number (See instruct				404(=)	44
		eck organization type X 501				401(a)	
trade or business h		inization's unrelated trades or busine SERENCE LAB	sses			-	(or first) unrelated
		e end of the previous sentence, coi	mnlete		•		e than one, describe the
trade or business,			mpicte	r arts rand II, complete a or	citedule ivi for eac	ii addidoi	iai
		corporation a subsidiary in an affile	ated q	roup or a parent-subsidiary of	controlled group?		X Yes No
=		identifying number of the parent co		on ▶ ATCH 1 C	HRT 77(عن - و	710551 —
J The books are in ca	re of ▶KI	MBERLY PATNAUDE		Telephon	e number ▶ 31	8-561-	7172
Part I Unrelate	d Trade	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a Gross receipts of	r sales	192,036.			_		
b Less returns and allo	wantes	3,968. c Balanco ▶	1c	188,068.			
=		ule A, line 7)	2	100 000			100 000
· · · · · · · · · · · · · · · · · · ·		2 from line 1c	3	188,068.			188,068
		ittach Schedule D)	4a				<u> </u>
		Part II, line 17) (attach Form 4797)	4b				
		rusts	4c 5				
- ' '		r an S corporation (attach statement)	6	-			
		come (Schedule E)	7				
_		ents from a controlled organization (Schedule F)	<u> </u>				· · · · · · · · · · · · · · · · · · ·
	-	1(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exemp	t activity ii	ncome (Schedule I)	10				
11 Advertising inco	me (Sched	fule J)	11				
12 Other income (See instruc	tions, attach schedule)	12				
		ough 12		188,068.			188,068.
		Taken Elsewhere (See instr be directly connected with t				xcept fo	or contributions,
14 Compensation	of officers,	directors, and trustees (Schedule K)		<u></u>	<u></u>	. 14	
15 Salaries and wa	ges			···· RECE	IVED	. 15	62,609
16 Repairs and ma	intenance			· · · · · - · · · · · · · · · · · · · · · · · · 	.ن ب	. 16	1 400
		· · · · · · · · · · · · · · · · · · ·			4:2020: S	· 17	1,482
		(see instructions)		101		18	
19 Taxes and licens 20 Charitable conti	ies	Coo (netrustions for limitation rules)			<u> </u>	19	 -
21 Depreciation (a	tach Form	Gee instructions for limitation rules) 4562)		···· OGDE	N ; U_3 , 747	. 20	
		on Schedule A and elsewhere on re				22b	3,747
		• • • • • • • • • • • • • • • • • • • •					†
		compensation plans					
25 Employee bene	fit programs	5					
		Schedule I)					
27 Excess readersh	np costs (S	chedule J)				. 27	
28 Other deduction	s (attach s	chedule)			. ATCH. 2	28	66,902
29 Total deduction	s. Add line	s 14 through 28,		,	(/ UL29_	134,740.
	iess taxab	le income before net operating					53,328.
						, .	
31 Deduction for n	et operatin	g loss arising in tax years beginning income. Subtract line 31 from line	ng on c	or after January 1, 2018 (see	instructions) .2:	$\begin{array}{c c} 31 \\ \hline 32 \end{array}$	53,328.

Part III	018)			Pag
00	Total Unrelated Business Taxable Income			
-	of unrelated business texable income computed from all unrelated trades or businesses (se			
Instru	tlons}	. 33		53,32
	its paid for disallowed fringes			
35 Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (se	θ		
instruc	tions)	. 35	:	53,32
6 Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sui	n		
	33 and 34	1 1		
37 Specif	c deduction (Generally \$1,000, but see line 37 instructions for exceptions) $\dots \dots \dots \dots$		·	1,00
	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36			
	he smaller of zero or line 36			
	Tax Computation	1 30 1		
		- 1 do 1		
	izations Taxable as Corporations. Multiply line 38 by 21% (0.21)			
	Taxable at Trust Rates. See instructions for tax computation, income tax o	1111		
	ount on line 38 from: Tex rate schedule or Schedule D (Form 1041)			
	tax. See instructions ,			
	ative minimum tax (trusts only)			
	Noncompliant Facility Income. See instructions			
44 Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	144		
Part V	· · · · · · · · · · · · · · · · · · ·			
45a Foreiç	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 458			
	credits (see instructions)			
	al business credit. Attach Form 3800 (see instructions)	\Box		
d Credit	for prior year minimum tax (attach Form 8801 or 8827)	711		
	redits. Add lines 45a through 45d	. 450		
	ct line 45e from line 44			
	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule			
		· -		 -
	ax. Add lines 46 and 47 (see instructions)			
49 2018	tet 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
50 a Paym	onts: A 2017 overpayment credited to 2018	1 1 1		
b 2018	stimated tax payments	<u> </u>		
	posited with Form 8868			
	n organizations: Tax paid or withheld at source (see instructions)	_		
	p withholding (see instructions)	_		
f Credit	for small employer health insurance premiums (attach Form 8941)	1		
g Other	credits, adjustments, and payments: Form 2439 500 ATCH 3 Form 4136 500 607. Total	711		
	Form 4136 X Other 607. Total ▶ 150g 60	7.		
51 Total	payments. Add lines 50s through 50g	. 51		8,00
	sted tax penalty (see instructions). Check if Form 2220 is attached.			
	ie. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed , ,			
53 Tax d				0 0
	syment if line 51 is larger than the total of lines AR A9, and 52, enter amount oversaid	3 54 I		יטיס
54 Overp		\$ 54		8,0
54 Overp 65 Enter	he amount of line 54 you want: Credited to 2019 estimated tax ▶ 8,007. Refunded	▶ 55		8,0
54 Overp 55 Enter Part VI	he amount of line 54 you want: Credited to 2019 estimated tax ▶ 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruc	▶ 55 lions)		
54 Overp 55 Enter Part VI 56 At ar	he amount of line 54 you want: Credited to 2019 estimated tax > 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature	ions)		Yes
54 Overp 55 Enter Part VI 56 At ar over	he amount of line 54 you want: Credited to 2019 estimated tax > 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ions) or other may have	ve to file	
54 Overp 55 Enter Part VI 56 At ar over	he amount of line 54 you want: Credited to 2019 estimated tax > 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature	ions) or other may have	ve to file	Yes
54 Overp 55 Enter Part VI 56 At ar	he amount of line 54 you want: Credited to 2019 estimated tax ▶ 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the same of	ions) or other may have	ve to file	Yes
54 Overp 65 Enter Part VI 56 At ar over FinCE here	he amount of line 54 you want: Credited to 2019 estimated tax ▶ 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the same of	ions) or other may have	ve to file n country	Yes
54 Overp 55 Enter VI 56 At ar over FinCE here 57 Durin	he amount of line 54 you want: Credited to 2019 estimated tax ▶ 8,007. Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization y Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of t	ions) or other may have	ve to file n country	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If "Yes	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of t the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f "see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year."	ions) or other may hav he foreign	ve to file n country st?	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If "Yes	Refunded Statements Regarding Certain Activities and Other Information (see instructivities) It is a during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial country of tax-exempt interest received or accrued during the tax year. Under penalties of perjury, I declare that I have exemined this return, including accompanying schedules and statements, and to	ions) or other may hav he foreign	ve to file n country st?	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If "Yes 58 Enter	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial formation of the forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. Sunder penalties of perfury, I declare that I have exemined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge.	ions) or other may have he foreign oreign trus	ve to file n country	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If Yes 58 Enter	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 catendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization by Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. Sundar penalties of perfury, I declare that I have exemined this return, including accompanying schedules and statements, and to the control of the control of the property of the statements.	or other may have the foreign trus	ve to file n country st? IRS discuss preparer sh	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If "Yes 58 Enter	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial formation of the forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. Sunder penalties of perfury, I declare that I have exemined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge.	or other may have the foreign trus	ve to file n country st? IRS discuss preparer sh	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin If Yes 58 Enter	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization y Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial security of the tax year, did the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. Sundar pensities of perjury, I declare that I have exemined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge. Signature of other. Date Title	or other may have the foreign trus May the with the (see instruct	ve to file in country str	Yes
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin if "Yes 58 Enter	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the see instructions for other forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year. Signature of other forms the oxemined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Date Date OC/19/20	or other may have the best of no May the with the (see instruct)	re to file on country st?	Yes and belief
54 Overp 55 Enter Part VI 56 At ar over FinCE here 57 Durin if "Yes 58 Enter Sign Here	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the property of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial security of the forms the organization may have to file. The amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perfury, I declare that I have exemined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than texpeyer) is based on all information of which preparer has any knowledge. When the print/Type preparer's name KATHLEEN MOSELEY Refunded Refunded **Refunded** **	or other may have the foreign trus May the with the (see instruct)	re to file in country st?	Yes and belief this recown best
54 Overp 65 Enter Part VI 56 At ar over FinCE here 57 Durin if Yes 58 Enter Sign Here	Refunded Statements Regarding Certain Activities and Other Information (see instruct y time during the 2018 calendar year, did the organization have an interest in or a signature a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a financial securities of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return, including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return. Including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return. Including accompanying schedules and statements, and to Under penalties of perfury. I declare that I have examined this return. Including CFO Signature of officer Date Title Print/Type preparer's name KATHLEEN MOSELEY Firm's name ERNST & YOUNG U.S. LLP	or other may have the foreign trus May the with the (see instruct theck left-employee trus)	re to file in country st? IRS discuss preparer sh tions)? X Ye PTIN PO01	this recown been 16760

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	990-T (2018)		<u> </u>	اما ج							Page 3		
	edule A - Cost of Go			old. Ente	r metho	a of inven					T_T		
1	Inventory at beginning of ye	· · ·	1				6			ar	6		
2	Purchases		2				7		•	ld. Subtract line			
3	Cost of labor	· · · · ·	3				[iter here and in			
4 a	Additional section 263A co	1					_				7		
	(attach schedule)		\neg				8			section 263A (w			
	Other costs (attach schedul	' ' F	\neg				ļ		•	or acquired for			
5	Total. Add lines 1 through		5	Dool Da		and Daws		to the org	anization?	Wat Deel Deeper	X		
	edule C - Rent Income ee instructions)	(Fro	mr	Keai Pro	pperty a	ina Perso	mai	Property	Leased v	vitn Keai Propei	rty)		
<u> </u>	escription of property		-	_	 .								
(1)			_		_								
(2)								_					
(3)													
(4)			_										
<u>., </u>		2.	Rer	nt receive	d or accru	ed							
(a) From personal property (if the p for personal property is more tha more than 50%)				percent	age of rent f	or per	sonal property sonal property ed on profit or	y exceeds		rectly connected with the income a) and 2(b) (attach schedule)		
(1)													
(2)							•						
(3)										_			
(4)													
Total				1	otal					(b) T - 4 - 1 d - d 4 -			
	otal income. Add totals of co and on page 1, Part I, line 6,									(b) Total deduction Enter here and on Part I, line 6, colun	page 1,		
	edule E - Unrelated De					ee instruct	ions)					
						2 Gross	inco	me from or	3. [nected with or allocable to		
	1. Description of debt	t-finance	ed pr	roperty	2 Gross income from or allocable to debt-financed property			debt-finance	(b) Other deductions				
		_				<u> </u>			(atta	ch schedule)	(attach schedule)		
(1)													
(2)													
(3)				_	_	 							
(4)	A Amount of average	- 5	Avan	age adjuste	d basis	 	_		<u> </u>				
	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		of c ebt-f	age adjuste or allocable financed pro tach schedu	to perty	4	Colu dıvıd colur	led		ncome reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)	` 				_		_	- %					
(2)						1		%					
(3)					_	<u> </u>	_	%					
(4)								%					
	_			_						e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Total	s		 استام					▶	L				

Form 990-T (2018)

Schedule F-Interest, Ann	uities, Royalties	s, and R	Rents Fro	om Contro	lled Or	ganizat	ions (see	e instruction	ons)	
		E	xempt Co	ontrolled Org	janizati	ons				
Name of controlled organization	2 Employer identification numb	iei		ated income instructions)	ı	of specified ents made	included	of column 4 to I in the contra tion's gross in	olling	6 Deductions directly connected with income in column 5
(1)				_		-		_		
(2)			_							
(3)										•
(4)							1			
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific payments made		includ	art of column led in the co zation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)					. <u></u>					
(4)			<u></u>							
Totals	ncome of a Sec	tion 50)1(c)(7),	(9), or (17		Part		mn (A)		er here and on page 1, t I, line 8, column (B) 5 Total deductions
1 Description of income	2 Amount of	ıncome		directly con (attach sch	nected	_ _		d-asides schedule)		and set-asides (col 3 plus col 4)
(1)			-+-							
(2)	ļ	_ 								
(3) (4)									\rightarrow	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co	olumn (A)			sing In		see instru	ictions)		Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with ctron of elated ss income	4 Net incomfrom unrelat or business 2 minus coll if a gain, cc cols 5 thro	ed trade (column umn 3) empute	from ac	ss income ctivity that unrelated ss income	6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>				 -		
(2)	-	···		 	-			 		
(3)								 		
(4)		<u> </u>		 				 - 		
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1	ere and on I, Part I, , col (B)					<u>. </u>		Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	ncome (see instr	uctions)		<u> </u>		_				
Part I Income From Per			Consol	idated Bas	is					
1. Name of periodical	2 Gross advertising income	3 (Direct	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	sing s) (col l 3) If npute		culation	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 			<u> </u>				<u> </u>	_	1
(2)	 			1				 	_	┥ !
(3)	 			┧				 	_	-}
(4)	-			, è				 		' '
Totals (carry to Part II, line (5))			,							<u> </u>
Totals (cally to Fait II, line (5))	<u></u>	-		<u> </u>						Form 990-T (2018)

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JSA

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14.

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			or or to a co. v	the space of the space of the space of	parter or person or .	
	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 - Compensatio		irectors, and Ti	ustees (see instr	uctions)		
1 Name		2.	Title	3 Percent of time devoted to business	4 Compensatio unrelated	
(1)				%		

Form 990-T (2018)

%

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No

Nam	e(s) shown on return		Busi	ness or activ		Identifying number			
CHR	ISTUS HEALTH SOUTHWESTERN LOUIS								72-0411322
Pa	rt I Election To Expense Ce								
	Note: If you have any liste	ed property, cor	nplete Part	V before	you comp	olete Part I			Web
1	Maximum amount (see instructions)						L	1	1,000,000
2	Total cost of section 179 property place							2	
3	Threshold cost of section 179 property							3	2,500,000
4 5	Reduction in limitation Subtract line 3 Dollar limitation for tax year Subtract line 4 from lin separately, see instructions	from line 2 If zero one 1 If zero or less, enter	or less, enter -I	D '				5	1,000,000
6	(a) Description of	nree ortiv			siness use onl				X-11 - 1 - 1
••••									
7	Listed property Enter the amount from								
8	Total elected cost of section 179 prope							8	_
9	Tentative deduction Enter the smaller of	of line 5 or line 8					[9	
10	Carryover of disallowed deduction from	n line 13 of your 20	17 Form 4562				[10	
11	Business income limitation. Enter the	smaller of business	income (not	less than	zero) or line	5 See instruct	ions [11	
12	Section 179 expense deduction Add In	nes 9 and 10, but o	ion't enter mo	ore than line	11		[12	
13	Carryover of disallowed deduction to 2	019 Add lines 9 ar	nd 10, less line	12	▶ 13				
Note	e: Don't use Part II or Part III below for I	sted property Inste	ad, use Part V						
Pa	rt II Special Depreciation All	owance and Ot	her Deprec	iation (D	on't include	listed proper	ty See	ınst	ructions)
14	Special depreciation allowance for	qualified property	(other that	n listed	property) pl	aced in servi	ce		
	during the tax year See instructions						1	14	
15								15	
16	Other depreciation (including ACRS)	<u>.</u> <u></u> .	<u></u>				[16	3,747
Pa	rt III MACRS Depreciation (Do	n't include listed	property S	ee instruc	tions)				
			Sec	tion A					
17	MACRS deductions for assets placed i	n service in tax yea	rs beginning b	efore 2018				17	
18	If you are electing to group any ass	sets placed in ser	vice during t	he tax yea	ar into one	or more gener	al		
	asset accounts, check here	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u> . >			
	Section B - Assets P						reciatio	n Sy	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
9	15-year property								
f	20-year property								
9	25-year property				25 yrs		S/L		
h	Residential rental			-	27 5 yrs	ММ	S/L		
	property				27 5 yrs	MM	S/L		
-1	Nonresidential real				39 yrs	MM	S/L		
	property					MM	S/L		
	Section C - Assets Pla	ced in Service D	uring 2018	Tax Year	Using the	Alternative De	preciat	ion	System
20a	Class life						S/L		
b	12-year				12 yrs		S/L		
C	30-year				30 yrs	ММ	S/L		
d	40-year				40 yrs	ММ	S/L		
Pa	rt IV Summary (See instruction	ns.)							
	Listed property Enter amount from line						Ta	21	
	Total. Add amounts from line 12, lir					and line 21 E	nter		
	here and on the appropriate lines of you							22	3,747
23	For assets shown above and placed				_				I
	portion of the basis attributable to sect								

Form 8827

Department of the Treasury

Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545-0123

2018

Name		Employer	identification number
CHR	ISTUS HEALTH SOUTHWESTERN LOUISIANA	72-041	1322
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
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
С	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

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

ATTACHMENT 2

FORM	990T	_	PART	ΙI	_	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.

Sam 1089-MISC Form 1089-MISC Copy B	PAYER'S name, street address, city or town, state or province, country, ZIP 17 Rents 4
Form 1089-MISC 4 Federal income tax withheld \$ 16 Medical and heath care payments arisation \$ 16 Medical and heath care payments Childends or interest 10 Crop insurance proceeds This interest 12 thate 14 Gross proceeds paid to an ettorney 15 thate 17 State/Payer's state no. \$ 5 Cepartment of the Treasury - Interna	
4 Federal income tax withheld 4 Federal income tax withheld 4 Federal income tax withheld 5	2 Royalties
ds 16 Medical income tax withheld \$	€9
ds 16 Medical and health care payments ### Substitute payments in lieu of This fine by the Crop insurance proceeds returned 12 taxx ##################################	3 Other income
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4	<i></i>
	15b Section 409A income 16 State tax withheld
	9
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	www.irs.gov/Form1099MISC

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 *						
			Amount				
Fiscal Year	Fiscal Year	Amount	Previously	Amount	Amount	Contribution	
Ended	Ended	Generated	Utilized	Utilized	Expired	Converted to NOL	Balance
6/30/2002	6/30/2022	151,537	(122,606)	(28,931)			_
6/30/2003	6/30/2023	83,552	(122,000)	(24,397)			59,155
6/30/2004	6/30/2024	41,324		(21,007)			41,324
6/30/2005	6/30/2025	148				ì	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				ť	49,853
6/30/2018	6/30/2038	40,457					40,457
Carryforward to 06/30		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

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