	т Е	xempt Organiza				Tax Ret	urn	ОМВ І	No 1545-0047
Form 990-		(and pro endar year 2019 or other tax y		nder sectio 107/01 , 201			, 20 <u>2 0</u>	2	019
Department of the Trea	asury	► Go to www.irs.gov/i	Form990T for	r instructions and	d the latest	information.	l.		
Internal Revenue Servi	e Do	o not enter SSN numbers on t	his form as it	may be made publi	c if your org	anization is a 50)1(c)(3)	Open to P 501(c)(3)	ublic Inspection for Organizations Only
A Check box address ch		Name of organization (Check box if i	name changed and s	ee instruction				cation number e instructions)
B Exempt under se	ction	CHRISTUS HEALT	H SOUTHW	VESTERN LOU	ISIANA	_			
X 501(C P	3 Print		suite no If a P	O box, see instructi	ons		72-0	411322	
408(e)	^{220(e)} Type								ss activity code
	530(a)	524 DR MICHAEL	DEBAKEY	? DRIVE			(See in	nstructions)	
529(a)		City or town, state or provin	ce, country, an	d ZIP or foreign posta	al code		٦		
C Book value of all a	assets	LAKE CHARLES,	LA 70601	L			62		
at end of year	F Gro	oup exemption number (See	e instructions)▶ 0928					
317,816,4	42. G Che	eck organization type	X 501(c)	corporation	501(c	c) trust	401(a)	trust	Other trust
1 Enter the num	ber of the orga	anization's unrelated trades	or businesses	s > 1	<u> </u>		ibe the only		
		FERENCE LAB			f only one.	complete Part	•	•	
		e end of the previous sente	ence comple			-			
	ess, then compl	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no i arto i aria ii, o	Jinpiete a e	TOTAL TOTAL	baon addition	141	
		corporation a subsidiary in	n an affiliated	d aroup or a paront	cubcidian	controlled grou		<u> </u>	Yes No
		I identifying number of the p			-	sontioned group	<i></i>		۱۳۰ رے ۱۳۰ ر
		IMBERLY PATNAUDE	Jarent Corpore	ation P AIC		ne number 🕨 🤄	318-561	-7172	
		or Business Income		(A) Inco		(B) Exp		1	(C) Net
				(A) IIIC	,ine	(6)	enses	+	(O) Net
	pts or sales	20.000		- 24	3,055				
	nd allowances				3,033				•
		dule A, line 7)			5 055			+	243,055
		2 from line 1c , , , ,			3,055.	 		+	243,033
		attach Schedule D)							
- ,	• •	, Part II, line 17) (attach Form 4			AE IV				
c Capital loss	s deduction for	trusts		<i>y</i>	CEIV	EU J			
		or an S corporation (attach statement		/ 					
6 Rent incom	ie (Schedule C)		1/6	12	IN 0 1 	101 101		 	
7 Unrelated	debt-financed in	ncome (Schedule E)	/			4021 8		 	
8 Interest, annu	ities, royalties, and re	ents from a controlled organization (S	Schedule F) 8						
9 Investment inc	ome of a section 50	01(c)(7), (9), or (17) organization (S	offedule G) 9		3DEN	101			
10 Exploited e	xempt activity i	ıncome (Schedule I)/.	10	<u>, L</u>					
11 Advertising	income (Sched	dule J)	<u>11</u>	1				<u> </u>	
12 Other incol	ne (See instruc	ctions, attach schedule)	12						
		rough 12			3,055.				243,055
		Taken Elsewhere (Se			ions on c	leductions)	(Deducti	ons mus	t be directly
conn	ected with the	he unrelated business	s income)						
							•		
14 Compensa		directors, and trustees (Sch	nedule K)				14	I	
14 Compensa			nedule K)				14		61,220
4 Compensar 5 Salaries an	d wages ,	/	nedule K)				14		61,220
4 Compensa5 Salaries an6 Repairs an	d wages , , , d d maintenance	/	nedule K)				14 15 16		
Compensar Salaries an Repairs an Bad debts.	d wages , , , d d maintenance		nedule K)				14 15 16 17		
Compensal Salaries an Repairs an Bad debts Interest (at	d wages d maintenance tach schedule)	(see instructions)	nedule K)				14 15 16 17		
CompensaSalaries anRepairs anBad debtsInterest (atTaxes and I	d wages d maintenance	(see instructions)	nedule K)				14 15 16 17 18		
Compensai Salaries an Repairs an Bad debts. Interest (at Taxes and Depreciation	d wages d maintenance tach schedule) licenses on (attach Form	(see instructions)	nedule K)		20		14 15 16 17 18 19	1	1,455
Compensar Salaries an Repairs an Bad debts. Interest (at Taxes and I Depreciation Less depre	d wages d maintenance	(see instructions)	nedule K)		20 21a	2,69	14 15 16 17 18 19	1	1,455
Compensal Salaries an Repairs an Bad debts. Interest (at Taxes and Depreciation Less depre Depletion.	d wages d maintenance	(see instructions)	nedule K)		20 21a	2,69	14 15 16 17 18 19 92 21b	1	1,455
Compensal Salaries an Repairs an Repairs an Repairs an Taxes and Depreciation Less depre Depletion Contribution	d wages d maintenance	(see instructions)	hedule K)		20 21a	2,69	14 15 16 17 18 19 92 21b 22 23	1	1,455
Compensal Salaries an Repairs an Bad debts, Interest (at Taxes and Depreciation Less depre Depletion Contribution Employee I	d wages d maintenance	(see instructions)	hedule K)hedule K)here on return		20	2,69	14 15 16 17 18 19 92 21b 22 23	1	1,455
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions). 1 4562). 1 on Schedule A and elsewhorch compensation plans Is	hedule K)hedule K)here on return		20 21a	2,6	14 15 16 17 18 19 92 21b 21b 22 23 24	1	1,455
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions). 1 4562). 1 on Schedule A and elsewhord compensation plans 1 s. 1 Schedule I).	hedule K)here on return		20 21a	2,69	14 15 16 17 18 19 21 21 22 23 24 25 26	1	2,692
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions). 1 4562). 1 on Schedule A and elsewhord compensation plans (Schedule I). Schedule J). schedule)	hedule K).		20 21a	2,69	14 15 16 17 18 19 21b 22b 22b 23 24 25 26 27	1	1,455 2,692 76,510
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions)	hedule K).		20 21a	2,69	14 15 16 17 18 19 21b 22 23 24 25 26 2 27	1	1,455 2,692 76,510 141,877
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions)	hedule K)here on return	s deduction Sul	20 21a	2,69	14 15 16 17 18 19 92 21b 22 23 24 25 26 27 28 213 29	1	1,455 2,692 76,510 141,877
Compensal Salaries an Repairs	d wages d maintenance	(see instructions)	hedule K)here on return	s deduction Sul	20 21a	2, 69	14 15 16 17 18 19 92 21b 22 23 24 25 26 2 27 28 31 30		76,510 141,877 101,178
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions)	hedule K)here on return	s deduction Sul	20 21a	2, 69	14 15 16 17 18 19 92 21b 22 23 24 25 26 2 27 28 31 30		76,510 141,877 101,178
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions)	hedule K)here on return	s deduction Sul	20 21a	2, 69	14 15 16 17 18 19 92 21b 22 23 24 25 26 2 27 28 31 30		76,510 141,877 101,178
Compensal Salaries an Repairs an	d wages d maintenance	(see instructions)	hedule K)here on return	s deduction Sul	20 21a	2, 69	14 15 16 17 18 19 92 21b 22 23 24 25 26 2 27 28 31 30		76,510 141,877 101,178

Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perfury, I deplace 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 applicate Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge Sign the IRS discuss this return Here (2) with the preparer shown below (see instructions)?X Yes Signature of officer Print/Type preparer's name Preparers signature Date PTIN Check Paid PATRICK 04/30/21 P01508556 SHIELDS self-employed Preparer Firm's EIN ► 34-6565596 ► ERNST & YOUNG U.S. LLP Firm's name Use Only Phone no 602-322-3000 Firm's address ▶ 101 E. WASHINGTON ST, STE 910, AZ 85004 PHOENIX, Form 990-T (2019) **PAGE 118**

Form 990-T (2019)					Page 3	
Schedule A - Cost of Goods Sold. E	nter method	of inventory valuation				
1 Inventory at beginning of year . 1	<u> </u>	6 Inventory	at end of year	6		
2 Purchases 2		7 Cost of	goods so	ld Subtract line	1	
3 Cost of labor		6 from I	ne 5 Enter	here and in Part		
4 a Additional section 263A costs		I, line 2 .			_7	
(attach schedule) 4a		8 Do the	rules of	section 263A (v	vith respect to Yes No	
b Other costs (attach schedule) . 4b		property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through 4b . 5		to the org	anization?	<u></u>	X	
Schedule C - Rent Income (From Real	Property a	nd Personal Property	Leased V	Vith Real Prope	rty)	
(see instructions)						
Description of property						
(1)						
(2)						
(3)						
(4)						
2. Rent rece	eived or accrue	ed]		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	or real and personal property age of rent for personal propert if the rent is based on profit or	or personal property exceeds in columns 2(a) and 2(b) (attach sched				
(1)						
(2)						
(3)						
(4)						
Total	Total					
(c) Total income Add totals of columns 2(a) and 2	(b) Enter			(b) Total deduction Enter here and or		
here and on page 1, Part I, line 6, column (A)				Part I, line 6, colu		
Schedule E - Unrelated Debt-Financed		e instructions)	-			
		2 Gross income from or	3 (nnected with or allocable to	
1 Description of debt-financed property		allocable to debt-financed	(a) Straigh		ced property (b) Other deductions	
		property	(a) Straight line depreciation (attach schedule)		(attach schedule)	
(1)						
(2)						
(3)						
(4)						
4 Amount of average 5 Average adj		6 Column			8 Allocable deductions	
acquisition debt on or of or alloc allocable to debt-financed debt-financed		4 divided		income reportable n 2 x column 6)	(column 6 x total of columns	
property (attach schedule) (attach sch		by column 5	(columi	n 2 x column 6)	3(a) and 3(b))	
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter her Part I, lin	e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		_				

Form 990-T (2019)

Schedule F - Interest, Ann			pt Controlled O			(0.0		,	
1 Name of controlled organization	2 Employer identification number	er	et unrelated income s) (see instructions)		of specifients made	ied included	of column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)								-	
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations					* *			
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of speci payments mad		incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)									
(2)									
(3)									
(4)	_								
Totals				⊳ 7) Orga	Ent Pai	er here and on it I, line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)
1 Description of income	2 Amount of	ıncome	3 Deductions			4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)	Enter here and o								
Totals ► Schedule I – Exploited Exe	Part I, line 9, co		er Than Adver	tising Ir	come	(see instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected v production unrelated business inc	with or business 2 minus co	ted tradé (column blumn 3) compute	5 Grees income		able to	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 an page 1, Par line 10, col	t I,		<u> </u>				Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J – Advertising In Part I Income From Peri			nsolidated Ba	eie	-				
moonie i foni f en	Valouis Nepolit	<u>-u 011 a 00</u>	insuluateu Da	J13			1		
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	1 2	ss) (col col 3) If ompute	1	Circulation ncome	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_				
(2)									
(3)									
(4)									
							1		-
Totals (carry to Part II, line (5))									Form 990-T (2019

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 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	rustees (see instr	uctions)		
1. Name		2 Title		3 Percent of time devoted to	4. Compensation	

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

Form 990-T (2019)

Form 4562

Department of the Treasury

Internal Revenue Service

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

2019

Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number 72-0411322 CHRISTUS HEALTH SOUTHWESTERN LOUISIANA **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 1,020,000 2 Total cost of section 179 property placed in service (see instructions)...... 2 2,550,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dottar limitation for tax year Subtract line 4 from line 1 ff zero or less, enter -0- if marned filing separately, see instructions 1,020,000 6 (a) Description of property Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 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... Carryover of disallowed deduction to 2020 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 || Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 15 Other depreciation (including ACRS) 2,692 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period service only - see instructions) 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 S/L 25 yrs S/L 27 5 yrs ММ h Residential rental property 27 5 yrs ММ S/L 39 yrs мм S/L i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs c 30-year мм S/L 30 yrs мм S/L d 40-year 40 yrs Part IV Summary (See instructions. 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 2,692 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 8827

(Rev May 2020)
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

2019

Name	Employ	er identification number
CHRISTUS HEALTH SOUTHWESTERN LOUISIANA	72-04	11322
1 Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827	1	17,952.00
2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions) 2	0.00
3 Enter the refundable minimum tax credit (see instructions)	3	17,952.00
4 Add lines 2 and 3		17,952.00
5a Enter the smaller of line 1 or line 4 If the corporation had a post-1986 ownership change or ha		
pre-acquisition excess credits, see instructions	5a	17,952.00
b Current year minimum tax credit. Enter the smaller of line 1 or line 2 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	s	
ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line	,	
3, go to line 5c Otherwise, skip line 5c	5b	0.00
c Subtract line 5b from line 5a. 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)	1 1	17,952.00
6 Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry		
forward and use in future years	' t l	0.00

ATTACHMENT	2

FORM 990T -	PART	II -	- LINE	27 -	TOTAL	OTHER	DEDUCTIONS
-------------	------	------	--------	------	-------	-------	------------

A&G ALLOCATION LICENSES & FEES		52,417. 13,331.
SUPPLIES OVERHEAD ALLOCATION	4	4,909. 5,625.
OTHER MISCELLANEOUS EXPENSES PURCHASED SERVICES		155. 73.

PART II - LINE 27 - OTHER DEDUCTIONS 76,510.

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551