Forn	990-T	Ex	empt Organization (and proxy ta	Bù:	siness Inco	me 1	Γax Retu)) \90(rn	OMB No 1545-0687
	•	For cale	ndar year 2018 or other tax year begi					19	୬ଲ1⊈
Depa	rtment of the Treasury		►Go to www.irs.gov/Form990						
	al Revenue Service	▶Do	not enter SSN numbers on this form					c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed				ame changed and see in	_		D Empl	oyer identification number oyees' trust, see instructions)
_	empt under section		CHRISTUS SANTA ROSA	HEA	ALTH CARE COL	RPORAI	rion		
X	501(C)(23-)	Print	Number, street, and room or suite no	lf a P C	box, see instructions			74-1	109665
	408(e) 220(e)	Туре							lated business activity code
<u> </u>	408A530(a)		333 N SANTA ROSA ST					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
	529(a)	-	City or town, state or province, count	•	ZIP or foreign postal co	de		6015	0.0
	ok value of all assets end of year	E Gro	SAN ANTONIO, TX 782 up exemption number (See instruc		▶ 0928			6215	
6	06,609,494.		ck organization type X 50			501(c)	truet	401(a)	trust Other trust
			nization's unrelated trades or busine			1 30 1(0)			(or first) unrelated
	ade or business her	_				nly one. o		•	e than one, describe the
			end of the previous sentence, co	mplete		•	•		•
	ade or business, the				·				
1 D	uring the tax year,	was the	corporation a subsidiary in an affi	lated g	roup or a parent-sub	sidiary co	ontrolled group?	رمه ی	X Yes No
			dentifying number of the parent co	rporati			HKI ,46	- 020	10851
			EPHANIE PARKER				number ▶ 21		T
			861,544.	1	(A) Income		(B) Expen	ses	(C) Net
	Gross receipts or s				861,	544			
р 2	Cost of goods sol		c Balance ▶ ule A, line 7)	1c 2		721.			
3	-		2 from line 1c	3	391,				391,823.
4a			ttach Schedule D)	4a	032,	020.	——————————————————————————————————————		3317023.
b			Part II, line 17) (attach Form 4797)	4b					
c			rusts	4c			·· <u> </u>		
5			an S corporation (attach statement)	5					
6				6					
7			come (Schedule E)	7					
8	Interest, annuities, roya	ilties, and rer	nts from a controlled organization (Schedule F	8			<u>.</u> .		
9			(c)(7) (9), or (17) organization (Schedule G)	9	-				
10			come (Schedule I)	10					
11			ule J)	11					
12			nons, attach schedule)	12	201	022			201 002
13 Por	Total. Combine lin	nes 3 thro	ough 12	13	no for limitation	023.	advetiene \ /F	-vaant f	391,823.
rai			be directly connected with t					xcepti	or contributions,
14							<u>це)</u>	. 14	
15	Salaries and wage	s S	directors, and trustees (Schedule K	• • • •		<u> رو.</u>		. 15	
16	Repairs and maint	tenance .		35	. 655 .0. 4 .000	ი] წ	<u> </u>	16	
17	Bad debts			9	SEP 0 4 202	v : 19	6]		
18	Interest (attach so	chedule) (:	see instructions)	!-		 !		. 18	
19	Taxes and licenses	s			OGDEN, L	J.T	1	. 19	
20	Charitable contrib	utions (S	ee instructions for limitation rules) ^l		 A	\Box	₹	1	39,136.
21			4562)				_		.]
22			on Schedule A and elsewhere on re					22b	
23									
24			ompensation plans						-
25 26			chodulo I)						
26 27			chedule I)						
28	Other deductions	(attach so	chedule J)			• • • •		. 27	
29	Total deductions	Add lines	s 14 through 28			• • • •		0 $\frac{28}{29}$	39,136.
30			e income before net operating				4	· 1 -	352,687.
31			loss arising in tax years beginning						1
32	Unrelated busines	s taxable	income Subtract line 31 from line					$\sqrt{\frac{3}{32}}$	352,687.
For P	aperwork Reducti	on Act No	otice, see instructions	-		<u>-</u>		7. 1	Farm 990-T (2018)
8X274	189263P 1 77	9		V 1	8-7.6F	CI	HRISTUS		PAGE 129

	990-T (2			Page 2
Pa	rt III	Total Unrelated Business Taxable Income		
33		of unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstruc	tions)	33	353,221.
34	Amour	nts paid for disallowed fringes	34	
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see		
		tions),	35	
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines	s 33 and 34	36	353,221.
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrela	ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36	1	
	enter t	he smaller of zero or line 36	38	352,221.
Pai		Tax Computation	7	******
39		izations Taxable as Corporations. Multiply line 38 by 21% (0 21)	10	73,966.
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on	1 —	
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	املا	
44			+ +	
41 42	-		41	· · · · · · · · · · · · · · · · · · ·
43		tive minimum tax (trusts only).		
44	Total A	Noncompliant Facility Income. See instructions	43	73,966.
	t V	Tax and Payments	44	73, 900.
			 	
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)		
		credits (see instructions)	1	
		Il business credit. Attach Form 3800 (see instructions)		
		for prior year minimum tax (attach Form 8801 or 8827)		
		, <u> </u>	45e	72.066
46			46	73,966.
47	Other ta		47	
48			48	73,966.
49			49	
50 a	Payme	nts A 2017 overpayment credited to 2018	1 1	
			1	
		posited with Form 8868	1 1	
		organizations: Tax paid or withheld at source (see instructions) 50d		
e	Backup	withholding (see instructions)	1	
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f	1	
g		redits, adjustments, and payments Form 2439 510 ATCH 3	1 1	
		orm 4136 X Other 2,656. Total ▶ 50g 2,656.	1	
51	Total p	ayments. Add lines 50a through 50g	51	102,656.
52	Estimat	red tax penalty (see instructions). Check if Form 2220 is attached	32	669.
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	28,021.
<u>35.</u>	Enter the	e amount of line 54 you want Credited to 2019 estimated tax ▶28, 021. Refunded ▶		
Par	t 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 or	other authorii	y Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file	e
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and Financial Accounts If "Yes," enter the name of the foreign same and the foreign s	oreign countr	у
	here 🕨			_
57	During 1	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreigi	n trust?	X
		see instructions for other forms the organization may have to file.		
58		ne amount of tax-exempt interest received or accrued during the tax year > \$		
		nder penalties of perjury, I declare that I have examined this return, Including accompanying schedules and statements, and to the best	t of my knowled	ge and belief, it is
Sign	1 L m	ie, correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge	the IDC	mo the estimate
Hen				iss this return shown below
			nstructions)?X	Yes No
	-	Print/Type preparer's name Preparer's signature Date 06/12/2020		
Paid		JANICE K MARTIN		0900299
Prep			IN ► 34-65	
Use	Uniy		317-681	
JSA		, in the second of the second		990-T (2018)
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CHRISTUS

Form **990-T** (2018)

Total dividends-received deductions included in column 8

CHRISTUS

Schedule F-Interest, Ann	<u> </u>			ontrolled Or				ee manden	01107	
Name of controlled organization	2 Employer identification numl	nei I		lated income instructions)	4 Total	of spec	fied includ	t of column 4 t ed in the conti ation's gross ii	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)					<u> </u>					
(4)										<u> </u>
Nonexempt Controlled Organi		···-				1 46	D = 1 - 1 - 1	0.00		4.0.4.4.4.4.4.
7 Taxable Income	8 Net unrelated (loss) (see instruc			Total of specific payments made		inc	Part of colur luded in the anization's gr	controlling		Deductions directly nnected with income in column 10
(1)										
(2)					-					
(3)										
(4)							dd columns !		ļ	dd columns 6 and 11
Totals	ncome of a Sec			(9), or (17		Pa	ter here and cont I, line 8, co	lumn (A)		ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	f income		3 Deduction directly cortain (attach sch	nnected			Set-asides ch schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	-									
(2)			_							
(3) (4)			-							
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	her Th	nan Adverti	ising Ir	ncome	e (see inst	ructions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exper direct connecte producti unrelat business ii	nses ly d with on of led	4 Net inconfrom unrelated or business 2 minus coll f a gain, coll 5 three	ne (loss) led trade (column umn 3) ompute	5 G from	ross income activity that ot unrelated ness income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						<u></u>				
(2)										
(3)										
(4)						-				
Totals ▶	Enter here and on page 1, Part I, r line 10, col (A)	Enter here page 1, F line 10, co	art i,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In			·I	ideted Ber	.:_					
Part I Income From Per	cuicais Report	eu on a C	UHSOL	iualeu Dăș	-			<u> </u>	-	
1 Name of periodical	2. Gross advertising income	3 Dire advertising		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute		Circulation income	6 Readi cost	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										1
(2)]]
(3)								1		7 :
(4)										
Fotals (carry to Part II, line (5))										
				•						Form 990-T (2018)

JSA

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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 - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		· <u></u>
				3 Percent of		

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 4		%	
(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

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$

► 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

Employer identification number

74-1109665

CHRISTUS SANTA ROSA HEALTH CARE CORPORATION

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business > OTI, & GAS_ROYALTIES

	Describe the unrelated trade or business ► O1L & GAS R	OYAL	TIES		
Pa	tt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 328.				
ь	Less returns and allowances C Balance	1c	328.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	328.	•	328.
4a	Capital gain net income (attach Schedule D)	4a	,		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	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	328.		328.

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		
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	l	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		,
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28.		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	328.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		·
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30		328.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► 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)

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

Name of organization

Employer identification number

74-1109665

CHRISTUS SANTA ROSA HEALTH CARE CORPORATION

Unrelated business activity code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ CAFETERIA CATERING

Pai	Unrelated Trade or Business Incom	те		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 4,461.						
b	Less returns and allowances	c Balance ▶	1c	4,461.			
2	Cost of goods sold (Schedule A, line 7)	ATCH 5	2	2,473.			
3	Gross profit Subtract line 2 from line 1c		3	1,988.			1,988.
4a	Capital gain net income (attach Schedule D)		4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Fo	rm 4797)	4b				
С	Capital loss deduction for trusts		4c			-	
5	Income (loss) from a partnership or an S corporat	tion (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 con	trolled			<u></u>		
	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	1,988.			1,988.
14 15	deductions must be directly connected Compensation of officers, directors, and trustees (Schedule K)					1,442.
	Salaries and wages					15	1,442.
16 17	Repairs and maintenance					16_	
	Bad debts					17	
18 19	Interest (attach schedule) (see instructions)					18	340.
20	Taxes and licenses		• • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	19	340.
21					• • • • • • • • •	20	
22	Depreciation (attach Form 4562)						
23						22b	
24	Depletion		• • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	23	
25	Contributions to deferred compensation plans		• • • •	• • • • • • • • • • • • •	• • • • • • • • • •	24	
26	Employee benefit programs					25	<u> </u>
27	Excess exempt expenses (Schedule I)					26	
28	Excess readership costs (Schedule J)					27	
29	Other deductions (attach schedule)					28	1,782.
30	Unrelated business taxable income before net					30	206.
31	Deduction for net operating loss arising in					-30	
	and the second s	an yours	Jegan	mig on or area salidar	, i, 2010 (SEE		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

CHR'TSTUS	CANIMA	DOOM	UDATOU	0700	000	DOD:	7 m T A	
HRISTUS	SANTA	RUSA	HEALTH	CARE	COR	PORA	A 1. I C IV	V

74-1109665

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

ATTACHMENT	2		

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	391,823. 0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 39,182.
CHARITABLE CONTRIBUTION	39,136.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	39,136.

CHRISTUS SANTA ROSA HEALTH CARE CORPORATION

74-1109665 ATTACHMENT 3

FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

TOTAL LINE 50G - OTHER CREDITS AND PAYMENTS 2,656.

74-1109665 ATTACHMENT 4

CAFETERIA CATERING

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

	INVENTORY AT BEGINNING OF YEAR PURCHASES	
	OTHER COSTS	
5	TOTAL. ADD LINES 1 THROUGH 4B 2,473.	
6 7	INVENTORY AT END OF YEAR	0.470
	(SUBTRACT LINE 6 FROM LINE 5)	2,473.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES NO