2018

D Employer identification number

(Employees' trust, see instructions)

Form **990-T**

Department of the Treasury Internal Revenue Service

Check box if address changed

20 Barching Ogdon	אי אישראי אים יו
VOV	5

X sout () 3) Print Number street and room or suite no. 1			_		⊣	2206016					
00 100	тарок	oox, see instructions			<u> </u>	75-2796815 E Unrelated business activity code					
408(e) 220(e) Type	TUD					instructions)	ess activity code				
408A530(a) 2600 ST. MICHAEL DR		S			4						
City or town, state or province, country	y, and ∠⊪	or foreign postal co	oae		1446	110					
C Book value of all assets at end of year		0020			446110						
F Group exemption number (See instruction 1200 and 1200 a											
389,050,138. G Check organization type ► X 501			501(c) trust		i) trust	Other trust				
H Enter the number of the organization's unrelated trades or busines	sses 🕨					ly (or first) ι					
trade or business here ► <u>ATCH_1</u>				complete Part			, describe the				
first in the blank space at the end of the previous sentence, cor	mplete F	Parts I and II, com	plete a S	chedule M for	each addıtı	onal					
trade or business, then complete Parts III-V											
I During the tax year, was the corporation a subsidiary in an affili					777		Yes No				
If "Yes," enter the name and identifying number of the parent cor	rporation	► ATCH	<u> 2</u> (L	nri	160	5905	<u> 51</u>				
J The books are in care of ►M. GLEN BOLES				e number 🕨 🤄	903-614	1-2007					
Part I Unrelated Trade or Business Income	\leftarrow	(A) Incom	e	(B) Exp	enses		(C) Net				
1a Gross receipts or sales 3, 184, 619.	1 1						}				
b Less returns and allowances c Balance	1c	3,184,		#1 to 1 1 2	IF 1		15 T (11 F)				
2 Cost of goods sold (Schedule A, line 7)	2	2,565,		. + 25	"	<u>, , , , , , , , , , , , , , , , , , , </u>					
3 Gross profit Subtract line 2 from line 1c	3	618,	672.				618,672.				
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			KE(CEIVE						
5 Income (loss) from a partnership or an S corporation (attach statement)	5			m							
6 Rent income (Schedule C)	6			SI Alig	0 3 20	28 (-)					
7 Unrelated debt-financed income (Schedule E)	7			D	0 0 20	()					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		Ī			≅	+				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			OGL	EN. (JT T					
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	618,	672.				618,672.				
Part II Deductions Not Taken Elsewhere (See Instr	uction	s for limitation	ns on c	leductions)	(Except	for contr	butions.				
deductions must be directly connected with the					\		,				
14 Compensation of officers, directors, and trustees (Schedule K)		·····		************	14	ı					
15 Salaries and wages , , , , , , , , , , , , , , , , , , ,					—		659,839.				
16 Repairs and maintenance											
17 Bad debts					17						
18 Interest (attach schedule) (see instructions)			-		· · · 		12,377.				
19 Taxes and licenses							5,858.				
20 Charitable contributions (See instructions for limitation rules)											
21 Depreciation (attach Form 4562)					15.	<u></u>					
22 Less depreciation claimed on Schedule A and elsewhere on re							545.				
23 Depletion		· -									
24 Contributions to deferred compensation plans							·				
						_	40,167.				
25 Employee benefit programs 26 Excess exempt expenses (Schedule I).							10,10,.				
							144,949.				
28 Other deductions (attach schedule)							863,735.				
Total deductions. Add lines 14 through 28							-245,063. ~				
30 Unrelated business taxable income before net operating							-243,003.				
Deduction for net operating loss arising in tax years beginnin							245 063				
32 Unrelated business taxable income Subtract line 31 from line For Paperwork Reduction Act Notice, see instructions.	30	<u> </u>		<u> </u>	32		-245,063.				
882740 188666P SA779	77 10	7 65		CIID T CMIIC		Fo	m 990-T (2018)				
98000F 1/1A	A 18	-7.6F	(CHRISTUS			PAGE 125				

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

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

Name of organization (Check box if name changed and see instructions)

	990-T (2018)			Page
Pai	t III Total Unrelated Business Taxable Income	·		
33 -	- Total - of - unrelated business taxable income computed from all unrelated trades or businesses - (see -	-		
	instructions)	33	2	211,746
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1]		
	instructions)	35	2	211,746
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
Pai	t 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 Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			
Par		44		
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	F		
		1 1		
	Other credits (see instructions)	1 1		
	General business credit. Attach Form 3800 (see instructions)	}		
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	 		
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		
50 a				
p	2018 estimated tax payments			
С				
đ				
8	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
9	Other credits, adjustments, and payments Form 2439 ATCH 5			
51	Total payments. Add lines 50a through 50g	51		59,263.
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	<u>()</u>	59,263.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶19,263. Refunded ▶			40,000.
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	s)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	uthority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
	here >	_	· [X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	nn toist?		х
	If "Yes," see instructions for other forms the organization may have to file	gir dust		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			İ
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi	est of my	knowledge a	nd belief, it is
Sigr	true, correct, and complete Declaration of preparer (other than taxagver) is based on all information of which preparer has any knowledge.			
Her	A PM GIEN POIES WILL DESTRUCTION MAI			this return
• • •			reparer sho	
	PrmVType preparer's name Preparer's signature Date	TT	PTIN	3 No
Paid	TANTOR & MARTIN Check			
_	arer - Finance C Volume II C 117	nployed	P0090	
- ·	Only Firm's name Firm's & TOUNG U.S. LLP Firm's		34-6565	
	Firm's address ▶ 111 MONUMENT CIR, #4000, INDIANAPOLIS, IN 46204 Phone	no 317	-681-7	
JSA			Form 99	0-T (2018)

8X2741 1 000 88666P 1779

Form 990-T (2018)					<u>-</u>				Page 3	
Schedule A - Cost of Go		ter method	d of inven							
1 Inventory at beginning of ye	· -		2.45			ar	6_			
2 Purchases		2,565	,947.	7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3					iter here and in				
4a Additional section 263A cos				Part I, line	≥2		_7_	2,5	565,947.	
(attach schedule)				-		section 263A (w			Yes No	
b Other costs (attach schedule						or acquired for			$\left \right = $	
5 Total. Add lines 1 through			,947.		janization?	<u></u>		· · · · · ·	X	
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	onal Property	/ Leased V	Vith Real Proper	ty)			
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)	<u></u>							_		
(4)						, . 				
	2. Rent recei	ved or accrue	ed	<u></u>						
(a) From personal property (if the p for personal property is more than more than 50%)		percenta	ige of rent f	d personal property for personal property is based on profit o	y exceeds	3(a) Deductions directly connected with the incor in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co here and on page 1, Part I, line 6,						(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De			e instruc	tions)			<u> </u>			
		,		s income from or	3 0	Deductions directly con			ole to	
1 Description of debt	-financed property			to debt-financed	(a) Straigh	debt-finance	(b) Other deductions			
				property		ch schedule)		(attach sched		
(1)										
(2)	-									
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or alloca debt-financed (attach sche	ble to property	4	Column 4 divided column 5		income reportable n 2 x column 6)	-	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%				_		
(3)	<u> </u>			%						
(4)				%						
Totals					Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter Part	here and o	n page 1, umn (B)	
Total dividends-received deduction						<u></u> ▶				

Form 990-T (2018)

Schedule F-Interest, Annu	<u></u>			ntrolled Org					5.1.57	
1 Name of controlled organization	2 Employer identification numb	,ei	Net unreli loss) (see ii	ated income		of specifients made	ed included	of column 4 t in the contr tion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organiz						10 1	Part of column	O that is	1 11	1 Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of specified payments made			uded in the co	ontrolling		nected with income in column 10
(1)									ļ <u>.</u>	
(2)									<u> </u>	
(3)	_								ļ	
(4)						٨٨	d columns 5	and 10		dd columns 6 and 11
Totals	come of a Sec	ction 50	1(c)(7),	(9), or (17	<u> </u>			tructions)	Pa	rt I, line 8, column (B) 5. Total deductions
1 Description of income	2. Amount of	2. Amount of income			nected edule)			et-asides schedule)		and set-asides (col 3 plus col 4)
(1)						\rightarrow				
(2)									-+	
(3) (4)		 -	_	 -		-+				
Totals ▶ Schedule I – Exploited Exe	on page 1, olumn (A) come, C					(see instru	Enter here and on page 1 Part I, line 9, column (B)			
1 Description of exploited activity	2 Gross direct connects business income from trade or business income from trade or business income trade or business in		Expenses directly nected with duction of intrelated interest income 4 Net incom from unrelate or business 2 minus columnated if a gain, colored to color 5 thromatical interest income.		ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated		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 her page 1, line 10,	Part I,		-	•		<u>'</u>		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J-Advertising In				<u>. </u>						
Part I Income From Peri	odicals Report	ed on a	Consoli	dated Bas	is					
1 Name of periodical	2 Gross advertising income	3. Da advertisii	4 Advert gain or (los gain costs a gain, cor cols 5 thro		s) (col II 3) If npute		irculation ncome	6 Read	•	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))							·			
· · · · · · · · · · · · · · · · · · ·										Form 990-T (2018

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)		
				0.0		

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
)		%	
)		%	
)		%	
)		%	
otal 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 07/01, 2018, and ending 06/30, 20

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

Name of organization
CHRISTUS HEALTH ARK-LA-TEX

Employer identification number 75-2796815

Unrelated business activity code (see instructions) ► 621500

Describe the unrelated trade or business CHRISTUS ST MICHAEL REFERENCE LAB.

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,486,337.				
b	Less returns and allowances 1,193,725. c Balance ▶	1c	292,612.		
2	Cost of goods sold (Schedule A, line 7) ATCH. 6.	2	24,298.		
3	Gross profit Subtract line 2 from line 1c	3	268,314.		268,314.
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		i	
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	268,314.		268,314.

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	49,001.
16	Repairs and maintenance		
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	653.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		2,790.
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	4,124.
29	Total deductions Add lines 14 through 28	29	56,568.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	211,746.
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		211,746.
<u> </u>	Unrelated business taxable income Subtract line 31 from line 30	32	211,746

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

JSA

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 07/01, 2018, and ending 06/30, 20 19

75-2796815

Employer identification number

Name of organization

► Go to www.irs.gov/Form9907 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

CHRISTUS HEALTH ARK-LA-TEX

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ ATLANTA AND AMH HEALTH AND FITNESS CENTERS.

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 667, 703.				
b	Less returns and allowances C Balance	1c	667,703.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	_3	667,703.		667,703
4a	Capital gain net income (attach Schedule D)	4a			
ь	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	667,703.		667,703.

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	632,592.
16	Repairs and maintenance		
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)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	35,816.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	254,541.
29	Total deductions Add lines 14 through 28	29	922,949.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-255,246.
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	-255,246.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

PAGE 131

Form 4562

Department of the Treasury

Internal Revenue Service Name(s) shown on return

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 179

CHRISTUS HEALTH ARK-LA-TEX

Identifying number

75-2796815 Business or activity to which this form relates GENERAL DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 1,000,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions). 2 2,500,000 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 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions 1,000,000. 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29......... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 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 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 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.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 1,198 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2018 17 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 (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property placed in (business/investment use only - see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs S/L ММ 27 5 yrs S/L h Residential rental property 27 5 yrs MM S/L 39 yrs ММ S/L Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L ММ c 30-year 30 yrs S/L ММ d 40-year 40 yrs S/L Part IV Summary (See instructions) Listed property Enter amount from line 28 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.

CHRISTUS

1,198.

Pa	art V				(Include			certai	n oth	er ve	hicles	, certa	in air	craft,	and	proper	ty us	ed fo
					creation, o cle for wh			n the s	tandaro	l milea	ne rat	e or dea	luctina	loaco é	avnanse	comr	olete or	nhv 24a
		24b, co	lumn	s (a) the	ough (c) of	Section A	all of	Section	B, and	Section	Cıfa	pplicable	lucing	icase (expense	s, comp	nete Oi	II y 270
		Section	n A -	Depred	iation and	Other Info	rmatio	on (Caut	ion: Se	e the in	structi	ons for l	mits foi	r passe	nger au	tomobil	es)	
24	a Do yo	u have ev	ıdenc	e to sup	port the bus	iness/investr	nent use	e claımed	2 Y	es X	No	24b lf "\	es," is	the evide	nce writt	en?	Yes	X No
		(a)			(b)	(c)		(d)		(e)		(f)	((g)] (h)	((ı)
		property (li: icles first)	st		e placed service	Business/ investment u percentage		t or other b		sis for depr isiness/inve use only	estment	Recovery period		thod/ /cntion		eciation uction	1	section 179 ost
25					vance for													
					e than 50%				se See	instruct	ions	<u></u>	<u></u>	. 25			<u> </u>	
26	Prope	erty used	mor	e than t	50% in a qu	ualified busi	1	se				-					,	
_							%								<u> </u>		<u> </u>	
_							%					<u> </u>			 		ļ	
27	Brone	arty used	50%	or loca	s ın a qualıfı	ed busines							<u> </u>				<u> </u>	
	Flopi	erty used	30 /	OI IES	s iii a quaiiii	C Dusines	% USE						S/L -					
							%		_				S/L -		 		1	
				_			%					· ·	S/L -		 		1	
28	Add a	amounts	ın co	lumn (h), lines 25	through 27		here a	nd on lu	ne 21. p	age 1	<u></u>	ــــــــــــــــــــــــــــــــــــــ	28	 		1	
					, line 26 E											. 29	1	
					·			Inform								· 1		
					es used by												rovided	vehicles
to y	our emi	ployees, fu	rst ans	swer the	questions in	Section C t	o see if	you mee	t an exce	eption to	compl	eting this	section	for those	vehicle	s		
								(a)		b)	\ \/-	(c)		d)		e)		f) icle 6
30	0 Total business/investment mil				Vei	hicle 1	Ven	Vehicle 2		Vehicle 3		Vehicle 4		icle 5	Ven	.cie 6		
	the year (don't include commuting miles)									ļ		_		<u> </u>				
			-		ven during		<u> </u>								<u> </u>	_	+	
32	Total	other	•		(nonco	.												
												··	-		 	+-		
33					ng the ye		ŀ								ļ			
3.4			-		able for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34						•	100	1	1.55		1.00	 	100		1.00		1.00	
35		_	-		rımarıly by					<u> </u>				<u> </u>				
					person?		}							1				
36	ls ar	nother v	vehicl	e ava	lable for	personal												
	use?.	<u></u>				<u> </u>												
					- Questic		ploye	ers Who	Provi	de Vel	nicles	for Use	by Th	eir Em	ploye	es		
					termine if d persons			eption	to com	pleting	Section	on B for	vehicle	s used	by em	oloyees	who a	ren't
37					n policy s												Yes	No
38	your e	empioyee	tain :		 en policy s		hat n	robibite	nerson	 al use	of ve	 hicles e	 vcent o	· · · ·	ting by	 . vour		
-	-				ictions for v				•				•			-	}	ĺ
39	Do yo	ou treat a	il use	of veh	icles by em	ployees as	persor	nal use?		. . , .	,							
40	Do y	ou provi	de m	ore tha	an five vel	nicles to y	our er	nployee	s, obta	in infor	matio	n from	 your er	nployee	s abou	ut the		
					ain the info													
41					ents conce ', 38, 39, 4			tomobile	e demo	nstratio	n use?	See inst	truction	s				
Da		Amort			, 30, 33, 4	0, 01 41 13	163,	don t co	mpiete	Section	1 10 101	the cove	ieu vei	licies			L	
Го	II V VI	Allioit	ızaıı	011				1				-		10	,			-
	Description of costs Date an			(b) Date amor begin	tization	An	(c) nortizable	amount		(d) Code se	ction	(e) Amortization period or Amortization		Amortiza	(f) ation for this year			
42	Amor	tization o	of cos	ts that	begins duri	ng your 20	18 tax	year (se	e instru	ictions)								
_															\Box			
	Amor	tization o	of cos	ts that	began befo	re your 20	18 tax	year .	, .			. ,			43			
44	Total.	Add an	nount	s in col	umn (f) Se	e the instr	uctions	for whe	ere to re	port .	<u></u>	· · · · ·	<u></u>	<u></u>	44		4 = 6 :	
JSA																Fo	m 456 2	4 (2018)

Name

Credit for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return. ► Go to www.irs.gov/Form8827 for the latest information.

200**18**

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

Employer identification number CHRISTUS HEALTH ARK-LA-TEX 75-2796815 Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626 1 26,594 Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827 2 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 3 4 26,594 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see 0 Enter the refundable minimum tax credit (see instructions)............... 6 0 6 7 0 8a Enter the smaller of line 4 or line 7 If the corporation had a post-1986 ownership change or has 0 8a 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 8b 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 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this 26,594

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

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,

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

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

CHRISTUS ST. MICHAEL HEALTH CARE CENTER AND GLENWOOD PHARMACIES.

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

12,377.

ATTACHMENT	4		

FORM 990T - PART II - LINE 28 - TOTAL OTHE
--

PURCHASED SERVICES .	101,918.
OTHER EXPENSES	14,478.
SUPPLIES	10,517.
INSURANCE	9,327.
UTILITIES & TELEPHONE	8,709.

PART II - LINE 28 - OTHER DEDUCTIONS 144,949.

75-2796815 ATTACHMENT 6

LABORATORY SERVICES

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

	•			
1	INVENTORY AT BEGINNING OF YEAR			
2	PURCHASES	24,298.		
3	COST OF LABOR			
4 A	ADDITIONAL SECTION 263A COSTS			
В	OTHER COSTS			
5	TOTAL. ADD LINES 1 THROUGH 4B	24,298.		
•		,		
6	INVENTORY AT END OF YEAR			
7	COST OF GOODS SOLD.			
′	(SUBTRACT LINE 6 FROM LINE 5)		24,	200
	(SUBTRACT LINE O FROM LINE S)		24,	2 90 .
_	DO MUE DIVER OF GEORGAN ACCA ANTEN DEGREES	.		110
8	DO THE RULES OF SECTION 263A (WITH RESPECT	ТО	YES	NO
	PROPERTY PRODUCED OR ACQUIRED FOR RESALE)			X
	APPLY TO THE ORGANIZATION?			

	79		

SCHEDULE !	М -	PART	ΙI	-	LINE	28	-	TOTAL	OTHER	DEDUCTIONS
------------	-----	------	----	---	------	----	---	-------	-------	------------

INSURANCE EQUIPMENT RENTAL

2,790.

1,334.

PART II - LINE 28 - OTHER DEDUCTIONS

4,124.

SCHEDULE M - PART II - LINE 28 - TOTAL O	THER DEDUCTIONS
--	-----------------

OTHER EXPENSES 123,413.
SUPPLIES 77,311.
PURCHASED SERVICES 53,817.

PART II - LINE 28 - OTHER DEDUCTIONS

254,541.