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Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020Go to [www.irs.gov/Form990T](http://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)

**2019**Open to Public Inspection for  
501(c)(3) Organizations Only

**A** ☐ Check box if address changed

**B** Exempt under section  
☒ 501(c)(3) ☐ 220(e) ☐ 530(a) ☐ 529(a)

**C** Book value of all assets at end of year  
179,097,861.

**D** Employer identification number (Employees' trust, see instructions)  
75-2796815

**E** Unrelated business activity code (See instructions)  
446110

**F** Group exemption number (See instructions) ▶ 0928

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Enter the number of the organization's unrelated trades or businesses ▶ 3 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 2 Chri 76-0990591

**J** The books are in care of ▶ FRED BRANTLEY Telephone number ▶ 903-614-2810

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>2,357,073.</u>			
b	Less returns and allowances <u>0</u>			
	<b>1c</b> Balance	2,357,073.		
2	Cost of goods sold (Schedule A, line 7)	2,203,396.		
3	Gross profit Subtract line 2 from line 1c	153,677.		153,677.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	153,677		153,677.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15 418,660.
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule) (see instructions)		18
19	Taxes and licenses		19 5,443.
20	Depreciation (attach Form 4562)	20 389.	20
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b 389.
22	Depletion		22
23	Contributions to deferred compensation plans		23
24	Employee benefit programs		24 25,678.
25	Excess exempt expenses (Schedule I)		25
26	Excess readership costs (Schedule J)		26
27	Other deductions (attach schedule) <u>ATCH 3</u>		27 -146,196.
28	<b>Total deductions.</b> Add lines 14 through 27		28 303,974.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		29 -150,297.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30
31	<b>Unrelated business taxable income</b> Subtract line 30 from line 29		31 -150,297.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)JSA  
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**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	214,281.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	214,281.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	214,281.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	0.

**Part IV Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	46a	
46b	Other credits (see instructions).	46b	
46c	General business credit. Attach Form 3800 (see instructions).	46c	
46d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d	26,594.
46e	Total credits. Add lines 46a through 46d.	46e	26,594.
47	Subtract line 46e from line 45.	47	-26,594.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	48	
49	Total tax. Add lines 47 and 48 (see instructions).	49	-26,594.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51a	Payments. A 2018 overpayment credited to 2019.	51a	19,263.
51b	2019 estimated tax payments.	51b	30,000.
51c	Tax deposited with Form 8868.	51c	
51d	Foreign organizations: Tax paid or withheld at source (see instructions).	51d	
51e	Backup withholding (see instructions).	51e	
51f	Credit for small employer health insurance premiums (attach Form 8941).	51f	
51g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other. Total	51g	
52	Total payments. Add lines 51a through 51g.	52	49,263.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.	55	75,857.
56	Enter the amount of line 55 you want credited to 2020 estimated tax. Refunded	56	50,000.

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** M. GLEN BOLES *[Signature]* 5-10-21 VICE PRESIDENT/CFO  
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only** Print/Type preparer's name: STEPHANIE F LEW  
Preparer's signature: *[Signature]* Date: 04/28/21  
Firm's name: ERNST & YOUNG U.S. LLP  
Firm's address: 2323 VICTORY AVENUE, SUITE 2000, DALLAS, TX 75219  
Check ☐ if self-employed PTIN: P01080011  
Firm's EIN: 34-6565596  
Phone no.: 214-969-8000

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	2,203,396.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	2,203,396.
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	2,203,396.				X

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

(see instructions)

**1. Description of property**

(1)	
(2)	
(3)	
(4)	

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Totals</b> . . . . . ►				
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b> .....				

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> .....				

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 25
<b>Totals</b> .....						

**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b> .....						

**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)						
<b>Totals from Part I.</b> . . . . . ▶						
	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
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form **990-T** (2019)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 the 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

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>2,193,950.</u>				
b	Less returns and allowances	<u>1,879,872.</u>	c Balance ▶	1c	314,078.	
2	Cost of goods sold (Schedule A, line 7) . . . . .	<u>ATCH. 4</u>		2	19,383.	
3	Gross profit Subtract line 2 from line 1c . . . . .			3	294,695.	294,695.
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		
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	294,695.	294,695.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (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	51,316.
16	Repairs and maintenance . . . . .	16	
17	Bad debts . . . . .	17	
18	Interest (attach schedule) (see instructions) . . . . .	18	
19	Taxes and licenses . . . . .	19	
20	Depreciation (attach Form 4562) . . . . .	20	672.
21	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	21a	21b 672.
22	Depletion . . . . .	22	
23	Contributions to deferred compensation plans . . . . .	23	
24	Employee benefit programs . . . . .	24	2,917.
25	Excess exempt expenses (Schedule I) . . . . .	25	
26	Excess readership costs (Schedule J) . . . . .	26	
27	Other deductions (attach schedule) . . . . .	27	ATCH 5. 4,434.
28	Total deductions. Add lines 14 through 27 . . . . .	28	59,339.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	235,356.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	30	21,075.
31	Unrelated business taxable income Subtract line 30 from line 29 . . . . .	31	214,281.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2019

JSA

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**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 the organization

CHRISTUS HEALTH ARK-LA-TEX

Employer identification number

75-2796815

Unrelated Business Activity Code (see instructions) ▶ 713940

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<u>473,774.</u>			
<b>b</b> Less returns and allowances				
<b>c</b> Balance		<b>1 c</b> <u>473,774.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c		<b>3</b> <u>473,774.</u>		<u>473,774.</u>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b>		
<b>13</b> Total Combine lines 3 through 12		<b>13</b> <u>473,774.</u>		<u>473,774.</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	<u>491,557.</u>
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	<u>33,668.</u>
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule) <u>ATTCH. 6</u>	<b>27</b>	<u>160,780.</u>
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b>	<u>686,005.</u>
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>	<u>-212,231.</u>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b> Unrelated business taxable income Subtract line 30 from line 29	<b>31</b>	<u>-212,231.</u>

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2019

Christus Health Ark-La-Tex  
EIN: 75-2796815  
6/30/2020  
FORM 990-T

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

GENERATED YEAR ENDED	AMOUNT GENERATED	UTILIZED IN PRIOR YEAR	UTILIZED IN CURRENT YEAR	AMOUNT EXPIRED	AMOUNT CONVERTED TO NOL*	CARRYFORWARD
6/30/2016	6,719,362	7,129				6,712,233
6/30/2017	2,890,911					2,890,911
6/30/2018	3,206,462					3,206,462
6/30/2019	3,193,916	-	-	-	21,075	3,193,916
6/30/2020	1,963,118	-	-	-	23,436	1,939,682
TOTAL	5,157,034	-	-	-	44,511	5,201,545

\* Charitable contributions converted to NOL under Section 170(d)(2)(B)(ii)



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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No 1545-0172

**2019**Attachment  
Sequence No **179**

Name(s) shown on return

CHRISTUS HEALTH ARK-LA-TEX

Business or activity to which this form relates

CHRISTUS ST MICHAEL REFERENCE LAB

Identifying number

75-2796815

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.00
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	1,020,000.00
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 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 II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	672.00

**Part III MACRS Depreciation (Don't include listed property See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	672.00
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?		Yes	<input checked="" type="checkbox"/>	No	<b>24b</b> If "Yes," is the evidence written?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . <b>25</b>									
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . . <b>28</b>									
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . . <b>29</b>									

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use? . . . . .						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions).					
<b>43</b> Amortization of costs that began before your 2019 tax year. . . . . <b>43</b>					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . . <b>44</b>					

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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No 1545-0172

**2019**Attachment  
Sequence No **179**

Name(s) shown on return

CHRISTUS HEALTH ARK-LA-TEX

Business or activity to which this form relates

CHRISTUS ST. MICHAEL HEALTH CARE

Identifying number

75-2796815

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.00
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	1,020,000.00
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 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 II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	389.00

**Part III MACRS Depreciation (Don't include listed property See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	389.00
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				Yes	<input checked="" type="checkbox"/>	No	<b>24b</b> If "Yes," is the evidence written?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost						
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .								<b>25</b>						
<b>26</b> Property used more than 50% in a qualified business use														
		%												
		%												
		%												
<b>27</b> Property used 50% or less in a qualified business use														
		%				S/L -								
		%				S/L -								
		%				S/L -								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . .								<b>28</b>						
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . .								<b>29</b>						

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use? . . . . .						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

**2019**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

Name <b>CHRISTUS HEALTH ARK-LA-TEX</b>		Employer identification number <b>75-2796815</b>
<b>1</b>	Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827.	<b>1</b> 26,594.00
<b>2</b>	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions).	<b>2</b> 0
<b>3</b>	Enter the refundable minimum tax credit (see instructions).	<b>3</b> 26,594.00
<b>4</b>	Add lines 2 and 3.	<b>4</b> 26,594.00
<b>5a</b>	Enter the <b>smaller</b> of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions.	<b>5a</b> 26,594.00
<b>b</b>	<b>Current year minimum tax credit.</b> 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 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.	<b>5b</b> 0
<b>c</b>	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).	<b>5c</b> 26,594.00
<b>6</b>	<b>Minimum tax credit carryforward.</b> Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years.	<b>6</b> 0

## 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 and 2019, a corporation is allowed an AMT refundable credit amount equal to 50% (100% for tax years beginning in 2019) of the excess minimum tax credit over the corporation's regular tax liability. The corporation can make an election to take 100% of the refundable credit in 2018. If the corporation makes this election, no credit is allowed for 2019. See section 53(e). Also, see the instructions for line 3.

## 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 a minimum tax credit carryover from 2018 to 2019.

### Line 2

Enter the corporation's 2019 regular income tax liability, as defined in section 26(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 3

The minimum tax credit limitation is increased by the AMT refundable credit amount. If the corporation did not make an election under section 53(e)(5) to take the entire refundable credit amount in 2018, 100% of the available minimum tax credits in excess of the 2019 regular tax liability is refundable for 2019. If the corporation made the election under section 53(e)(5) no refundable credit is allowed for 2019.

If applicable, complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions. Enter the amount from line 3 of the worksheet on Form 8827, line 3.

**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. See section 53(e)(4).

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

CHRISTUS ST. MICHAEL HEALTH CARE CENTER AND GLENWOOD PHARMACIES

CHRISTUS HEALTH ARK-LA-TEX

75-2796815

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

ATTACHMENT 3FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

SUPPLIES	-248,624.
PURCHASED SERVICES	63,593.
OTHER EXPENSES	19,829.
INSURANCE	6,113.
UTILITIES & TELEPHONE	4,776.
HOUSEKEEPING	8,117.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>-146,196.</u>
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LABORATORY SERVICES

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

1	INVENTORY AT BEGINNING OF YEAR ...	
2	PURCHASES .....	19,383.
3	COST OF LABOR .....	
4A	ADDITIONAL SECTION 263A COSTS ....	
B	OTHER COSTS .....	
5	TOTAL. ADD LINES 1 THROUGH 4B ....	19,383.
6	INVENTORY AT END OF YEAR .....	
7	COST OF GOODS SOLD.	
	(SUBTRACT LINE 6 FROM LINE 5) .....	<u>19,383.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES NO X

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

INSURANCE	2,854.
EQUIPMENT RENTAL	1,580.

PART II - LINE 27 - OTHER DEDUCTIONS

4,434.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

OTHER EXPENSES	83,972.
SUPPLIES	54,063.
PURCHASED SERVICES	22,745.

PART II - LINE 27 - OTHER DEDUCTIONS

160,780.