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e⊬ Forn	990-T	Ex	cempt Organization	Bus	siness Inc	ome T			OMB No 1545-0687
1 0111		Con onla	(and proxy ta) ndar year 2018 or other tax year begin			•	,,	400 2019	@@ 40
D	stemant of the Treasure.	For cale	or other tax year begin Go to www.irs.gov/Form990					20 1 9	ZW 18
	rtment of the Treasury al Revenue Service	▶ Do	not enter SSN numbers on this form a					(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed				me changed and see			D Emp	loyer identification number loyees' trust, see instructions)
BEX	empt under section		CHRISTUS HEALTH SOU	THEA	ST TEXAS				
X	501(C) 0 3)	Print	Number, street, and room or suite no		···			76-0	591590
	408(e) 220(e)	Or						<u> </u>	lated business activity code
	408A 530(a)	i y pe	919 HIDDEN RIDGE DR	IVE				(See	instructions)
	529(a)		City or town, state or province, countr	y, and i	ZIP or foreign postal c	ode		1	
	ok value of all assets		IRVING, TX 75038		-			6215	
at	end of year	F Gro	up exemption number (See instruct	ions)	▶ 0928				
6	41,548,360.	G Che	ck organization type ► X 501	(c) co	rporation	501(c)	trust	401(a	trust Other trust
H E	nter the number of	the orga	nization's unrelated trades or busine	sses	▶ 3		Describ	e the onl	y (or first) unrelated
tr	ade or business her	e ► <u>A</u>	<u>rch 1 </u>		If o	nly one,	complete Parts	I-V If mo	re than one, describe the
fı	rst in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, com	plete a So	hedule M for ea	ich additio	nal
	ade or business, the					_			
			corporation a subsidiary in an affili						
			identifying number of the parent co	rporati			hri 7	6-0	590551
	he books are in care					Telephone	e number 🕨 40	9-899	-7300
			or Business Income	1	(A) Incom	е	(B) Expe	nses	(C) Net
1a			5,068,208.		653				
b	Less returns and allowa		4,415,206. c Balance ▶			002.	هي دي		1
2			ule A, line 7)	2		152.			500.050
3			2 from line 1c	3	390,	850.		_	590,850.
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b			R	ECE!	VED
С 5			rusts	4c					
6			an S corporation (attach statement)	5 6			18 23 AI	JG 03	1
7			come (Schedule E)	7			- 181 - ^ '	000	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8			nts from a controlled organization (Schedule F)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9			(Schedule P) (c)(7), (9), or (17) organization (Schedule G)	9			 0	SDEN	₩ , U
10			ncome (Schedule I)	10					
11		-	ule J)	11					
12			tions, attach schedule)	12					
13	•		ough 12	13	590,	850.		_	590,850.
Pai	t II Deduction	ns Not	Taken Elsewhere (See instr	uctio	ns for limitation	ns on de	eductions.) (Except	
			be directly connected with the					•	
14	Compensation of	officers,	directors, and trustees (Schedule K)					14	
15	Salaries and wage	s						15	42,563.
16	Repairs and maint	enance .						16	
17									47,226.
18			see instructions)						
19			. 						
20			ee instructions for limitation rules)						
21			4562)				2,572	<u></u>	1
22			on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·			22b	2,572.
23	Depletion							23	
24			ompensation plans						11 043
25 26			ohodulo IV						11,841.
26 27			chedule I)						
27 28			chedule J)						672 417
28 29			chedule)						572,417. 676,619.
30			s 14 through 28					/	-85,769.
31			loss arising in tax years beginning						-03,709.
32			income Subtract line 31 from line						-85,769.
		- 4-41	otice see instructions		· · · · · · · · · · · ·	· · · · ·	<u></u>	.1. 3/2	03,703.

Form **990-T** (2018)

For Paperwork Reduction 8x2740 188664P 1779

CHRISTUS HEALTH SOUTHEAST TEXAS

Form	990-T (2018)	Page 2
Pa	rt III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	33 10,933.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	36 10,933.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	The care a deviced taxable modifies addition fine of from the or in greater than the or	
	enter the smaller of zero or line 36	38 9,933.
Pai	t IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39 2,086.
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)	
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income. See instructions	43 2,086.
44		2,086.
Par		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a Other credits (see instructions)	
	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 2,086.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ,	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 2,086.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49
	Payments A 2017 overpayment credited to 2018	
b	2018 estimated tax payments	
	Tax deposited with Form 8868	
	Foreign organizations Tax paid or withheld at source (see instructions)	
	Backup withholding (see instructions)	
f	Credit for small employer health insurance premiums (attach Form 8941)	
9	Other credits, adjustments, and payments Form 2439 ATCH 8	
	Form 4136 X Other1,395. Total ▶ 50g X 1,395.	
51	Total payments. Add lines 50a through 50g	51 34,473.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54/ 32,387.
	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶12,387.	5 5 20,000.
Par		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	·
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	•
		Toreign country X
	here ▶	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?
	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
30	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	ist of my knowledge and belief, it is
Sign	Irue, correct and complete. Declaration of preparer (other than toxpayor) is based on all information of which preparer has any knowledge	
Here		the IRS discuss this return the preparer shown below
		instructions)? X Yes No
	Prof/Type oreparer's name Preparer's signature Date	PTIN
Paid	JANICE K MARTIN Janua Martin 06/12/20 Self-er	20000000
Prepa	arer Firm's name ERNST & YOUNG U.S. LLP	24 65 65 60 6
Use (no 317-681-7000
JSA		Form 990-T (2018)

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Form 990-T (2018)		_							F	age 3
Schedule A - Cost of G	oods Sold. Er	ter method	of invent	ory valuation	•					
1 Inventory at beginning of y						ar	6			
2 Purchases	2	62	,152.			old. Subtract line				
3 Cost of labor				6 from	line 5 Er	nter here and in				
4a Additional section 263A co	osts		t .	Part I, III	ne 2		7		62,1	152.
(attach schedule)	4a		·			section 263A (v		espect to	Yes	No
b Other costs (attach schedu						or acquired for				j
5 Total. Add lines 1 through		62	,152.			<u></u>				X
Schedule C - Rent Income		roperty a	nd Perso	nal Propert	v Leased V	With Real Prope	rty)			
(see instructions)	•			•	•	•	• ,			
1. Description of property			•							
(1)			.,						-	
(2)										_
(3)						· · · · · · · · · · · · · · · · · · ·				
(4)							_		_	
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the	percentage of rent	(b) Fr	om real and	personal proper	ty (if the	3(a) Deductions d	irectly c	onnected with	the inco	me
for personal property is more than 10% but not per			ige of rent fo	r personal proper based on profit	rty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		-		·		-				
(2)		-				-				
(3)			-			 				
	·			_						
Total		Total	-			-	-			
Total (c) Total income. Add totals of comparison of the comparison	olumno 2(n) and 2((b) Total deduction				
here and on page 1, Part I, line 6						Enter here and or Part I, line 6, colui				
Schedule E - Unrelated D			e instructi	ons)		1 1 411 /, 11110 0, 00141	(5)			
				·	3 (Deductions directly co			le to	
1 Description of del	ot-financed property			income from or to debt-financed	4.5	debt-financ				
			Р	roperty		ht line depreciation ich schedule)	(b) Other dedu (attach sche			
(1)					<u> </u>	-		`		
(2)										
(3)		-								_
(4)									_	
4 Amount of average	5 Average adju	sted basis								
acquisition debt on or	of or alloca			Column divided		income reportable		Allocable ded imn 6 x total d		ns
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		ı	column 5	(colum	n 2 x column 6)	(00.0	3(a) and 3(
(1)	(1111				6					
(2)	-				6					
(3)			-		6					
(4)					6				-	
(-)	·		L			re and on page 1,	Fnte	r here and o	n nace	1
					Part I, lir	ne 7, column (A)		t I, line 7, col		
T-4-1-										
Totals										
I Ofai aisinging lengther renner	<u> </u>	<u> </u>		<u> </u>	<u></u>	<u> </u>				

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Schedule F-Interest, Ann	unios, royunio			ontrolled Or			410113 (30	- mstructi	0113)		
Name of controlled organization	2 Employer identification numb	oer	3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		ied include	of column 4 t d in the contr tion's gross ii	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)										_	
(4)					<u> </u>						
Nonexempt Controlled Organi	zations										
7. Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific payments made		incl	10 Part of column 9 that is included in the controlling organization's gross income			Deductions directly nected with income in column 10	
(1)			ļ								
(2)	 		1								
(3)											
(4)							d columns 5			d columns 6 and 11	
Totals	ncome of a Sec	tion 50	 01(c)(7),	(9), or (17		Pa	er here and or t I, line 8, coli on (see ins	ımn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	ncome		3 Deduction directly contact (attach sch	nected			4 Set-asides (attach 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, co	nlumn (A)	24, 42		_	.	1 1 pm			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 Ex dii conne produ unr	spenses rectly cted with uction of related ss income	4 Net inconfrom unrelat or business 2 minus col If a gain, co	ne (loss) ed trade (column umn 3) ompute	5 Gi from is no	oss income activity that it unrelated less 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)								<u> </u>			
(4)					-						
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I,), col (B)	,						Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In Part I Income From Per			Consol	idated Bas	ie						
moonic (10m r c)	- Caroaro report	<u> </u>		Jacked Das				1			
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		irculation ncome	6. Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							_				
(2)				1							
(3)				1		•		ļ <u>-</u>		╡ ;	
(4)				1							
Tatala (asmuta Dari II bee /5)											
Totals (carry to Part II, line (5))	1							Ļ		Form 990-T (2018)	

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CHRISTUS

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

CIIKISTOE	HEADIN 5001	TEADI IEAAS		70 03	DIDJO Page J
		rate Basis (For	each periodical	listed in Part II	, fill in columns
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)
					_
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
on of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1 Name		2 Title			
			%		
			%		
			%		
		***************************************	%		
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (A) Priodicals Reported on a Sepa Inne-by-line basis.) 3. Direct advertising costs Enter here and on page 1, Part I, line 11, col (B)	Inne-by-line basis.) 2 Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) on of Officers, Directors, and Trustees (see institution of the page 1)	Priodicals Reported on a Separate Basis (For each periodical line-by-line basis.) 2 Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Directors, and Trustees (see instructions) 2 Title 3. Percent of time devoted to business %	Priodicals Reported on a Separate Basis (For each periodical listed in Part II line-by-line basis.) 2 Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) 2 Title 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 Circulation income 6 Readership costs 7 Title 3. Percent of time devoted to business 4. Compensation unrelated

Form **990-T** (2018)

'SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

06/30 _{,20} 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)

Name of organization

CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number 76-0591590

Unrelated business activity code (see instructions) ► 532000

Describe the unrelated trade or business ► POOL, RENTAL.

Describe	the unre	lated trade	or business	P POOL	KENIAL

1 2	Gross receipts or sales 12,725.	 			
b	Less returns and allowances C Balance	16	12,725.		
2	Cost of goods sold (Schedule A, line 7)	2	12,723.		
3	Gross profit Subtract line 2 from line 1c	3	12,725.		12,725
Ј 4 а	Capital gain net income (attach Schedule D)	4a	12/725.		12,725
	•				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
;	Income (loss) from a partnership or an S corporation (attach				
	statement)				
•	Rent income (Schedule C)	6			<u> </u>
•	Unrelated debt-financed income (Schedule E)	7			
	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
1	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
į	Exploited exempt activity income (Schedule I)	10			
	Advertising income (Schedule J)	11			
!	Other income (See instructions, attach schedule)	12		-	
	Total Combine lines 3 through 12	13	12,725.		12,725

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
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)		552.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	657.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		3,436.
29	Total deductions. Add lines 14 through 28		4,645.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	8,080.
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		8,080.

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)

Open to Public Inspection for

Name of organization

CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number

76-0591590

Unrelated business activity code (see instructions) ► 900099

Describe the unrelated trade or business ► BUSINESS SERVICES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales 35, 266. Less returns and allowances c Dalance ▶	1c	35,266.		
2	Less returns and allowances c Dalance ▶ Cost of goods sold (Schedule A, line 7) ATCH, 6.	2	2,551.		2 4 2 4 4 9 6 4
3	Gross profit Subtract line 2 from line 1c	3	32,715.		32,715.
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	32,715.	-	32,715.

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	13,251.
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)	20	552.
21	Depreciation (attach Form 4562)	-	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	226.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		831.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)		15,002.
29	Total deductions. Add lines 14 through 28		29,862.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,853.
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	2,853.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 4562

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

Department of the Treasury Internal Revenue Service (99) Attachment Sequence No 179 Business or activity to which this form relates Name(s) shown on return Identifying number

CHE	RISTUS HEALTH SOUTHEAST	TEXAS								76-0591590
Pa	rt I Election To Expense C					1 -	to Dort I			
	Note: If you have any lis									1 000 000 00
1	Maximum amount (see instructions)								1_	1,000,000.00
_	Total cost of section 179 property pla								2	2,500,000.00
3	Threshold cost of section 179 proper								3	2,300,000.00
5	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions.							:::}	5	1,000,000.00
6	(a) Description		·		siness use o		(c) Electe	ed cost		-
			4							
7	Listed property Enter the amount from	m line 29				7				(F) 47 · 4 · 23 · 4 · 4 · 4
8	Total elected cost of section 179 proj								8	
9	Tentative deduction Enter the smaller								9	
10	Carryover of disallowed deduction from	m line 13 of your 20	17 Form 4562						10	
	Business income limitation Enter the								11	
	Section 179 expense deduction Add								12	
	Carryover of disallowed deduction to					13				- "
	e: Don't use Part II or Part III below for					- 1				<u>'</u>
	rt Special Depreciation A			iation (D	on't includ	de lis	sted propert	y See	ınst	ructions)
	Special depreciation allowance for	••								,
17	during the tax year See instructions.								14	
15	Property subject to section 168(f)(1) e								15	
	Other depreciation (including ACRS)								16	3,455.00
Pa	rt III MACRS Depreciation (D	on't include listed	property S	e instruc	tions)		<u> </u>	• • •	10	
ı u	till till to to bepresiation (b	TOTAL MICHAEL MOTOR		ion A			•			<u></u>
	MACES deductions for secrets places								17	
	MACRS deductions for assets placed	-						· · ·		<u> </u>
10	If you are electing to group any a	•	-	•				<u> </u>		
	section B - Assets							reciatio	on Si	vstem
	Section B - Assets	(b) Month and year	(c) Basis for				ienerai bep	Claric	JII 3	ystem
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	y (e	e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	ې								
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property	-			25 yrs			S/L	-	
h	Reşidential rental				27 5 yrs		ММ	S/l	-	
	property				27 5 yrs		MM	S/L	-	
i	Nonresidential real				39 yrs		MM	S/L	-	
	property						MM	S/L	-	
	Section C - Assets P	laced in Service D	uring 2018	Tax Year	Using the	Alt	ernative De	precia	tion	System
20a	Class life		_					S/L	-	
Ь	12-year				12 yrs			S/L	_	
С	30-year				30 yrs	1	MM	S/L	_	
d	40-year				40 yrs	\top	ММ	S/L	-	
Рa	rt IV Summary (See instruction	ons.)	·		·					<u> </u>
	Listed property Enter amount from lin							T	21	
	Total. Add amounts from line 12,			nd 20 in d	column (a)	, and	d line 21 Er	· · · ⊢		_
	here and on the appropriate lines of yo	_							22	3,455.00
23	For assets shown above and place		•			Ť				1
	portion of the basis attributable to see	-		-		23				

Forr	n 4562 (2018)	<u></u>													Page 2
Pa	entertainm	operty (Include ent, recreation, o	r amusem	ent.)							•			-	ed fo
	24b, column	iny vehicle for whis (a) through (c) o	<u>f Section A,</u>	all of	Section	B, and	Section	Cıfa	pplicable						nly 24a
		Depreciation and					e the in							les)	
248	Do you have evidence	e to support the bus		nent use	claimed	<u> ? '`</u>	Yes	No	24b If "	Yes," is	the evide	nce wri	tten?	Yes	No.
	(a) Type of property (list	(b) Date placed	(c) Business/ investment us	se Cost	(d) t or other t	· - I	(e) asis for depr ousiness/inve		(f) Recovery	Met	(g) thod/	Dep	(h) reciation	Elected	(i) section 17
25	vehicles first) Special depreciation	in service	percentage		roportu		use only	()	period	Conv	rention	dec	duction		ost
23	the tax year and us	sed more than 50%	quaimed iis s in a qualifi	ed bus	roperty aness u	placed se See	in serv	vice a tions	uring		. 25	•		**	
26	Property used mor						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		• • • •	. 25			40000000	2.3
_	,		1	%						1		Τ		1	
				%						-			-	1	
				%				-				 			
27	Property used 50%	6 or less in a qualif	ied business	use					<u> </u>			-l		1	
	<u> </u>			%	-					S/L -			_	1	
				%						S/L -					
				%			_			S/L -					
28		lumn (h), lines 25	through 27	Enter	here a	nd on I	ine 21, p	age 1			. 28				
29	Add amounts in co	lumn (ı), line 26. E	nter here a	nd on	line 7, p	age 1.							. 29		
							on Use								
Con	nplete this section fo	r vehicles used by	a sole prop	rietor,	partner,	or oth	er "more	than	5% owne	er," or r	elated p	erson	If you p	rovided	vehicle
to y	our employees, first an	swer the questions in	Section C to	see if	you mee	t an exc	eption to	compl	eting this	section	for those	vehicle	es		
					(a)		(b)	٠,	(c)		d)		(e)		(f)
30	Total business/inve	estment miles drivenude commuting m	en during iles)	Vehicle 1		Vei	Vehicle 2 Ve		ehicle 3 Veh		nicle 4 V		ehicle 5 Vehi		icle 6
31	Total commuting m	niles driven during	the year .												
		ersonal (nonco				T									
	miles driven		[1	
33	Total miles drive														
	lines 30 through 32	2			0		0		0		0		0		
34	Was the vehicle	available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?													
35	Was the vehicle	used primarily by	a more]										
	than 5% owner or r	•	r		ļ <u>.</u>				ļ				<u> </u>		
36	Is another vehicl		•												
	use ⁷	<u> </u>	<u></u>		J	<u></u>		l		l		<u> </u>	.]	<u> </u>	<u></u>
		ction C - Questic													
	wer these question				eption 1	to com	pleting	Section	on B for	vehicle	s used	by em	ployees	who a	ren't
mor	e than 5% owners o	r related persons	See instruc	tions											
37	Do you maintain a your employees?	a written policy s	tatement th	nat pr	ohibits	all per	rsonal u	se of	vehicles	, includ	ling co	mmutır	ng, by	Yes	No
your employees?					v vour										
	employees? See th														1
39	Do you treat all use											•			
40	Do you provide m	ore than five vel	nicles to yo	our en	nployee	s, obta	ain infor	matio	n from y	our er	nployee	s abo	ut the		
	use of the vehicles,													İ	ĺ
41	Do you meet the re	quirements conce	rning qualifi	ed aut	omobile	demo	nstratio	n use?	See inst	ruction	s				
	Note: If your answer	er to 37, 38, 39, 4	0, or 41 is "	Yes," o	don't co	mplete	Section	B for	the cove	red veh	ncles				115.30
Pa	rt VI Amortizati	on													
	4.		(b)								(e)		-		
			Date amorti begins	mortization			(c) able amount		(d) Code section		Amortization period or percentage		(f) Amortization for this		ns year
42	Amortization of cos	ts that begins duri	ng your 201	8 tax	vear (se	e instr	uctions)				_ percer	.uge			
		<u> </u>	5 7		, , 30						<u>-</u>	Т			
		-					***	\dashv			_	-+			
43	Amortization of cos	ts that began befo	re your 201	8 tax	year						_	43			
44	Total. Add amount	s in column (f) Se	e the instru	ctions	for whe	ere to re	eport			 	• • • •	44			

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

REFERENCE LAB & RADIOLOGY SERVICES, CATH LAB EMPLOYEE LEASE OVERHEAD FEE

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

572,417.

Α	TTA	СНМЕЛТ	`\ \

FORM	990T -	PART	ΙI	- LINE	28	_	TOTAL	OTHER	DEDUCTIONS

MEDICAL RECORDS / BILLING / COLLECTIONS EXPENSE	561,508.
PURCHASED SERVICES	6,928.
OTHER MISCELLANEOUS EXPENSE	3,316.
SUPPLIES	604.
LICENSES & FEES	61.

PART II - LINE 28 - OTHER DEDUCTIONS

SCHEDULE M - LINE 20 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	44,440. O.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	33,403. 11,037. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	1,104.
CHARITABLE CONTRIBUTION	1,104.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	1,104.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES

3,436.

PART II - LINE 28 - OTHER DEDUCTIONS

3,436.

76-0591590 ATTACHMENT 6

BUSINESS SERVICES .

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

1 2 3 4A	INVENTORY AT BEGINNING OF YEAR PURCHASES	2,551.		
ъВ	OTHER COSTS	0 551		
5	TOTAL. ADD LINES 1 THROUGH 4B	2,551.		
6 7	INVENTORY AT END OF YEAR			,
	(SUBTRACT LINE 6 FROM LINE 5)		2,	551.
8	DO THE RULES OF SECTION 263A (WITH RESPECT PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	·	YES	NO X

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES
SUPPLIES

9,684. 5,235.

OTHER MISCHELLANEOUS EXPENSES

83.

PART II - LINE 28 - OTHER DEDUCTIONS

15,002.