Form 990-T	E>	empt Organization) (and proxy tax					n O	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begin						2 019
Department of the Treasury	1	► Go to www.irs.gov/Form990						
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a	s it ma	y be made public if y	our orga	nization is a 501(c		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check be	ox if nar	me changed and see in	struction	s)		yer Identification number yees' trust, see instructions)
B Exempt under section	l	CHRISTUS HEALTH SOU	THEA	ST TEXAS				
X 501(C 10 3)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions				91590
408(e) 220(e	Type							ted business activity code
408A530(a)	919 HIDDEN RIDGE						
529(a)	-{	City or town, state or province, countr IRVING, TX 75038	y, and 2	IP or toreign postal cod	le	ļ	60150	10
C Book value of all assets at end of year	F Gro	up exemption number (See instruct	ione) l	0928			62150	
921.107.100		eck organization type X 501			E01/a	\ truet	401/0) 4	rust Other trust
		inization's unrelated trades or busine	•		501(c		the only	(or first) unrelated
trade or business he	•		3303		lv one		-	than one, describe the
	_	end of the previous sentence, coi	molete		•	•		•
trade or business, th		· ·	p.o.c	Tanto Fana II, comp	ole a o	cricadio ivi for eac	T accinon	u.
		corporation a subsidiary in an affile	ated g	roup or a parent-subs	sidiary o	controlled group?		. ▶ X Yes No
		identifying number of the parent co		on ▶ ATCH	2 (hr 7	6-6	590551
J The books are in car				Te	elephon	e number > 40	9-899 -	7300
Part I Unrelated	Trade (or Business Income		(A) Income		(B) Expens	ses	(C) Net
1a Gross receipts or	sales						- "	
b Less returns and allow			1c	631,		> n 1 + 1 + 1 + 1		v -
		ule A, line 7)	2	49,				
		2 from line 1c	3_	582,	517.			582,617.
		ittach Schedule D)	4a_				/	
•		Part II, line 17) (attach Form 4797)	4b		-			
		trusts	4c	,				
		r an S corporation (attach statement)	6					
- · · · · · · · · · · · · · · · · · · ·		come (Schedule E)	7			<u> </u>		
		ents from a controlled organization (Schedule F)						
,		1(c)(7), (9), or (17) organization (Schedule G)	9			_ 		
		ncome (Schedule I)	10					
•		dule J)	11					
		tions, attach schedule)	12					
13 Total. Combine I	ines 3 thr	ough 12 ,	13	582,6				582,617.
Part II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limitation	s on d	eductions.) (D	eductio	ns must be directly
		ne unrelated business incom						
		directors and trustees (Schedule K)		191		<i>.</i>		30.000
15 Salaries and wag	es	/	MAL	8.8 3434 · IQI				32,602.
16 Repairs and mail	ntenance	·/· · · · · · · · · · · · · · · · · · ·		1231	• • •			33,278.
17 Bad debts		(see instructions)			• • •	<i>.</i>	. 17	
18 Interest (attach s19 Taxes and license	schedule)	(see instructions)	الات		• • •		. 18	
20 Depreciation (at	ach Form	4562),		20	i · · ·	3,518		
		on Schedule A and elsewhere on re					21b	3,518.
					•			
		compensation plans						
/		s						9,367.
		Schedule I)						
		chedule J)						
		chedule)					. 27	475,558.
		s 14 through 27					. 28	554,323.
/		le income before net operating						28,294.
	•	g loss arising in tax years beginning	•	•	•	,		28,294.
Eor Panerwork Reduc		e income Subtract line 30 from line	29 .			<u> </u>	. 31	Form 990-T (2010)

CHRISTUS

CHRISTUS HEALTH SOUTHEAST TEXAS

Form 990-T (2019)

Form 990-T (2019)

76-0591590

Page 2

Form 990-T (2019)										Page 3
Schedule A - Cost of Go	ods Sold. E	nter method	of invento							
1 Inventory at beginning of y	·						ar	6_		
2 Purchases		49	,151.	7	Cost of	goods so	ld. Subtract line	ļ ,	ı	
3 Cost of labor	3				6 from II	ne 5 Enter	here and in Part		'	
4a Additional section 263A co	sts		ľ		I, line 2			7_		49,151.
(attach schedule)	<mark>4a</mark>			8	Do the	rules of	section 263A (w	uth re	spect to	Yes No
b Other costs (attach schedu	· · ·						or acquired for			
5 Total. Add lines 1 through			,151.		to the org	anization? .		<u></u>	<u></u>	X
Schedule C - Rent Income	(From Real F	roperty a	nd Persor	nal F	roperty	Leased V	Vith Real Prope	rty)		
(see instructions)						_				
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent rece	ved or accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)		percenta	rom real and age of rent fo if the rent is	r perso	onal propert	y exceeds	3(a) Deductions di in columns 2(i			
(1)										
(2)					•					·
(3)										
(4)						•				
Total		Total							_	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6							(b) Total deduction Enter here and on Part I, line 6, colur	page 1		
Schedule E - Unrelated De	ebt-Financed	ncome (se	e instruction	ons)	·					
1 Description of deb	t-financed property		2 Gross allocable t				Deductions directly cor debt-financ	ed prope	erty	
·			1	roperty			nt line depreciation ch schedule)	(b) Other dedu (attach sche	
(1)									,	
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4 (Colum divide column	d		income reportable n 2 x column 6)		Allocable dec mn 6 x total 3(a) and 3	of columns
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals					▶	Enter her Part I, lin	e and on page 1, e 7, column (A)	Ente Part	here and o I, line 7, co	on page 1, lumn (B)
Total dividends-received deducti	ons included in c	olumn 8								

Form 990-T (2019)

ochedule i – interest, Aini	uities, Noyaities		nd Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations											
1 Name of controlled organization	2 Employer identification number	El		lated income instructions)	4 Total payme	of speci	ied include	of column 4 t d in the contr ition's gross in	olling	6 Deductions directly connected with income in column 5				
(1)														
(2)														
(3)					,									
(4)	<u> </u>				<u> </u>			_	-					
Nonexempt Controlled Organia						1 40	D. 4 . ()	0.11.1						
7 Taxable Income	8 Net unrelated in (loss) (see instruction		9 Total of specified payments made			Inc	Part of colum uded in the c nization's gro	ontrolling		Deductions directly nected with income in column 10				
(1)	 _					<u> </u>		_						
(2)						ļ			ļ	****				
(3)									ļ					
(4)							ld columns 5		<u> </u>	dd columns 6 and 11				
Totals				(9), or (17		Pa	er here and or it I, line 8, colo on (see ins	umn (A)		ter here and on page 1, int I, line 8, column (B)				
1 Description of income	2 Amount of	income		3 Deduc directly con (attach sch	nected			Set-asides ach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)				
(1)			_						\rightarrow					
(2)			-											
(3) (4)								••••						
Totals ▶ Schedule I – Exploited Exe	Enter here and o Part I, line 9, co	lumn (A)	ner Th	an Adverti	sina In	ncome	(see instri	ictions)		Enter here and on page 1, Part I, line 9, column (B)				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectly connected production unrelated business in	xpenses rectly core duction of related 4 Net income from unrelated or business (c 2 minus colur lf a gain, come cole 5 throws		ne (loss) ed trade (column umn 3) empute	frade 5 Gross income from activity the is not unrelate the income from activity the is not unrelate the income from activity the income from activity the income from activity the income from a control of the income from		come 6 Expe		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)					_			-	-	-				
(2)										- 				
(3)	·													
(4)														
Totals	Finter here and on page 1, Part I, line 10, col (A)	Finter here a page 1, Pa line 10, co	art I,	- juli - 1848 PA	¥+	*** ;	γ 3 9. π ₂ ,	, J & m'n	¥41, 1	Enter here and on page 1, Part II, line 25				
Schedule J-Advertising In														
Part I Income From Per	iodicals Reporte	ed on a C	onsol	idated Bas	IS			т						
1 Name of periodical	2 Gross advertising income	3 Directions		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulation ncome	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)										4				
(2)														
(3)														
(4)										}				
Totals (carry to Part II, line (5))														
										Form 990-T (2019)				

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				_		
(4)						
Totals from Part I			-		-	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	energy was to		A D. D	Fnter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			, , ,	•	<u> </u>	
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see inst	ructions)		
1 Name	2	Title	3. Percent of time devoted to business	4 Compensatio unrelated		

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

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury

06/30,2020 For calendar year 2019 or other tax year beginning $\underline{07/01}$, 2019, and ending

► 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)

Internal	Revenue Service
Name	of the 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

Pa	Unrelated Trade or Business Income		(A) income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales 7,040.						
ь	Less returns and allowances c Balance	1c	7,040.		•		
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	7,040.		7,040.		
4a	Capital gain net income (attach Schedule D)	4a		7			
ь	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	7,040.		7,040.		
Pa	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.)	ns for	limitations on deductions) (Deductions must be	e directly		
14	Compensation of officers, directors, and trustees (Schedule K)			14			
	0-1						

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	1	
17	Bad debts,		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	657.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	1	
27	Other deductions (attach schedule)	27	1,901.
28	Total deductions. Add lines 14 through 27	28	2,558.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	4,482.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	1	
31	Unrelated business taxable income Subtract line 30 from line 29	31	4,482.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending ▶ 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). Employer identification number

Name of the organization

CHRISTUS HEALTH SOUTHEAST TEXAS 76-0591590

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ► BUSINESS SERVICES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	l	(C) Net
1a	Gross receipts or sales 27, 293.					
b	Less returns and allowances C Balance	1c	27,293.		ļ	
2	Cost of goods sold (Schedule A, line 7) ATCH. 6.	2	2,775.			
3	Gross profit Subtract line 2 from line 1c	3	24,518.			24,518.
4 a	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				
	Other income (See instructions, attach schedule)	12		•		
12	Other income (See instructions, attach schedule)					
13	Total. Combine lines 3 through 12	13	24,518.	is) (Deductions i	nust be	24,518.
13 Par	Total. Combine lines 3 through 12 Il Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)	13	limitations on deduction		14	
13 Par 14 15	Total. Combine lines 3 through 12 Total. Combine lines 3 through 12	13	limitations on deduction		14	directly
13 Par 14 15 16	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	13	limitations on deduction		14 15 16	directly
13 Par 14 15 16 17	Total. Combine lines 3 through 12 **Total. Combine lines 3 through 12	ns for	limitations on deduction		14 15 16 17	directly
13 Par 14 15 16 17 18	Total. Combine lines 3 through 12	ns for	limitations on deduction		14 15 16 17 18	directly
13 Par 14 15 16 17	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deduction		14 15 16 17	directly
13 Par 14 15 16 17 18 19	Total. Combine lines 3 through 12	ns for	limitations on deduction		14 15 16 17 18 19	directly
13 Par 14 15 16 17 18 19 20	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18	9,320.
13 Par 14 15 16 17 18 19 20 21	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18 19 21b	9,320.
14 15 16 17 18 19 20 21 22	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18 19	9,320. 180.
13 Par 14 15 16 17 18 19 20 21 22 23	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18 19 	9,320. 180.
13 Par 14 15 16 17 18 19 20 21 22 23 24	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts	ns for	limitations on deduction	180.	14 15 16 17 18 19 21b 22 23 24	9,320. 180.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25	Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts	ns for	limitations on deduction	180.	14 15 16 17 18 19 21b 22 23 24 25	9,320.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18 19 21b 22 23 24 25 26	9,320. 180. 2,674.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Total. Combine lines 3 through 12	ns for	limitations on deduction	180.	14 15 16 17 18 19 21b 22 23 24 25 26 27	9,320. 180. 2,674.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Total. Combine lines 3 through 12	ns for	limitations on deduction 20 21a	180. ATCH.7	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	9,320. 180. 2,674. 9,891. 22,065.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Total. Combine lines 3 through 12	13 ns for	limitations on deduction 20 21a deduction Subtract line aning on or after Januar	180. ATCH 7. 28 from line 13 y 1, 2018 (see	14 15 16 17 18 19 21b 22 23 24 25 26 27 28 29	9,320. 180. 2,674. 9,891. 22,065.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending

► 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 the organization

CHRISTUS HEALTH SOUTHEAST TEXAS

Employer identification number 76-0591590

Unrelated Business Activity Code (see instructions) ▶ 812199

Describe the unrelated trade or business ► SPA SERVICES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 58,838.			7		
b	Less returns and allowances C Balance	1c	58,838	.		.,
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	58,838			58,838.
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	58,838.			58,838.
14	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)				14	<u> </u>
15	Salaries and wages				15	139,101.
16	Repairs and maintenance				_16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1	• • • • • • • • •	19	
20	Depreciation (attach Form 4562)				- ↓	
21	Less depreciation claimed on Schedule A and elsewhere on re				21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	-
27	Other deductions (attach schedule)				27	120 101
28	Total deductions. Add lines 14 through 27				28	139,101.
29	Unrelated business taxable income before net operating		,		29	-80,263.
30	Deduction for net operating loss arising in tax years	-	=	,		
	Instructions),				30	-80.263
11	Linrelated hijsiness tayanle income. Subtract line 30 from line	·Ju			24	- HU. / h 1

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CHR	RISTUS HEALTH SOUTHEAST	<u> </u>	AT	TACHME	NT 1			76-0591590
Par								
	Note: If you have any lis		-					T
1	Maximum amount (see instructions)						1	1,020,000.00
	Total cost of section 179 property pla							2 550 000 00
	Threshold cost of section 179 proper							2,550,000.00
5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions	3 from line 2 if zero of less, enter	or less, enter -0 -0- If married filing	J			5	1,020,000.00
_6	(a) Description	of property		(b) Cost (bu	isiness use only	(c) Elect	ed cost	
		<u></u>						
	Listed property Enter the amount from							
	Total elected cost of section 179 proj							<u> </u>
9	Tentative deduction Enter the smalle	r of line 5 or line 8.					9	<u> </u>
	Carryover of disallowed deduction from							
	Business income limitation Enter the							<u> </u>
	Section 179 expense deduction Add						12	
	Carryover of disallowed deduction to				▶ 13			
	: Don't use Part II or Part III below for				14 1		C++	
Par			•	<u>'</u>				tructions)
	Special depreciation allowance fo		• •					
	during the tax year. See instructions.							
	Other depreciation (including ACRS)							3,518.00
	Other depreciation (including ACRS) rt MACRS Depreciation (D					· · · · · · · · · ·	16	3,318.00
Far	IIIAONS Depreciation (E	Jon t include listed	· · · · · · · · · · · · · · · · · · ·	tion A	lions)			
47	MACRS deductions for assets placed	d in convice in tax vos					17	<u> </u>
	If you are electing to group any a							·
	asset accounts, check here	•	_	•				
	Section B - Assets						reciation S	vstem
		(b) Month and year	(c) Basis for	depreciation	(d) Recovery			
	(a) Classification of property	placed in service	(business/invi only - see in	estment use structions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
b_	5-year property							
	7-year property							
	10-year property					-		
	15-year property					·		
	20-year property			_				
<u> </u>	25-year property				25 yrs		S/L	
	Residential rental				27 5 yrs	MM	S/L	
	property				27 5 yrs	MM	S/L	-
	Nonresidential real	ļ			39 yrs	MM	S/L	-
	Section C - Assets P	laced in Service F	Lucina 2010	Tay Vaar	Hoine the	MM	S/L	Suptom
200	Class life	laced in Service L	Juring 2019	iax rear	Using the A	Alternative De	S/L	System
	12-year				12 yrs		S/L	<u> </u>
	30-year				30 yrs	MM	S/L	<u> </u>
	40-year				40 yrs	MM	S/L	-
	rt IV Summary (See instruction	ons)	1		TO JIS	141141		.l
	Listed property Enter amount from Irr			, <u> </u>			. 21	
	Total. Add amounts from line 12,					and line 21 E		
	here and on the appropriate lines of ye	_						3,518.00
	For assets shown above and place					1		1 2,220.00
	portion of the basis attributable to se				23			

_	1 4562	```	de de la	4	la de a	4 -			1 1 1 -							Page 4
Pa	rt V	entertainme	operty (Include ent, recreation, o	r amusem	ent.)									•	-	ed fo
			ny vehicle for wh s (a) through (c) of									lease (expens	se, comp	nete or	11 y 24a
			Depreciation and							• •		r passe	nger a	utomobile	es)	
	Do yo		e to support the bus					Yes	No	24b If "\					Yes	No
		(a)	(b)	(c)		_	Т.	(e)		(f)	T	(g)		(h)	7	(i)
		f property (list licles first)	Date placed in service	Business/ investment u percentage	se Cost	(d) or other b		asis for dep ousiness/inv use onl	estment	Recovery	Met	thod/ /ention		reciation duction	Elected s	section 179 ost
	C									·	l			_	 	
25			on allowance for ed more than 50%									1 05				
26			e than 50% in a qu				96 366	- 11151140	tions	· · · · ·	· · · ·	. 25	<u> </u>	_	L	
	гтор	erty used mor	E than 50 % in a qu	Janneu Dusi	%					 	Г -				τ	
			<u> </u>		%					 			├─		├	
			 -	<u> </u>	-					 	 -		 		}	
 -	D				%					<u> </u>	L		L		<u></u>	
<u>27</u> _	Prop	erty used 50%	or less in a qualifi	ea busines						1	T				т——	
		 •			%						S/L -		ļ		ł	
					%					 	S/L -		ļ.—		1	
_			<u> </u>		%						S/L -				4	
			lumn (h), lines 25										<u> </u>		ļ	
<u>29</u> _	Add	amounts in co	lumn (ı), line 26 E	nter here a	ind on	line 7, p	age 1	<u>.</u>	<u></u>	<u></u>	<u>. ,</u>	<u> </u>	<u></u>	. 29	<u> </u>	
				Section	on B -	Inform	ation	on Use	of V	ehicles						
			r vehicles used by												rovided	vehicle
to y	our em	ployees, first an	swer the questions in	Section C t	o see if	you mee	t an exc	ception to	comp	eleting this	section	for those	vehicle	es		
						(a)	١.,	(b)		(c)	1 .	(d)	١	(e)		(f)
30	Total	business/inve	estment miles drive	en during	Ven	icle 1	l ve	hicle 2	\ \ \	ehicle 3	Ven	ncle 4	ve	hicle 5	Ven	ıcle 6
	the y	ear (don't incl	ude commuting m	ıles)								_		_		
31	Total	commuting m	niles driven during	the year .											<u> </u>	
32	Total	other p	ersonal (nonco	mmuting)												
	miles	driven														
33			n during the ye	ear. Add												
			2			0		0		0		0		0		(
34			available for		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
04			hours?	•		1	-									
25			used primarily by			†								-	-	
33			elated person?			1										İ
			•			1	 		┼		 	 		 	 	╆
36			e available for									i				
	use,		<u> </u>		L	100	<u> </u>				Ļ	 	Ļ		L	<u> </u>
			ction C - Questic								-					
			s to determine if			eption t	to con	npleting	Secti	on B for	vehicle	s used	by em	iployees	who a	ren't
moı			r related persons												T	1
37			a written policy s												Yes	No
	your	employees?.													ļ	 -
38			a written policy s													İ
	empl	oyees? See th	e instructions for v	ehicles us	ed by c	orporate	e offic	ers, dire	ctors,	or 1% or	more o	wners				
39	Do y	ou treat all use	e of vehicles by em	ployees as	person	al use?									<u> </u>	<u> </u>
40	Do y	ou provide m	nore than five vel	hicles to y	our en	nployee	s, obt	aın ınfo	rmatio	on from	your er	mployee	es abo	out the		
			and retain the info												<u> </u>	
41			quirements conce													<u> </u>
			er to 37, 38, 39, 4	0, or 41 is	"Yes,"	don't co	mplet	e Sectio	n B fo	r the cove	ered vel	hicles			L	
Pa	rt VI	<u>Amortizati</u>	ion		_							-,				_
				(b)								(e			(6)	
		(a) Description o	f costs	Date amor	tization	l An	O) nortizab	le amount		(d) Code se		Amorti		Amortiza	(f) ation for th	his vear
				begin	s	<u> </u>						percer			101 (1	you
42	Amo	rtization of cos	sts that begins duri	ng your 20	19 tax	year (se	e inst	ructions)							
_																
43	Amo	rtization of cos	sts that began befo	ore your 20	19 tax	year							43			
44	Total	l. Add amount	ts in column (f) Se	ee the instr	uctions	for who	ere to	report	<u></u>	<u></u>		<u></u>	44			

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. Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No

	ortment of the Treasury	.	Go to www.irs.gov/Fe	► Attach to y orm4562 for i			test information.			Attachment Sequence No 179
_	e(s) shown on return		<u> </u>			vity to which th		<u> </u>		Identifying number
CH	RISTUS HEALTH	SOUTHEAST	' TEXAS	PO	OL REN'	ΓAL				76-0591590
Pa	rt Election To	Expense C	ertain Property l	Jnder Sect	ion 179			-		
			sted property, con			you comp	olete Part I.			
1	Maximum amount (se	e instructions)						[1	1,020,000.00
2	Total cost of section	179 property pla	aced in service (see in	istructions)					2	
3	Threshold cost of sec								3	2,550,000.00
4	Reduction in limitation								4	
5	Dollar limitation for tax year separately, see instructions	Subtract line 4 from	line 1 If zero or less, enter -	 O- If married filing 	ı				5	1,020,000.00
6		(a) Description				ısıness use onl				
				_						•
7	Listed property Enter	the amount from	m line 29			7				
8	Total elected cost of s	section 179 proj	perty Add amounts i	n column (c),	lines 6 and	7			8	
9	Tentative deduction E								9	
10	Carryover of disallower	ed deduction fro	om line 13 of your 20	18 Form 4562				[10	
11	Business income limit								11	
12	Section 179 expense	deduction Add	lines 9 and 10, but of	don't enter mo	ore than line	∍11 <u></u>	<u> </u>	<u> l</u>	12	
13	Carryover of disallower	ed deduction to	2020 Add lines 9 ar	nd 10, less line	12	▶ 13				
Note	e: Don't use Part II or	Part III below for	r listed property Instea	ad, use Part V						<u> </u>
Pa	rt II Special De	preciation A	llowance and Ot	her Deprec	iation (D	on't include	listed proper	ty See	ınstı	ructions)
14	Special depreciation	allowance for	r qualified property	y (other tha	ın listed	property) pl	aced in servi	ce		
	during the tax year Se	e instructions.							14	
15	Property subject to se								15	
16	Other depreciation (in						<u> </u>	<u></u>	16	657.00
Pa	rt III MACRS De	preciation (D	Oon't include listed	property S	ee instruc	tions)				
	 				tion A					
17	MACRS deductions for								17	
18	If you are electing t			_	_		- 1	ral		
	asset accounts, check	here	 	<u></u>	<u></u>	<u> </u>	<u> ▶ </u>			
	Section	on B - Assets	Placed in Service				General Dep	reciatio	n Sy	stem
	(a) Classification of	property	(b) Month and year placed in service	(c) Basis for (business/invoid) - see in	estment use	(d) Recovery period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
	3-year property		ļ		<u></u>			ļ		
	5-year property		<u> </u>					<u> </u>	_	
	7-year property		<u> </u>					 		
	1 10-year property	. —	ļ					ļ <u> </u>		
	15-year property							 		
	20-year property		ļ <u> </u>			05		 		
	25-year property		 	_		25 yrs	1414	S/L		
h	Residential rental					27 5 yrs	MM	S/L		
_	property					27 5 yrs	MM	S/L	_	
- 1	Nonresidential real					39 yrs	MM	S/L	_	
	property						MM	S/L		
		C - Assets P	laced in Service D	uring 2019	lax Year	Using the A	Alternative De			System
	Class life		 			10		S/L	_	
	12-year	 .	 	<u> </u>		12 yrs	NANA	S/L		
_	30-year			. <u>-</u> .		30 yrs	MM	S/L	_	
$\overline{}$	40-year	See instructi	one)	L		40 yrs	ММ	S/L		
	rt IV Summary (· · · · · · · · · · · · · · · · · · ·							24	
	Listed property Enter							•••	21	
22	Total. Add amounts		_						,,	657 00
22	here and on the appro						is	• • • • • •	22	657.00
∠3	For assets shown at	pove and place	_	, me current	year, ent	ei iiie	1			!

Form	4562 (2019)														Page 2
Pă	entertainm	roperty (Include nent, recreation, o	r amusem	ent.)							•		prope	•	
	24b, colum	any vehicle for wh ns (a) through (c) o	f Section A,	all of S	Section I	B, and	Section	Cıfa	pplicable				_		1ly 24a
		 Depreciation and 					e the in							es)	
<u>24a</u>	Do you have eviden	ce to support the bus	iness/investn	nent use	claimed'	? \	Yes	No	24b If "	Yes," is f	he evide	nce writt	en?	Yes	No.
•	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us	se Cost	(d) or other b		(e) asis for depr usiness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elected s	(I) section 179 ost
25		ion allowance for					l in serv	vice d		_	\Box			 	
		sed more than 50%				e See	instruct	tions			. 25				
26	Property used mo	re than 50% in a q	ualified busii	ness us	se										
				%											
	_			%											
				%											
27	Property used 50°	% or less in a qualif	ied business	use											
				%	•					S/L -				1	
				%			-			S/L -				1	
				%						S/L -				1	
28	Add amounts in co	olumn (h), lines 25	through 27	Enter	here an	nd on h	ne 21 r	age 1			. 28			1	
		olumn (ı), lıne 26 E										1	. 29	 	
	riad difficultio iii o	5 id (1); iii.io 20 'E					on Use			<u></u>	• • • •	· · · ·	. 29	<u> </u>	
Com	plete this section for	or vehicles used by	a sole prop	rietor,	partner,	or oth	er "more	than	5% owne	er," or r	elated p	erson I	f you p	rovided	vehicle
ye			- Gection C to			r		T				r		т	
30	Total business/investment miles driven during the year (don't include commuting miles)				(b) (c) Vehicle 2 Vehicle 3		(d) Vehicle 4		(e) Vehicle 5			f) icle 6			
		niles driven during								<u> </u>				 	
		_	-			 				-		-		 	
	miles driven	personal (nonco													
		en during the y				1		i							
	lines 30 through 3	2			0		0		0		0		0		(
34	Was the vehicl	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	y hours?													
35	Was the vehicle	used primarily by	a more												
	than 5% owner or	related person?													
		cle available for													
	Se	ection C - Questic	ons for Em	plove	rs Who	Prov	ide Vet	nicles	for Use	by Th	eir Fm	nlovee	·s		
	wer these question	ns to determine if	you meet a	an exc										who a	ren't
37	Do you maintain	or related persons a written policy s	statement t	hat pro									g, by	Yes	No
38	Do you maintain	a written policy s	statement t	hat pr	ohibits	persor	nal use	of ve	hicles, e	xcept c	ommut	ing, by			
••	employees / See t	he instructions for	venicies use	ed by c	orporate	office	ers, direc	ctors, e	or 1% or	more o	vners			ļ	
39	Do you treat all us	e of vehicles by em	ipioyees as	person	ai use?									<u> </u>	
		more than five vel	_			s, obta	ain infor	matio	n from	your er	nployee	s abou	it the		
		s, and retain the info equirements conce				 demo	 onstratio	 n use'	 ? See inst	truction	 s			-	
	Note: If your answ	ver to 37, 38, 39, 4	0, or 41 is	"Yes," o	don't co	mplete	Section	n B for	the cove	ered veh	ncles				
Pai	t VI Amortizat	tion													
	(a) Description	of costs	(b) Date amort begins		Am	(c) iortizable	e amount		(d) Code se	ction	(e) Amortiz perior percen	zation d or	Amortiza	(f) ation for th	ııs year
12	Amortization of co	sts that begins duri	ng your 20	19 tax	year (se	e instr	uctions)						_		
									_		-				
												<u> </u>			
13	Amortization of co	sts that began befo	ore your 20	19 tax v	vear							43			
14	Total Add amour	nts in column (f) Se	e the instri	ictione	for who	re to re	enort	• • •							-
-	. J. Lat. 7 (July annous	no m column (i) oc	o are made	2000113	OI WITE		open.				· · · · ·	44			

Form 4562

Name(s) shown on return

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 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No

Business or activity to which this form relates

Identifying number

CHI	RISTUS HEALTH SOUTHEAS	T TEXAS	BU	SINESS	SERVICE:	S		76-0591590
Pa	Rote: If you have any l				vou comp	lete Part I		
1	Maximum amount (see instructions)						1	1,020,000.00
2	Total cost of section 179 property p		nstructions)				2	1,020,00000
3	Threshold cost of section 179 prop							2,550,000.00
4	Reduction in limitation Subtract line							
5	Dollar limitation for tax year Subtract line 4 fro separately, see instructions	om line 1 If zero or less, enter	-0- If married filing	·			5	1,020,000.00
-6	(a) Descriptio		<u> </u>		isiness use only			
								7
								7
7	Listed property Enter the amount fr	om line 29			7			
8	Total elected cost of section 179 pr							
9	Tentative deduction Enter the small	ler of line 5 or line 8					9	
10	Carryover of disallowed deduction f	rom line 13 of your 20	18 Form 4562			<i>.</i>	10	
11	Business income limitation Enter the							
12	Section 179 expense deduction Ad					<u></u>	12	
13	Carryover of disallowed deduction t				▶ 13			
Note		<u></u>						
Pa	rt Special Depreciation		·	<u>·</u> _				structions)
14	Special depreciation allowance		• •		, .		I	
	during the tax year. See instructions							·
15	Property subject to section 168(f)(1							
16	Other depreciation (including ACRS)	<u>,</u>		<u></u>		<u></u> ,	16	180.00
Pa	rt III MACRS Depreciation	Don't include listed	· · · · · · · · · · · · · · · · · · ·		tions)			
				tion A				
17	MACRS deductions for assets place							<u> </u>
18	If you are electing to group any		_	-		-	ral	
	asset accounts, check here	s Placed in Service					reciation	System
	Section B - Asset	(b) Month and year			(d) Recovery	General Dep	Teclation	System
	(a) Classification of property	placed in service	(business/inv	estment use	period	(e) Convention	(f) Method	(g) Depreciation deduction
 19a	3-year property	Service	Unity - See in	structions)_	- :-	_	 -	
	5-year property				 		 	
	7-year property							
	10-year property				1		 	
	15-year property	1						
f	20-year property		-				1	
g	25-year property				25 yrs	_	S/L	
	Residential rental				27 5 yrs	MM	S/L	
	property				27 5 yrs	MM	S/L	
	Nonresidential real				39 yrs	MM	S/L	
	property					ММ	S/L	
	Section C - Assets	Placed in Service [uring 2019	Tax Year	Using the A	Iternative De	preciation	n System
20a	Class life						S/L	
b	12-year				12 yrs		S/L	
c	30-year				30 yrs	ММ	S/L	
d	40-year				40 yrs	ММ	S/L	
Pa	rt IV Summary (See instruc	tions.)						
21	Listed property Enter amount from	line 28					21	
22	Total. Add amounts from line 12							
	here and on the appropriate lines of					s	22	180.00
23	For assets shown above and place		g the current	t year, ent	er the			
	nortion of the basis attributable to s	ection 263A costs			1 23	1		1

(a) Type of property (list vehicles first) Date placed in service percentage percentage in service percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	Form 4562 (2019)												_		Page
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24. 24b. Columns (e) through (c) of Section A, all of Section B, and Section C 1 24b if Tives; in the vehicles of the section A to Depreciation and Other Information (Caution: Sec the Instructions for Inmits for passenger automobiles). 24a Do you have evidence to support the businessinvention us claimor? Vet No 24b if Tives; in the vehicles of the vehicles of the section of the sec	Part V Listed Pro	operty (Include	automo	biles,	certai	n oth	ner ve	hicles	, certa	in air	craft,	and	prope	rty us	ed fo
24b. columns (c) through (c) of Section A, all of Section B, and Section C if applicable Section A. Depreciation and Other Information (Cautions See the instructions for irmits for passenger automobiles) 24a D to you have evidence to support the business/inventment use circimated? (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					a the s	tandar	d mileai	ne rat	e or dec	lucting	lease i	exnense	e comi	nlete ni	nlv 24:
248 D you have exidence to support the business/investment use clammed?	24b, column	is (a) through (c) o	f Section A,	all of	Section	B, and	Section	C if a	pplicable						
(a) (b) (c) (d) when the property laced and provided base in service and an interpretation of the base in service and an interpretation allowance for validited bisses for deliver base in service during the lax year and used more than 50% in a qualified bissess use. 25 Special depreciation allowance for validited isset or property placed in service during the lax year and used more than 50% in a qualified bissess use. 26 Property used more than 50% in a qualified bissess use. 27 Property used 50% or less in a qualified bissess use. 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1, 29 Add amounts in column (h), lines 25 through 27 Add amount								1					$\overline{}$	es.)	
Type of property feat on the stanced wholedes first on the stance of the stanc		··· ·· · · · · · · · · · · · · · · · ·	Τ	nent use	claimed	١		No	24b If "\	res," is t	he evide	nce writt	en?	Yes	No
vehicles fist; in service in service with the control of the contr	• •	1 .	1 ''	1_		Ва		reciation	l	1	_			1	
25 Special depreciation allowance for qualified bised property placed in service during the tax year and used more than 50% in a qualified business use See instructions 2 2 3 2 3 2 4 3 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2				se Cost	t or other b	oasis (b								1	
the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Solution	25 Special depreciation	on allowance for		sted p	ronerty	placed		·	L		\top	<u> </u>			
Property used more than 50% in a qualified business use 1	the tax year and us	ed more than 50%	in a qualifi	ed bus	iness us	se See	instruct	tions			. 25				
27 Property used 50% or less in a qualified business use Sil									_						
7 Property used 50% or less in a qualified business use S/L															
Property used 50% or less in a qualified business use														ļ <u> </u>	
28 Add amounts in column (h), lines 25 Enter here and on line 21, page 1	27 Dropody wood 50%	/	1							<u> </u>				<u> </u>	
Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	27 Property used 50%	or less in a qualii				 -			-	6//		ı			_
28 Add amounts in column (h), lines 25 through 27 Eighter here and on line 21, page 1					-			_						1	
Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									_			-		1	
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 vehicle to your employees. Instructions to Section C to see if you meet an exception to completing this section for those vehicles (a) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 30 Total business/investment miles driven during the year (don't include communiting miles)	28 Add amounts in co	lumn (h), lines 25	through 27	Enter	here ar	nd on li	ne 21, p	page 1			28			1	
Section B - Information on Use of 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 to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those 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) (b) (c) (d) (e) (vehicle 5 (vehicle 6 (e.g., whice 6 (e.g., whice 8 (f.g., whice 9 (f.g., whice 6 (e.g., whice 9 (f.g., whice 9 (f.g	29 Add amounts in co	lumn (ı), lıne 26 E	inter here a	nd on	line 7, p	age 1.							. 29		
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles 1			Section	nB-	Inform	ation	on Use	of Ve	hicles						
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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

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

467,432. MEDICAL RECORDS / BILLING / COLLECTIONS EXPENSE PURCHASED SERVICES 5,973. 2,272. OTHER MISCELLANEOUS EXPENSE SUPPLIES -119.

PART II - LINE 27 - OTHER DEDUCTIONS

475,558.

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	582,617. 90,396.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	582,617.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	84,461. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	594.
CHARITABLE CONTRIBUTION	594.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	594.

ATTACHMENT	5

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES

1,901.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

76-0591590 ATTACHMENT 6

BUSINESS SERVICES

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

	INVENTORY AT BEGINNING OF YEAR PURCHASES		
В	OTHER COSTS		
5	TOTAL. ADD LINES 1 THROUGH 4B 2,775.		
6 7	INVENTORY AT END OF YEAR COST OF GOODS SOLD. (SUBTRACT LINE 6 FROM LINE 5)	2,	775.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES	NO X

ATTACHMENT	7	
		
		E 224
		5,334.
		4,467.
		90.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES SUPPLIES OTHER MISCHELLANEOUS EXPENSES

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

Christus Health Southeast Texas

EIN: 76-0591590 6/30/2020 FORM 990-T

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

GENERATED	AMOUNT	UTILIZED IN	UTILIZED IN	AMOUNT	AMOUNT CONVERTED	
YEAR ENDED	GENERATED	PRIOR YEAR	CURRENT YEAR	EXPIRED	TO NOL*	CARRYFORWARD
6/30/2019	5,158,409	1,104	-	-	-	5,157,305
6/30/2020	2,724,398		594		2,829	2,720,975
TOTAL	7,882,807	1,104	594	-	2,829	7,883,939

^{*} Charitable contributions converted to NOL under Section 170(d)(2)(B)(ii)