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	_				·H	i,530 W	5402
990-T Exempt Organization (and proxy ta	1 Bus	siness ir der sectio	icome	lax Retu	rn/ 🏋	OMB No	1545-0687
For calendar year 2016 or other tax year beg					2017	96	<b>1</b> 16
<b> </b>						BU	<i>9</i> 10
Department of the Treasury Internal Revenue Service  In Do not enter SSN numbers on this form				_	,	Open to Put	blic Inspection for rganizations Only
A Check box if Name of organization ( Check		me changed and			D Emplo	yer identifica	ation number
address changed					(Emplo	yees' trust, see	instructions )
B Exempt under section CHRISTUS SPOHN HEA	LTH S	YSTEM COR	PORATION	1			
X 501( C )(3 ) Print Number, street, and room or suite no	o IfaPO	box, see instruc	tions		74-11	109836	
408(e) Or Type						ated busines:	s activity codes
408A []530(a) 600 ELIZABETH STRE					(266 11)	structions j	
529(a) City or town, state or province, cour	•		ital code		Į		
Book value of all assets CORPUS CHRISTI, TX at end of year	7840	4			62150	00	
F Group exemption number (See instru				0928			
948,693,320. G Check organization type ► X 5			<del></del>	trust	401(a)	trust	Other trust
Describe the organization's primary unrelated business activity							
During the tax year, was the corporation a subsidiary in an af	_					▶ <u>X</u>	Yes No
If "Yes," enter the name and identifying number of the parent	corporation	on ► A	TTACHMI				
The books are in care of ► BECKY RIOS		,		e number ▶ 36			
Part I Unrelated Trade or Business Income		(A) Inc	come	(B) Exper	ses	<u> </u>	C) Net
1a Gross receipts or sales17,964.	1		1.7.064			1	
b Less returns and allowancesc Balance	·		17,964.	<u> </u>		<del> </del>	
2 Cost of goods sold (Schedule A, line 7)	·	ļ	17 064			<del>                                      </del>	
3 Gross profit Subtract line 2 from line 1c			17,964.		<del></del>	<del>                                      </del>	17,964.
4a Capital gain net income (attach Schedule D)						<del> </del>	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).				<del> </del>		<del> </del>	
c Capital loss deduction for trusts						<del> </del>	
5 Income (loss) from partnerships and S corporations (attach statemer		<del></del>		<del></del>		<del> </del>	
6 Rent income (Schedule C)			<del> </del>			<del> </del>	
7 Unrelated debt-financed income (Schedule E)	· ——			<del></del>		┼	
8 Interest, annuities, royalities, and rents from controlled organizations (Schedule	· -					<del> </del>	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule						<del> </del>	
Exploited exempt activity income (Schedule I)				ļ		<del> </del>	
Advertising income (Schedule J)						<del>                                     </del>	
<ul> <li>Other income (See instructions, attach schedule)</li> <li>Total. Combine lines 3 through 12</li> </ul>		<del> </del>	17,964.	<del></del> -		<del> </del>	17,964.
Part II Deductions Not Taken Elsewhere (See Ins	tructic			leductions ) (	Evcent for	or contrib	
deductions must be directly connected with					LACOPI	S. COMMID	audiio,
Compensation of officers, directors, and trustees (Schedule		ii ciatoa bac			14	Τ	
15 Salaries and wages		IVED				<del> </del>	2,616.
Repairs and maintenance		<u> </u>				<del>                                     </del>	16
						†	
Bad debts	TY 2:	2018	71		. 18	<del> </del>	
19 Taxes and licenses	· · · ·		<u>¥</u>	 		<del>                                     </del>	1
Charitable contributions (See instructions for limitation rules	BUE	N. UT				1	
21 Depreciation (attach Form 4562)			21	14			
22 Less depreciation claimed on Schedule A and elsewhere on					22b		142.
23 Depletion						<del> </del>	
24 Contributions to deferred compensation plans							
Employee benefit programs					_		576.

enter the smaller of zero or line 32 . . For Paperwork Reduction Act Notice, see instructions 6x2740 1,000 666P 17779

Excess readership costs (Schedule J)...........

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . . . . . . .

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . . . .

Form **990-T** (2016)

9,338.

12,689.

5,275.

 $5,\overline{275}$ .

0.

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Form	990-T (2	O16) CHRISTUS SPOHN HEALTH SYSTEM COR	PORATION	74-1109836	Page 2
Pa	rt III	Tax Computation			
35	Organ	izations Taxable as Corporations. See instructions for tax compa	utation Controlled group		
	membe	ers (sections 1561 and 1563) check here			
а	Enter y	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bra	ckets (in that order)		
	(1) \$	(2) \$ (3) \$		]	
b	Enter o	organization's share of (1) Additional 5% tax (not more than \$11,750)	. \$	]	
		litional 3% tax (not more than \$100,000)			
c	Income	tax on the amount on line 34	<i></i>	35c	
36	Trusts	Taxable at Trust Rates. See instructions for tax compute	ation. Income tax on	1 1	,
	the am	ount on line 34 from Tax rate schedule or Schedule D (Form 104	<sup>‡1)</sup> <i>.</i>	36	
37	Proxy t	ax. See instructions		37	
38	Alterna	tive minimum tax		38	85.
39	Tax on	Non-Compliant Facility Income. See instructions		39	
40	Total, A	Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> </u>	40	85.
Par	t IV	Tax and Payments			
41 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 🛂	11a	<u> </u>	
b	Other c	redits (see instructions)	11b	_]	
		I business credit Attach Form 3800 (see instructions)		]	
d	Credit f	for prior year minimum tax (attach Form 8801 or 8827),	11d	] [	
		redits. Add lines 41a through 41d,		41e	
42		st line 41e from line 40		42	85.
43		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866		43	
44	Total ta	x Add lines 42 and 43		44	85.
	-	10 11 2010 0101 paymont ordanad to 2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15a 2,087.	1	
þ	2016 es	stimated tax payments	5b	]	
¢	Tax dep	posited with Form 8868	15c	]	
		organizations Tax paid or withheld at source (see instructions) 4		]	
е	Backup	withholding (see instructions)	15e	<u> </u>	
f	Credit f	or small employer health Insurance premiums (Attach Form 8941) 4	45f	<u> </u>	
g		redits and payments Form 2439			
	L∐ F	orm 4136 Other Total ▶ 4	5g	]	
46	Total pa	ayments. Add lines 45a through 45g		46	2,087.
47	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	▶ 🗀	47	
48	Tax due	s. If line 46 is less than the total of lines 44 and 47, enter amount owed			
49	Очегра	yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	d	49	2,002.
50		e amount of line 49 you want	Refunded >	50	
Par		Statements Regarding Certain Activities and Other Info			
51	•	time during the 2016 calendar year, did the organization have an inte		· -	es No
		financial account (bank, securities, or other) in a foreign country? If		*	
		Form 114, Report of Foreign Bank and Financial Accounts. If YES,	enter the name of the	foreign country	
	here 🕨				<u> </u>
52	During t	the tax year, did the organization receive a distribution from, or was it the grant	or of, or transferor to, a fore	eign trust?	<u> </u>
	If YES, s	see instructions for other forms the organization may have to file.			
<u>53</u>		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
	to	nder penalties of perjury, I declare that I have examined this return, including accompanying schedus, correct, and complete Declaration of which is correct, and complete Declaration of which		basi of my knowledge and	belief, it is
Sigr	1			ay the IRS discuss th	is return
Her	_	TEVEN E. KING CFO	wi	th the preparer show	
	Sı	ignature of officer Date Title		ee instructions)? X Yes	No
Paid		JANICE K MARTIN  Preparator's signature  JANICE K MARTIN	Date Chec		
Prep		100000000000000000000000000000000000000		employed P00900	
	Only	Firm's name ► ERNST & YOUNG U.S. LLP		s EIN ▶34-656559	
		Furm's address ▶ 111 MONUMENT CIR, STE 4000, INDIANAPOL	IS, IN 46204 Phon	eno 317-681-7	

JSA

Form 990-T (2016)	anda Cald E									Page 3
Schedule A - Cost of Go		iter metnoc			of wor		6			
,	·					ar	<u> </u>			
2 Purchases				-		ld. Subtract line	}			
3 Cost of labor	· · · <del>                                </del>					ter here and in				
4a Additional section 263A co	1 (		Part I, I	ne 2	٠		7_		T.v.	
(attach schedule)		<del></del> -				section 263A (w			Yes	No
<b>b</b> Other costs (attach schedu						or acquired for			ĺ	
5 Total. Add lines 1 through			to the o	rganizatio	οn <sup>γ</sup> .	<del> <u> </u></del>	<del></del>	<u></u>	L	X
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Proper	ty Leas	ed W	Vith Real Proper	ty)			
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the for personal property is more th more than 50%)		age of rent for personal prop	eal and personal property (if the rent for personal property exceeds rent is based on profit or income)  3(a) Deductions directly continuous in columns 2(a) and 2(						ome	
(1)			<del></del>	<del></del>		<del></del>				
(2)						<u> </u>				
(3)				_						
(4)						,				
Total		Total								
(c) Total income. Add totals of co						(b) Total deduction Enter here and on		1		
here and on page 1, Part I, line 6						Part I, line 6, colum	ın (B)	<u> </u>		
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions)							
1 Description of deb	t financed aronarty		Gross income from or allocable to debt-financed		3. D	Deductions directly con- debt-finance			le to	
t Description of dep	k-illianced property		property	(a) §		nt line depreciation ch schedule)	(1	b) Other dedu (attach scher		
(1)										
(2)										
(3)										
(4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adju- of or allocal debt-financed (attach sche	ble to property	6. Column 4 divided by column 5			income reportable	-	Allocable ded mn 6 x total of 3(a) and 3(	of colum	
(1)				%						
(2)				%						
(3)				%		<del>  </del>				
(4)				%	_	<del></del>			_	
,			l	Enter	here I, line	e and on page 1, e 7, column (A)	Enter Part	here and o	on pag	je 1, (B)
Totals				▶i		1				

Total dividends-received deductions included in column 8 . . . . . .

Form 990-T (2016)

Schedule F - Interest, Annie	ntico, regulace			ntrolled Org					101107	
Name of controlled organization	2 Employer identification numb	er 3 N	et unrela	ated income	4 Total		ed inclu	art of column 4 ded in the con ization's gross	enillori	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations						_			
7 Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific		ıncl	uded in th	umn 9 that is e controlling gross income		Deductions directly inected with income in column 10
(1)				-			•	•		
(2)										
(3)				4.4.4						•
(4)	_									
Totals			····		<b>&gt;</b>	Ent Pa	t I, kne 8,	i on page 1, column (A)	Ent Pa	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment in	Come of a Sec	RION 50 IQ	5)(1),	3 Deduc		IIIZatit			<u> </u>	5. Total deductions
1 Description of income	2 Amount of	income		directly cor (attach sch	nected		(att	. Set-asides ach schedule)		and set-asides (col 3 plus col 4)
(1)			ļ							
(2)										
(3)			_							
(4)	Enter here and									Enter here and on page 1,
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, c		er Th	an Adverti	ising In	come	(see ins	structions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	y with n of ed	4 Net incorfrom unrelated or business 2 minus coll f a gain, coll 5 three	ted tradé (column lumn 3) ompute	from IS N	ross incom activity that of unrelated ness incom	at attribu	enses table to mn 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 a page 1, Pa line 10, co	art I,							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising In	come (coe instr	uctions)		<u> </u>						
			oneol	idated Bar	eie					
Part I Income From Per	iodicais Repon	eu on a C	OLISOI	iualeu Da	515	i	-	<del></del>		
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus ci a gain, co cols 5 thri	ss) (col ol 3) If mpute		Circulation income	I	dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				7						
(3)	<u> </u>			1						
(4)				1						
	-									
Totals (carry to Part II, line (5))				<u></u>						Form <b>990-T</b> (2016

Form 990-T (2016) 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 ▶				1		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		

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

Form 990-T (2016)

Form 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No 179

CHRISTUS SPOHN HEALTH SYSTEM CORPORATION

Business or activity to which this form relates

Identifying number 74-1109836

Pa	rt l	Election To Expense Co Note: If you have any list				you comp	olete Part I			
1	Maxin	num amount (see instructions).							1	500,000
2	Totaí	cost of section 179 property pla	ced in service (see in	structions).					2	
3		hold cost of section 179 propert							3	2,000,000
4 5	Reduc	ction in limitation Subtract line 3	I from line 2 If zero o	or less, enter -0					4	500.000
÷	separat	ely, see instructions		- I marica ming					5	500,000
		(a) Description of	of property	-	(b) Cost (bu	isiness use ont	y) (c) Elec	ted cost		}
							<del> </del>			}
_	1 -1	Total Maria Maria					<del> </del>			ļ
7		property Enter the amount from								{
8		elected cost of section 179 prop							8	
9 10		tive deduction Enter the smaller over of disallowed deduction fro							9	<u> </u>
11		ess income limitation. Enter the							10	
12		on 179 expense deduction Add		•		•		-	11	
13		over of disallowed deduction to							12	
	· · · ·	t use Part II or Part III below for			12	13		_		<u> </u>
	rt II	Special Depreciation Al			iation (D	on't include	listed proper	tv ) (S	See in	structions )
14		al depreciation allowance for			<u>'</u>			• • •		
	•	the tax year (see instructions)		• `		, .			14	
15		rty subject to section 168(f)(1) e							15	
_		depreciation (including ACRS)							16	142
	rt III	MACRS Depreciation (D	on't include listed	property ) (S	See instru	ictions )	<u> </u>	<u></u>		112
		ти сетте дерге описат (о		· · · · · · · · · · · · · · · · · · ·	ion A	,				<u></u>
17	MACE	RS deductions for assets placed	in service in tax vea			<del></del>			17	
18		are electing to group any as accounts, check here	<u> </u>	<u> </u>		. <u></u>	<u></u> ▶ ∫		ion S	ystem
	(a	) Classification of property	(b) Month and year placed in service	(c) Basis for c (business/inve only - see ins	stment use	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-ye	ar property								
b	5-ye	ar property								
C	7-ye	ar property						Ι.		
d	10-ye	ar property								
е	15-ye	ar property								
f	20-ye	ar property								
g	25-ye	ar property				25 yrs		Ş	/L	
h	Resid	ential rental				27 5 yrs	ММ	S	/L	
	prope	rty				27 5 yrs	ММ	s	/L	
i	Nonre	sidential real				39 yrs	ММ	S	<u>/L</u>	
	prope	<del></del>					MM		<u>/L</u>	
		Section C - Assets Pl	aced in Service D	ouring 2016	Tax Year	Using the	Alternative De	_		System
	Class							+	<u>/L</u>	
	12-yea					12 yrs	1414	+	<u>/L</u>	
	40-yea		\no \			40 yrs	MM	l S	<u>/L</u>	<u> </u>
		Summary (See Instruction								
21		property Enter amount from lin							21	
22		Add amounts from line 12, lin								140
		n the appropriate lines of your re					<del></del>	· · ·	22	142
23		ssets shown above and place								
_		n of the basis attributable to sec				23				Form <b>4562</b> (2016
ror	raper	work Reduction Act Notice, see	separate instruction	າຮ.						CONT. 4304 (201)

		tertainment, reci ny vehicle for wh s (a) through (c) of	ich you are	using	the st	andard				lucting	lease e	expense		and polete on	•
_		Depreciation and				_				mits for	passe	nger au	tomobil	es )	
24	a Do you have evidence						es		24b lf "Y					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) or other ba	Bas	(e) sis for depr siness/inve	eciation	(f) Recovery period	(g Meth Conve	j) 10d/	(I Depre	h) ciation	T	) ection 17
25	Special depreciation the tax year and use									L	25	_			
26						<del>c (300 )</del>	100000	10113)	<u></u>	• • • •		L		J	_
	The contract of the contract o			/d		$\neg \top$			I <del></del> -			Γ			
				<b>%</b>		_	_	-				·			
				%											
27	Property used 50%	or less in a qualifi	ed business	use			**	-	L						
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		6					· · · ·	S/L -					
			9	6			_			S/L -				]	
			9	6			_			S/L -				1	
28	Add amounts in col	umn (h), lines 25	through 27	Enter	here an	d on lir	ne 21, p	age 1			28			1	
29	Add amounts in col	umn (ı), line 26 E	nter here ar	nd on l	ine 7, pa	ige 1 .		<u> </u>			<u></u>		, 29		
	-		Sectio	nB-I	nforma	ation o	n Use	of Ve	hicles						_
	nplete this section for our employees, first ans													rovided	vehicle
30	Total business/inve				a) icle 1		b) icle 2	Ve	(c) chicle 3	(d Vehi			e) cle 5	(1 Vehi	
31	Total commuting m	iles driven during	the year .												
32	•	ersonal (nonco	J. 1											]	
	miles driven														
33	Total miles driver		I				0		0		^		^		
	lines 30 through 32			Vaa	0		0	Yes	0	Von	0 <b>No</b>	Yes	0	Voc	No
34	Was the vehicle			Yes	No	Yes	No	162	No	Yes	NO	res	No_	Yes	No
	use during off-duty						<u> </u>							<del></del>	
33	Was the vehicle t						}		- {					1 1	
26	than 5% owner or re								<del></del>						
30	Is another vehicle						ĺ	}		[				[ [	
_	use?	tion C - Questic		niove	re Who	Provi	de Vel	nicles	for Use	by The	air Em	niovee		<b>!</b>	
	swer these questions	s to determine if	you meet a	n exce						-				who a	en't
_	re than 5% owners o Do you maintain a		`		ohibits a	all pers	onal u	se of	vehicles.	ınclud	ina coi	mmutin	a. bv	Yes	No
	your employees? Do you maintain a														
	employees? See the											•	-		
39		of vehicles by em	piovees as p	ersona	al use?	-	,	•		-	_				
40		ore than five vel	hicles to yo	ur em	ployees	, obta	in infor	matio	n from y	our em	ployee	s abou	t the		
	Do you meet the re-	quirements conce	rning qualifi	ed auto	omobile	demo	nstratio	n use?	See ins	truction	s)				
41	Note: If your answe		U, OF 41 IS	res, a	on't cor	npiete	Section	Bior	the cove	rea ven	icies				
	rt VI Amortizati	on													
			(b)	zation		(c)			(d)	ction	(e) Amortiz	ation		(f)	is vear
	(a) Description of	costs	Date amortiz begins		Am	ortizable	amount		Code se		perior		Amortiza	ונוטון וטו נוו	,
Pa			begins						Code se		percen		Amortiza		
Pa	Description of		begins						Code sec				AMORIZE		
Pa	Description of Amortization of cos	ts that begins duri	begins ng your 201	6 tax	year (se				Code sec				Amortiza		
Pa	Amortization of cos  Amortization of cos	ts that begins duri	ng your 201 ore your 201	6 taxy	year (se	e instru	ictions)		Code set				AMORIZE		

**Alternative Minimum Tax - Corporations** 

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

▶ Go to www irs.gov/Form4626 for instructions and the latest information

Employer identification number CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 74-1109836 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) 4,275 Adjustments and preferences: 2a d Amortization of circulation expenditures (personal holding companies only) . . . . . . . . . . . . 2e 2f Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . . . . Tax shelter farm activities (personal service corporations only).......... Passive activities (closely held corporations and personal service corporations only) . . . . . . . . 2k 21 2m 2n -43 20 232 3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 . . . . . Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions...... Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b c Multiply line 4b by 75% (0 75) Enter the result as a positive amount . . . d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an e ACE adjustment • If line 4b is zero or more, enter the amount from line 4c 4e If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount. 4,232 Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT. . . . . . . 3,809 6 Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 7 423 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) a Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0- . . . . . . . . . 8a c Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group. 8c NONE 9 423 9 10 85 10 11 11 12 85 12 13 Regular tax liability before applying all credits except the foreign tax credit . . . . . . . . . . . . . . . . 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . 85

For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

# Form 8827

Department of the Treasury

Internal Revenue Service

### **Credit for Prior Year Minimum Tax-Corporations**

►Attach to the corporation's tax return.

▶ Information about Form 8827 and its instructions is at www.irs gov/form8827.

OMB No 1545-0123

2016

Employer identification number

CHF	ISTUS SPOHN HEALTH SYSTEM CORPORATION	74-	1109836
1	Alternative minimum tax (AMT) for 2015 Enter the amount from line 14 of the 2015 Form 4626	1	245
2	Minimum tax credit carryforward from 2015 Enter the amount from line 9 of the 2015 Form 8827	2	973
3	Enter any 2015 unallowed qualified electric vehicle credit (see instructions)	3	
4	Add lines 1, 2, and 3	4	1,218
5	Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see		
	instructions)	5	
6	Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)?		
	• Yes. Enter 25% of the excess of line 5 over \$25,000 If line 5 is \$25,000 or less, enter -0-		
	• No. Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12	6	85
7 a	Subtract line 6 from line 5 If zero or less, enter -0	7a	·
b	For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation		
	amount attributable to the minimum tax credit (see instructions)	7b	
C	Add lines 7a and 7b,	7c	
8a	Enter the smaller of line 4 or line 7c If the corporation had a post-1986 ownership change or		
	has pre-acquisition excess credits, see instructions	8a	0
b	Current year minimum tax credit. Enter the smaller of line 4 or line 7a 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 7b, go to line 8c Otherwise, skip line 8c · · · · · · · · · · · · · · · · · ·	8b	
C	Subtract line 8b from line 8a This is the refundable amount for a corporation electing to		
	accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line		1
	19c (or the applicable line of your return)	8c_	
9	Minimum tax credit carryforward to 2017. Subtract line 8a from line 4 Keep a record of this		
	amount to carry forward and use in future years	9	1,218

### Instructions

Section references are to the Internal Revenue Code unless otherwise noted

#### What's New

Modifications to the election to accelerate the minimum tax credit in lieu of claiming the bonus depreciation allowance apply to qualified property placed in service in tax years ending after December 31, 2015 See the instructions for line 7b

#### **Purpose of Form**

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years and to figure any minimum tax credit carryforward

#### Who Should File

Form 8827 should be filed by corporations that had

- An AMT liability in 2015,
- A minimum tax credit carryforward from 2015 to 2016, or
- A qualified electric vehicle credit not allowed for 2015 (see the instructions for line 3)

#### Line 3

Enter any qualified electric vehicle credit not allowed for 2015 solely because of tentative minimum tax limitations

#### Line 5

Enter the corporation's 2016 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, line 5a, through 5c, from the amount on Schedule J, Part I, line 2)

#### Line 6

See the 2016 Instructions for Form 4626 to find out if the corporation is treated as a "small corporation" exempt from the AMT for 2016. If the corporation is a "small corporation" exempt from the AMT, see section 38(c)(6) before completing line 6 for special rules that apply to controlled corporate groups

### Line 7b

# Election To Accelerate Minimum Tax Credit in Lieu of Bonus Depreciation

A corporation can elect to claim unused minimum tax credits in lieu of claiming the special depreciation allowance (bonus depreciation) for qualified property (as defined in section 168(k)(2)) placed in service during the tax year. Once made, this election cannot be revoked without IRS consent.

If the corporation elects to accelerate the minimum tax credit and obtain a refundable credit in lieu of the special depreciation

allowance, complete the Worksheet for Calculating the Refundable Minimum Tax Credit Amount, later in the instructions Enter the amount from line 9 of the worksheet on Form 8827, line 7b All others, enter zero on line 7b

For fiscal year corporations with tax years beginning in 2015 and ending in 2016, the limitation on the bonus depreciation amount is calculated differently for property placed in service during that fiscal year that is subject to section 168(k)(4), as amended by Public Law 114-113. The fiscal year corporation should modify the worksheet to reflect that different calculation. See section 168(k)(4), as modified.

If a partnership has a single corporate partner that owns (directly or indirectly) more than 50% of the capital and profits interests in the partnership at all times during the tax year, then each partner takes into account its distributive share of partnership depreciation in determining its bonus depreciation amount. For more information, see section 168(k)(4)(D)(iii)

For more information on the election to accelerate the minimum tax credit in lieu of claiming the special depreciation allowance, see section 168(k)(4) For more information on the special depreciation allowance, see the Instructions for Form 4562 and Pub 946, How To Depreciate Property

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

9,338.

## ATTACHMENT 2

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ALLOCATED MAINTENANCE EXPENSE ALLOCATED HOUSEKEEPING EXPENSE SUPPLIES PURCHASED SERVICES ALLOCATED SECURITY EXPENSES DUES & MEMBERSHIPS RENT EXPENSE OTHER MISCELLANEOUS EXPENSE TRAVEL MEALS & ENTERTAINMENT	2,976. 2,870. 1,379. 1,033. 1,009. 67. 2. 1.

PART II - LINE 28 - OTHER DEDUCTIONS

**Christus Spohn Health System Corporatior** 

EIN: 74-1109836 Year End: 6/30/17

### 2016 Form 990-T, Part II, Line 31 - Net Operating Loss Deduction

Expiration Date \*

	Expiration Date						
Fiscal Year	Fiscal Year	NOL	Amount Previously	Amount Utilized in	Amount	Charitable	
Ended	Ended	Generated	Utilized	2016	Expired	Conversion	Balance
	-	-			_		
6/30/2006	6/30/2026	51,697	(51,697)				_
6/30/2007	6/30/2027	-					-
6/30/2008	6/30/2028	91,468	(63,657)	(5,275)			22,536
6/30/2009	6/30/2029	6,679					6,679
6/30/2010	6/30/2030	-					-
6/30/2011	6/30/2031	-					-
6/30/2012	6/30/2032	471					471
6/30/2013	6/30/2033	2,044					2,044
6/30/2014	6/30/2034	1,536				-	1,536
6/30/2015	6/30/2035	862				-	862
6/30/2016	6/30/2036	1,237					1,237
6/30/2017	3/30/2037	-				428	428
Carryforward to 0	06/30/2018	155,994	(115,354)	(5,275)	-	428	35,793

<sup>\*</sup>Available for use against future Unrelated Business Income If not utilized, the net operating loss will expire in the fiscal year ended indicated above

### 2016 Form 4626, Line 6 - Alternative Minimum Tax Net Operating Loss Deduction

Date Generated Expiration Date \*

Fiscal Year Ended	Fiscal Year Ended	NOL Generated	Amount Previously Utilized	Amount Utilized in 2016	Amount Expired	Charitable Conversion	Balance
0.000.0000	0/00/0000	54.007				<u> </u>	
6/30/2006	6/30/2026	51,697	(51,697)				-
6/30/2007	6/30/2027	-					-
6/30/2008	6/30/2028	91,468	(30,774)	(3,809)			56,885
6/30/2009	6/30/2029	6,679					6,679
6/30/2010	6/30/2030	-					-
6/30/2011	6/30/2031	-					-
6/30/2012	6/30/2032	424					424
6/30/2013	6/30/2033	1,840					1,840
6/30/2014	6/30/2034	1,382				-	1,382
6/30/2015	6/30/2035	776				-	776
6/30/2016	6/30/2036	1,113				-	1,113
6/30/2017	6/30/2017	-				385	385
Carryforward to 0	6/30/2018	155,379	(82,471)	(3,809)	-	385	69,484

<sup>\*</sup>Available for use against future Unrelated Business Income If not utilized, the net operating loss will expire in the fiscal year ended indicated above