

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

2017

Department of the Treasury Internal Revenue Service

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)

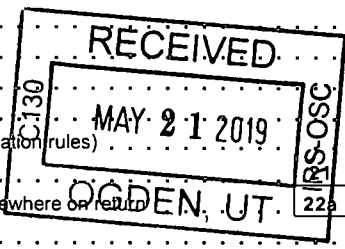
Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type (501(c) corporation).

Section H: Describe the organization's primary unrelated business activity. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Section J: The books are in care of SHERRY STURDIVANT, Telephone number 469-282-2000.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13: Unrelated Trade or Business Income. Total income reported as 0.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34: Deductions Not Taken Elsewhere. Total deductions reported as 0.



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Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Other taxes, Total tax, Payments (A 2016 overpayment credited to 2017), Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded amount.

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

Table with 2 columns: Question and Yes/No. Questions include: At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... and During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?...

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

Sign Here section containing signature of officer, date, title, and preparer information including name, date, firm name, address, and phone number.

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

Table with 8 main rows and 4 sub-columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

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

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1-4) and Total.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1-4) and Totals.

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

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

**Nonexempt Controlled Organizations**

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

Totals

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

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

Totals

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

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------|
| (1)                                 |                                                          |                                                                            |                                                                                                                    |                                                                    |                                     |                                                                                |
| (2)                                 |                                                          |                                                                            |                                                                                                                    |                                                                    |                                     |                                                                                |
| (3)                                 |                                                          |                                                                            |                                                                                                                    |                                                                    |                                     |                                                                                |
| (4)                                 |                                                          |                                                                            |                                                                                                                    |                                                                    |                                     |                                                                                |
|                                     |                                                          | Enter here and on page 1, Part I,<br>line 10, col (A)                      | Enter here and on page 1, Part I,<br>line 10, col (B)                                                              |                                                                    |                                     | Enter here and on page 1,<br>Part II, line 26                                  |

Totals

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|----------------------------|----------------------------|--------------------------------------------------------------------------------------|----------------------|--------------------|---------------------------------------------------------------------------------|
| (1)                                 |                            |                            |                                                                                      |                      |                    |                                                                                 |
| (2)                                 |                            |                            |                                                                                      |                      |                    |                                                                                 |
| (3)                                 |                            |                            |                                                                                      |                      |                    |                                                                                 |
| (4)                                 |                            |                            |                                                                                      |                      |                    |                                                                                 |
| Totals (carry to Part II, line (5)) |                            |                            |                                                                                      |                      |                    |                                                                                 |

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

| 1 Name of periodical                           | 2 Gross advertising income                         | 3 Direct advertising costs                         | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------------------|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|--------------------|---------------------------------------------------------------------------------|
| (1)                                            |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |
| (2)                                            |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |
| (3)                                            |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |
| (4)                                            |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |
| <b>Totals from Part I.</b> . . . . . ▶         |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |
|                                                | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |                                                                                      |                      |                    | Enter here and on page 1, Part II, line 27                                      |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |                                                    |                                                    |                                                                                      |                      |                    |                                                                                 |

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

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

NAME AND FEIN OF PARENT CORPORATION

CHRISTUS HEALTH 76-0590551

Christus Continuing Care  
 EIN: 74-2898615  
 Year End: 6/30/2018

2017 Form 990-T, Net Operating Loss Carryforward Schedule

| Date Generated             |                   | Expiration Date * |                            |                         |                |                       |           |
|----------------------------|-------------------|-------------------|----------------------------|-------------------------|----------------|-----------------------|-----------|
| Fiscal Year Ended          | Fiscal Year Ended | NOL Generated     | Amount Previously Utilized | Amount Utilized in 2017 | Amount Expired | Charitable Conversion | Balance   |
| 6/30/2014                  | 6/30/2034         | 268,848           |                            |                         |                |                       | 268,848   |
| 6/30/2015                  | 6/30/2035         | 182,476           |                            |                         |                |                       | 182,476   |
| 6/30/2016                  | 6/30/2036         | 979,723           |                            |                         |                |                       | 979,723   |
| 6/30/2017                  | 6/30/2037         | 1,501,125         |                            |                         |                |                       | 1,501,125 |
| 6/30/2018                  | 6/30/2038         | -                 |                            |                         |                |                       | -         |
| Carryforward to 06/30/2019 |                   | 2,932,172         | -                          | -                       | -              | -                     | 2,932,172 |

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

2017 Form 4626 - Alternative Minimum Tax Net Operating Loss Carryforward

| Date Generated             |                   | Expiration Date * |                            |                         |                |                       |           |
|----------------------------|-------------------|-------------------|----------------------------|-------------------------|----------------|-----------------------|-----------|
| Fiscal Year Ended          | Fiscal Year Ended | NOL Generated     | Amount Previously Utilized | Amount Utilized in 2017 | Amount Expired | Charitable Conversion | Balance   |
| 6/30/2014                  | 6/30/2034         | 268,848           |                            |                         |                |                       | 268,848   |
| 6/30/2015                  | 6/30/2035         | 182,476           |                            |                         |                |                       | 182,476   |
| 6/30/2016                  | 6/30/2036         | 979,723           |                            |                         |                |                       | 979,723   |
| 6/30/2017                  | 6/30/2037         | 1,501,125         |                            |                         |                |                       | 1,501,125 |
| 6/30/2018                  | 6/30/2038         | -                 |                            |                         |                |                       | -         |
| Carryforward to 06/30/2019 |                   | 2,932,172         | -                          | -                       | -              | -                     | 2,932,172 |

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