, , ,		EXTENDED TO M							
Form 990-T	t	Exempt Organization Bus				ax Return	ו ו	OMB	No 1545-0687
	_	(and proxy tax und				1900	ا ۵	9	018
٠,٠	Forca	Bendar year 2018 or other tax year beginning OOL 1, Go to www.irs.gov/Form990T for in					<u>·</u>		UIO
Department of the Treasury Internal Revenue Service	•	• Do not enter SSN numbers on this form as it ma					.	Open to P 501(c)(3) (Public Inspection for Organizations Only
A Check box if address changed		Name of organization (Check box if name of	change	d and see instru	ctions.)		(Emp	loyer (denti oloyees' tru uctions)	ification number ust, see
B Exempt under section	Print	MERCY HEALTH SERVICES	I	OWA, CO	RP.		3	1-13	373080
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo						lated busin	ness activity code
408(e) 220(e)	Туре	1000 4TH STREET SW			_				•,
408A 530(a)	ļ ,	City or town, state or province, country, and ZIP of MASON CITY, IA 50401	or foreig	gn postal code			446	110	
C Book value of all assets at end of year		F Group exemption number (See instructions.)							
<u></u>	54 <u>.</u>	G Check organization type ► X 501(c) cor	poratio	n 501	(c) trust	401(a) trust		Other trust
	-	ation's unrelated trades or businesses.	6			the only (or first) ui			
		TAIL PHARMACIES				, complete Parts I-V.			ie,
	•	ace at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a	Schedule	e M for each addition	nal trade	e or	
business, then complete						CMMM 2 h	17.		
I During the tax year, was if "Yes" enter the name a	the corp indudent	poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	nt-subs Y L Y I	idiary controlled 35	1 group? 4	3426	A Y	85 <u> </u>	Nu
J The books are in care of				<u> </u>		ione number			-1000
		de or Business Income		(A) Inco		(B) Expense			(C) Net
1a Gross receipts or sale	s	33,488,237.				,			
b Less returns and allow	wances	2,004,989. c Balance		31,483,					
2 Cost of goods sold (S	chedule	A, line 7)	2	22,609,				<u> </u>	
3 Gross profit. Subtract			3	8,873,	295.			8,8	373,295.
4a Capital gain net incon			4a					 	
		Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduction			4c	 	- 13 i	CEIVE		 	
, ,	•	ship or an S corporation (attach statement)	5	-	@['_ ()	-	
6 Rent income (Schedu7 Unrelated debt-financ	•	na (Sahadula E)	7		G J	JL 13 2020	OS	1	
		nd rents from a controlled organization (Schedule F)	8	1		0 2020	100	1	
		on 501(c)(7), (9), or (17) organization (Schedule G)			00	GDEN LIT			
10 Exploited exempt activ			10	- 4					
11 Advertising income (S	Schedule	; J) `	11						
12 Other income (See ins	struction	ns; attach schedule)	12						
13 Total, Combine lines	3 throu	gh 12	13	8,873,				8,8	373,295.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for	or limit	ations on dedi	uctions.)				
		utions, deductions must be directly connected	with	tne unrelated	business	income.)			
	icers, di	rectors, and trustees (Schedule K)					14	 	01 717
15 Salaries and wages							15	├─ °	391,717. 9,961.
16 Repairs and mainten17 Bad debts	ance						16	 2	281,047.
18 Interest (attach sche	dule\ (si	ee instructions)					18	 	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
19 Taxes and licenses	GUIO) (5	oc mondonor					19	1	08,115.
	ons (See	e instructions for limitation rules) STATEMI	ENT	4 SEE	STAT	TEMENT 1	20	1	0.
21 Depreciation (attach		ř			21	108,519.			
22 Less depreciation cla	aimed or	n Schedule A and elsewhere on return			22a	24,547.	22b	<u> </u>	83,972.
23 Depletion							23	<u> </u>	
24 Contributions to defe		mpensation plans					24	 	A
25 Employee benefit pro							25	 2	207,835.
26 Excess exempt exper		•					26	⊢ —	
27 Excess readership co	•	·		a ma	GW y u	TEMENT 2.	27	7 6	951.
28 Other deductions (at				ore	STAT	rement 2	28		28,598.
29 Total deductions. A30 Unrelated business t		14 through 28 ncome before net operating loss deduction. Subtrac	t line ?	Q from line 12					244,697.
		loss arising in tax years beginning on or after Janua			tions)	η_{o}^{o}	3/1	 	
		ncome. Subtract line 31 from line 30	۰۰, ۰, ۵۰	, 500 man du		ž,	32	2	244,697.
		work Reduction Act Notice, see instructions.					1		990-T (2018)
	•	1					- (25	7) '

Form 990-T	·	MERCY HEALTH SERVIO			31-13	13080	Page 2
Part II	<u>I. T</u>	otal Unrelated Business Taxab	le Income				
38	Total (of unrelated business taxable income compute	ed from all unrolated trades or businesses	(see instructions)		33	<u>315,595.</u>
34	Amou	nts paid for disallowed fringes				34	
35	Deduc	tion for net operating loss arising in tax years	beginning before January 1, 2018 (see in	structions) S	PMT 6 .	35	315,595.
36	Total o	of unrelated business taxable income before s	pecific deduction. Subtract line 35 from th	ne sum of			
		33 and 34			_	36	
		ic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)	• • • •	39	3,7	1,000.
		ated business taxable income. Subtract line		line 36			
		the smaller of zero or line 36	or northing bot it line of to grouter than			38	0.
Part I\	_	ax Computation	· · · · · · · · · · · · · · · · · · ·		· · · ·	1 10 1	
		izations Taxable as Corporations. Multiply li	ine 20 by 219/ (0.21)			39	0.
	•	•				39	
40	$\overline{}$	Taxable at Trust Rates. See instructions for			_	1-1-1	
		Tax rate schedule or Schedule D (For	m 1041)		🟲	40	
	_	tax. See instructions		•	•	41	
		ative minimum tax (trusts only)	• • • • • • • • • • • • • • • • • • • •			42	
		Noncompliant Facility Income. See instruc				43	
,	_	Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies .	· · · · · · · · · · · · · · · · · · ·		44	0.
Part V		ax and Payments	<u> </u>				
45 a	Foreig	n tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a	· · · · · · · · · · · · · · · · · · ·	-	
b	Other	credits (see instructions)		45b		-	
C	Gener	al business credit. Attach Form 3800		45c		_	
ď	Credit	for prior year minimum tax (attach Form 880	1 or 8827)	45d			
е	Total	credits. Add lines 45a through 45d				45e	
46	Subtra	act line 45e from line 44				46	0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)		
		tax. Add lines 46 and 47 (see instructions)				48	0.
		net 965 tax liability paid from Form 965-A or F	Form 965-B. Part II. column (k), line 2	•	•	49	0.
		ents: A 2017 overpayment credited to 2018	Z\!	$ \mathbf{a} _{5\mathbf{D}\mathbf{a}} $ 6	85,000		
	-	estimated tax payments	· · · · · · · · · · · · · · · · · · ·	50b	<u> </u>	7	
		eposited with Form 8868		50c		⊣	
		n organizations: Tax paid or withheld at source	· · · · · · · · · · · · · · · · · · ·	ð 50d		⊣	
	-		·	2 50e		-	
				E 501		-	
		for small employer health insurance premium		501			
9	_	credits, adjustments, and payments:		<u>al</u>	12 605		
			· · · · · · · · · · · · · · · · · · ·	▶) 50g	<u>23,685</u>		700 605
		payments. Add lines 50a through 50g	· · · · · · · · · · · · · · · · · · ·	STATEMENT .	5	31 -	708,685.
		ated tax penalty (see instructions). Check if Fo			<i>6</i>	/ 	
		ue. If line 51 is less than the total of lines 48,	-		· (4	53	500 605
		ayment. If line 51 is larger than the total of li	· · · · · · · · · · · · · · · · · · ·			5#	708,685.
		the amount of linc 54 you want: Credited to 2			funded 🚬	<u> </u>	0.
Part V	1. 8	Statements Regarding Certain	Activities and Other Informa	ition (see instru	ctions) フ	<u> </u>	
56	At any	\prime time during the 2018 calendar year, did the c	organization have an interest in or a signat	ture or other authori	ty		Yes No
	over a	financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	ation may have to file	9		
	FinCE	N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the name of	the foreign country			<u> </u>
	here	>					X
57	Durin	g the tax year, did the organization receive a d	istribution from, or was it the grantor of,	or transferor to, a fo	reign trust?		X
		s," see instructions for other forms the organiz		·	·	•	
68		the amount of tax exempt interest received or					
	Un	der penalties of perjury, I declare that I have examined	this return, including accompanying schedules an			ledge and belief	l, it is true,
Sign	col	rect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any knowledg	-	_	 ,
Here		Michael a lalar a)	7/12/20 REGIO	NAL CFO		•	cuss this return with
		Signature of officer	Date Title	WILD CLO		the preparer she instructions)?	Yes No
		Drint/Time proposerie	Property signature	T _{Date} T	Chook		100 1140
_		Print/Type preparer's name	Preparer's signature	Date	Check		
Paid					self- employe	٠	
Prepa	rer		L	<u></u>	1		
Use C	nly	Firm's name			Firm's EIN		
		Firm's address			Phone no.		
823711 01-	09-19					F	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	aluation > REP	LACI	EMENT COST			
1 Inventory at Beginning of year		,531,708.	_	Inventory at end of yea			6	2,788,8	858.
2 Purchases		,868,457.		Cost of goods sold. St		ine 6		Ī	
3 Cost of labor	3]	from line 5. Enter here	and in F	Part I,		_[
4 a Additional section 263A costs			1	line 2			7	22,609	,953.
(attach schedule) STMT	7 4a	-1,354.	8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b]	property produced or a	cquired	for resale) apply to		ļ	_
5 Total. Add lines 1 through 4b		,398,811.		the organization?				X	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty)	
Description of property									
(1)						· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)	*								
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	enal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	conne d 2(b)	cted with the income (attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	nstru	ctions)	т .	· · · · · · · · · · · · · · · · · · ·			
			2	, Gross income from		 Deductions directly control to debt-finance 			
1. Description of debt-fil	nanced property		_	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			<u> </u>		<u> </u>		\top		
(2)							1		
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
		-				nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		0	.		0.
Total dividends-received deductions	ncluded in column	n 8		•	-	•			0.

Form 990-T (2018)

Schedule F - Interest, A	Annuities, Royal						tions	(see ins	struction	s)
		<u>LE</u>	xempt (Controlled O	rganizati	ons				
1. Name of controlled organizati	identif			elated income instructions)		al of specified ments made	includ	t of column 4 ed in the conti ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)										
(1) (2)							-		- 	
						* .	<u> </u>			<u> </u>
(3)							<u> </u>			
(4) Nonexempt Controlled Organiz	L						<u> </u>			
	8 Net unrelated incom	no (lana)	O Total	of specified payr		10 Part of colur	no C that	t to the budged	11 . De	ductions directly connected
7. Taxable Income	(see instruction		g. Total	made	nems	in the controlli	ng organ	ization's		income in column 10
(1)										
(2)	·									
(3)				-						
(4)										
17/		•				Add colum Enter here and Ine 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
								^		0
Totals	nt Income at a f	Postine FC	14/-1/7	() (0) (-	17) 0::-			0.		0.
Schedule G - Investmer		section 50)1(C)(/), (9), or (1/) Org	janization				
(see mstr	uctions)			I	T	3. Deduction				5. Total deductions
1. Descr	ription of income			2. Amount of	псоте	directly conne	cted	4, Set-	asides chedule)	and set-asides
				<u> </u>		(attach sched	ule)	(attaon s		(col 3 plus col 4)
(1)				<u> </u>						
(2)								-		
(3)										
(4)										
				Enter here and a Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited I	• •	Income,	Other	Than Adv		g Income				
(see instru 1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly conning with produce of unrelated business incomes and the control of the	nected ction led	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				· · · · · · · · · · · · · · · · · · ·						
(4)								-		
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,				-	•		Enter here and on page 1, Part II, line 26
Schedule J - Advertisir		nstructions)		L		,				
	Periodicals Rep		Cons	solidated	Basis	· <u></u>				
1. Name of periodical	2. Gross advertising income		Direct sing costs			5. Circulat e income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>						
(2)										
(3)				7						
(4)				_	•					
				1			_			
Totals (carry to Part II, line (5))	>	0.	0	•						0. Form 990-T (2018

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.) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus 2. Gross 3. Direct 5. Circulation 6. Readership advertising income 1. Name of periodical advertising costs costs column 5, but not more than column 4) (1) (2) (3) (4) 0. Totals from Part I Þ 0. 0. Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) 0 0.

Schedule K - Compensation of Officers, Direc	tors, and Trustees	(see instructions)
	T	1 2

1 . Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL~1,~2018 , and ending JUN~30,~2019► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only

Name	of the organization MERCY HEALTH SERVICES -		entification number			
	Unrelated business activity code (see instructions) 62150 Describe the unrelated trade or business LABORATOR		ND HEALTH CA	RE SERVIC	ES	
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 1,399,940.		1 200 040			
b	Less returns and allowances c Balance >	1c	1,399,940.			
2	Cost of goods sold (Schedule A, line 7)	2	1 222 242	-		
3	Gross profit. Subtract line 2 from line 1c	3	1,399,940.			1,399,940.
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) STATEMENT 8	5	2,839.			2,839.
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_		ļ		
9	Investment income of a section 501(c)(7), (9), or (17)		-			
	organization (Schedule G)	9		<u> </u>		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	1,402,779.			
13	Total. Combine lines 3 through 12		1,402,779.			
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the second sec					or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	556,471.
15	Salanes and wages				15	7,752.
16	Repairs and maintenance				16	1,132.
17	Bad debts				17 18	
18	Interest (attach schedule) (see instructions) Taxes and licenses				19	39,202.
19 20	Charitable contributions (See instructions for limitation rules)				20	33,202.
21	Depreciation (attach Form 4562)		21	24,266.	20	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	24,200.	22b	24,266.
23	Depletion		224		23	21/2001
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	112,655.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STA	TEMENT 9	28	1,188,219.
29	Total deductions. Add lines 14 through 28		29	1,928,565.		
30	Unrelated business taxable income before net operating loss deduced	e 13	30	-525,786.		
31	Deduction for net operating loss arising in tax years beginning on o	- -				
	instructions)		, , , ,		31	
32	Unrelated business taxable income. Subtract line 31 from line 30				32	-525,786.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MERCY HEA	LTH SERV	/ICES - I	OWA, C	ORP.		31-13 <u>73</u>		jc 3
Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuatio	n ► N/A				
1 Inventory at Beginning of year	1_1_		6 Invent	ory at end of year	r	<u> </u>	6	
2 Purchases	2			of goods sold. Su				
3 Cost of labor	3		_	ine 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			line 2			L	7	
(attach schedule)	4a	-	7	rules of section			Yes N	No_
b Other costs (attach schedule)	4b				cquired	I for resale) apply to	 -	لىق
5 Total. Add lines 1 through 4b Schedule C - Rent Income (5 Erom Book	Proporty and		ganization?	0000	d With Pool Propo		<u>X</u>
(see instructions)	(FIOIII Neai	Froperty and	i Personai	Property L	cast	u witti neai Fiope	r ty)	
Description of property	. —							
(1)						_	 	—
(2)		-						_
(3)								_
(4)						-		_
	2. Rent receiv	ed or accrued						_
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	` of rent for p	and personal prop personal property nt is based on pro	erty (if the percentag exceeds 50% or if ifit or income)	je	3(a) Deductions directly cocolumns 2(a) and	onnected with the income in 2(b) (attach schedule)		
(1)								
(2)	-							_
(3)								
(4)								
Total	0.	Total			0.		. —	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0).
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
				income from		3. Deductions directly conne to debt-financed	property	_
1. Description of debt-fin	nanced property			able to debt- ed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								_
(2)					-			_
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property h schedule)		nn 4 divided olumn 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)			1	%			-	_
(2)			-	%				
(3)				%				_
(4)				%				
			•			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				>		0.		<u>.</u>
Total dividends-received deductions in	cluded in columi	<u>18</u>		-		<u> </u>	0	<u>.</u>

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Employer identification number

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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

	MERCY HEALTH SERVICES -	IOI	WA, CORP.	31-13	7308	30
	Inrelated business activity code (see instructions) 54161	0		-		
	escribe the unrelated trade or business MANAGEMEN	T S	ERVICES			· <u></u> -
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 1,492,686.					
b	Less returns and allowances c Balance ▶	1c	1,492,686.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	1,492,686.			1,492,686.
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				
12	Other income (See instructions; attach schedule)	12			٠,	
<u>13</u>	Total. Combine lines 3 through 12	13	1,492,686.			1,492,686.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the second				ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	600,605.
16	Repairs and maintenance				16	7.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)		SEE STAT	EMENT 10	18	699.
19	Taxes and licenses				19	996.
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21	281.		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	281.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	20,425.
26	Excess exempt expenses (Schedule I)				26	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

28

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1,083,447.

1,706,460

-213.774.

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instructions)

SEE STATEMENT 11

MERCY HEA	LTH SERV	/ICES - I	OWA, CORP.		31-1373	080		
Schedule A - Cost of Good	IS Sold. Enter	method of inve	ntory valuation N	/A				
 Inventory at beginning of year 	1		6 Inventory at end o	•	<u> -</u>	6		
2 Purchases	2		7 Cost of goods sol					
3 Cost of labor	3		from line 5. Enter	here and in	Part I,			
4a Additional section 263A costs			line 2		<u> </u>	7		
(attach schedule)	4a		8 Do the rules of se		•	Yes No		
b Other costs (attach schedule)	4 <u>b</u>		-	d or acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b Schedule C - Rent Income	5 (Enom Dool	Duamantiani	the organization?	h. L 0000	d With Book Brone	<u> </u>		
(see instructions)	(From Real	Property and	rersonal Propert	y Lease	a with Near Prope	rty)		
Description of property	-					•		
(1)								
(2)								
(3)								
(4)					···•			
		ed or accrued			2(a) Deductions directly of	opported with the income in		
(a) From personal property (if the per rent for personal property is mor- 10% but not more than 50%	e than	` ' of rent for	and personal property (if the per personal property exceeds 50% nt is based on profit or income)	centage or if	columns 2(a) and	uctions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)						· ·		
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		iter		0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	0.		
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly conne to debt-finance			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			<u> </u>	-				
(2)								
(3)								
(4)		_						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%				
(2)				%				
(3)				%				
(4)	<u> </u>			%				
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals					0.	0.		
Total dividends-received deductions	ncluded in columi	n 8			<u> </u>	0.		

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

2018

OMB No 1545-0687

ENTITY

Department of the Treasury
Internal Revenue Service (99)

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

Employer identification number

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080 Unrelated business activity code (see instructions) 812300 ▶ OTHER SERVICES Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 218,366. 1 a Gross receipts or sales 218,366. b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 2 218,366. 218,366. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4¢ 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 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 218,366. 218,366. 13 Total. Combine lines 3 through 12 Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 8.770. 15 Salanes and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 Depletion 23 24 24 Contributions to deferred compensation plans

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

166,133.

174,903.

43,463.

43,463.

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Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions, Add lines 14 through 28

Other deductions (attach schedule)

SEE STATEMENT 12

MERCY HEA	LTH SERV	VICES - I	OWA, CORP.		31-1373	080
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	7		
1 Inventory at beginning of year	1	 	6 Inventory at end of year	ar	<u> </u>	6
2 Purchases	2		7 Cost of goods sold. S			
3 Cost of labor	3		from line 5. Enter here	and in Pa	rt I,	 -
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	•		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired fo	or resale) apply to	<u></u> -
5 Total. Add lines 1 through 4b	5		the organization?		West B. I.B.	X
Schedule C - Rent Income	(From Real	Property and	i Personai Property L	_easea	with Real Prope	rty)
(see instructions)						
1. Description of property						
(1)	·				_	
(2)						
(3)						
(4)		-				
		ed or accrued			3(a) Deductions directly c	onnected with the income in
rent for personal property is more than			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)	•					
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter			b) Total deductions. Inter here and on page 1,	
here and on page 1, Part I, line 6, column		•			Part I, line 6, column (B)	<u> </u>
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)	· · · · · ·		
			2. Gross income from		 Deductions directly connect to debt-finance 	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) St	raight line depreciation	(b) Other deductions
i. Becomplied of dept. In	named property		illianced property		(attach schedule)	(attach schedule)
				-		
(1)	<u> </u>			ļ		
(2)				<u> </u>		<u></u>
(3)				 		
(4)	1			 	•	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income eportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		 	<u> </u>
(2)			%	1		
(3)	<u> </u>		%			
(4)			%			
					er here and on page 1, t l, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			.		0.	0.
Total dividends-received deductions in	ncluded in column	18				0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

► 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).

501(c)(3) Organizations Only

Unrelated business activity code (see instructions) Describe the unrelated trade or business MEAL SERVICES MEAL SERVICES	Name	of the organization MERCY HEALTH SERVICES -	TOW	A CORP	Employer ide	ntification n	umber
Describe the unrelated trade or business MEAL SERVICES				i, com.		73000	
Part Unrelated Trade or Business Income		,					
Less returns and allowances				(A) Income	(B) Expense	s	(C) Net
2 Cost of goods sold (Schedule A, Inne 7) 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4 b Net gain (pass) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts income (loss) from a partnership or an S corporation (attach statement) 5 Factor (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuites, royalities, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7, (9), or (17) organization (Schedule S) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and (icenteses 10 Charitable contributions (See instructions) 19 Taxes and incomes 20 Charitable contributions (See instructions) 21 Depreciation (attach Schedule A) 22 Less depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 25 Contributions to deferred compensation plans 26 Excess exempt expenses (Schedule A) 27 Excess exempt expenses (Schedule A) 28 Total deductions (Add lines 14 through 28 29 Toy 482. 29 Total deduction for ret operating loss arising in tax years beginning on or after January 1, 2018 (see	1 a	Gross receipts or sales 105,710.					
3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797), Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 income (loss) from 4797, Part II, line 17) (attach Form 4797) 6 Rent income (loss) from 4797, Part II, line 17) (attach Statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 17 Bad debts 18 Repairs and maintenance 19 Taxes and licenses 20 Charitable contributions (See instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule B SEE STATEMENT 13 28 79,482. 29 Total deductions, Add lines 14 through 28 20 Unrelated business assuing in tax years beginning on or after January 1, 2018 (see	b	Less returns and allowances c Balance ▶	1c	105,710.			
4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalities, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Total combine lines 3 through 12 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions (Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 20 Unristleted business taxable income before net operating loss deduction Subtract line 29 from line 13 20 Ceduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	2	Cost of goods sold (Schedule A, line 7)		405 540			
b Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 15 Salares and wages 16 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (See instructions) 19 Taxes and licenses 19 Toperceation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule J 22 Less depreciation claimed on Schedule J 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Total deductions, Add lines 14 through 28 30 Cher deductions, Add lines 14 through 28 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	3	Gross profit Subtract line 2 from line 1c	3	105,710.			105,710.
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Senetuctions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 15 Salares and wages 15 Salares and wages 15 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depletion (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess exempt expenses (Schedule I) 28 Other deductions, Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 30 Unrelated business staxable income before net operating loss deduction Subtract line 29 from line 13 30 26 , 228 . Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		· · ·	4a				
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Explorted exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Contributions (See instructions) 11 Interest (attach schedule) (see instructions) 12 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 10 Unrelated business around in tax years beginning on or after January 1, 2018 (see			4b		•		
statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Adventsing income (Schedule I) 12 Other income (Sen instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and mages 16 Repairs and mantenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Chartable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess exempt expenses (Schedule J) 28 Other deductions, Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 (see	С	•	4c				
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To Unrelated debt-financed income (Schedule E) Interest, annutites, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Cother income (Sce instructions, attach schedule) Total. Combine lines 3 through 12 Cother income (See instructions, attach schedule) Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Repairs and maintenance Repairs and ilicenses Repairs and licenses Depreciation (attach Schedule) (see instructions) Takes and licenses Depreciation claimed on Schedule A and elsewhere on return Depreciation claimed on Schedule A and elsewhere on return Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depreciation (attach Form 4562) Excess exempt expenses (Schedule I)		•	$\overline{}$				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 105,710. 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Osphania Income (Schedule I) 15 Osphania Income (Schedule I) 16 Compensation of officers, directors, and trustees (Schedule K) 17 Salanes and wages 18 Peparas and maintenance 19 Bad debts 19 Taxes and licenses 19 Charitable contributions (See instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26, 228.	6					-+	
organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Schedule K) 17 Salanes and wages 18 Agears and maintenance 19 Repairs and maintenance 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions (See instructions plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (Add lines 14 through 28 30 Unrelated business taxable income before net operating loss adduction Subtract line 29 from line 13 30 26 , 228 . 10 Interest (attach schedule) see arising in tax years beginning on or after January 1, 2018 (see	7	• • • • • • • • • • • • • • • • • • • •	7			$-\!+\!-$	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Sce instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 105,710. 10 Exploited exempt activity income (Schedule J) 11 June J	8	•					
organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			8			\longrightarrow	···
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 105,710. 105,710. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26, 228. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	9		1				
11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Less depreciation (attach Form 4562) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Cher deductions (attach schedule) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26 , 228 .		•				-+	
12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Obductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 17 Bad debts 17 It linterest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Employee benefit programs 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 266, 2288. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	10						<u> </u>
Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Cohartable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see)	11				-		
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26, 228.		·	1	105 710			105 710
deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 22 22b 22b Depletion 23 Depletion 23 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 79,482. 29 79,482. 20 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 26 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	<u>13</u>	Total. Combine lines 3 through 12	13	105,710.			105,710.
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26, 228. 16		deductions must be directly connected with the u				· 	
17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 19 19 19 19 19	15	Salaries and wages				15	
Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	16	Repairs and maintenance				16	
Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	17	Bad debts				17	
Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	18	Interest (attach schedule) (see instructions)				18	
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	19	Taxes and licenses				19	
Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	20	Charitable contributions (See instructions for limitation rules)		1 1		20	
Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	21	Depreciation (attach Form 4562)		21			
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	23	Depletion				23	
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	24	Contributions to deferred compensation plans				24	
Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	25	Employee benefit programs				25	<u> </u>
Other deductions (attach schedule) SEE STATEMENT 13 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	26	Excess exempt expenses (Schedule I)				26	
Total deductions. Add lines 14 through 28 29 79,482. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 26,228. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	27	Excess readership costs (Schedule J)				27	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. 30. 26,228. 31. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	28	Other deductions (attach schedule)		SEE STAT	EMENT 13	28	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	29	Total deductions. Add lines 14 through 28				29	
	30	Unrelated business taxable income before net operating loss dedu	ction Si	ubtract line 29 from line	: 13	30	<u> 26,228.</u>
instructions)	31	Deduction for net operating loss arising in tax years beginning on o	or after J	anuary 1, 2018 (see			
06.000		instructions)				31	
	32	· <u>·</u>					

P	'ao	ıe

MERCY HEAI	TH SERV	<u> /ICES - I</u>	OWA, CORP.		31-137	3080	
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	ar		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (I	From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)						-	
(3)							
(4)							
		ed or accrued			0(-) 5- 4		
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of han	of rent for p	and personal property (if the percentar personal property exceeds 50% or if nt is based on profit or income)	ge		connected with the income in d 2(b) (attach schedule)	
(1)							
(2)						_	
(3)	_				-		
(4)			· · · · · · · · · · · · · · · · · · ·				
Total	0.	Total		0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Debt	t-Financed	Income (see	instructions)		-		
		•			3. Deductions directly con- to debt-finance		
•			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1. Description of debt-fina	inced property		financed property	\-'	(attach schedule)	(attach schedule)	
		· · · ·	<u> </u>			-	
(1)							
(2)				-		<u> </u>	
(3)						<u> </u>	
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)		•	%				
(4)			%				
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page Part I, line 7, column (B	
Totals			•		0 .	.	0.
Total dividends-received deductions and	luded in column	ı 8			•		0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

OMB No 1545-0687

ENTITY

Department of the Treasury
Internal Revenue Service (99)

Department of the Treasury
Internal Revenue Service (99)

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name	of the organization MERCY HEALTH SERVICES -	IOW	A. CORP.	Employer identification 31-137308	
	Unrelated business activity code (see instructions) ▶ 90000	_		1 32 29.000	
	Describe the unrelated trade or business RENTAL SE		ES		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			<u>_</u>	
b	Less returns and allowances c Balance	1c			,
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	<u> </u>		
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	24,159.	22,952.	1,207.
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	24,159.	22,952.	1,207.
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken Elsewhere)				contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	`
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	_
20	Charitable contributions (See instructions for limitation rules)		1 1	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26 ·	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss dedu-			3 30	1,207.
31	Deduction for net operating loss arising in tax years beginning on c	r after J	anuary 1, 2018 (see	-	
	instructions)			31	1 207
32	Unrelated business taxable income. Subtract line 31 from line 30			_ 32	1,207.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	M (Form 990-T) 2018

Page 4

31-13730	080	
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			Exempt	Controlled O	rganızatı	ons			
Name of controlled organization	on	Employer identification number		related income e instructions)		al of specified nents made	5. Part of column 4 included in the con organization's gross	trolling	6. Deductions directly connected with income in column 5
(1) MERCY MEDICAL									
(2) SERVICES	42	-1283849							
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income		ed income (loss) structions)	9. Total	of specified payr made	nents	in the controlls	ing organization's with instructions		ductions directly connected income in column 10 ATEMENT 14
(1)									
(2) $-7,121,297.$		0.		24,	159.		24,159.		22,952
(3)									
(4)									
					•	Enter here and	ins 5 and 10 on page 1, Part I, olumn (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶		24,159.		22,952
Schedule G - Investmer (see instri		of a Section	501(c)(7	7), (9), or (17) Org	anization			
1. Descr	iption of income			2. Amount of	income	 Deduction directly connected (attach sched) 	cted 4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)									
_{Totals} Schedule I - Exploited E	Exempt Ac	tivity Incom	► e, Other	Enter here and Part I, line 9, co	lumn (A)	g Income	-		Enter here and on page Part I, line 9, column (B)
(see instru	-			,					,
Description of exploited activity	2. Gross unrelated busin income from trade or busine	ess directly of with property of un	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	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 page 1, Part line 10, col (/	I, page	re and on 1, Part I, , col (B)						Enter here and on page 1, Part II, line 26
Totals	- In	,		<u> </u>					
Schedule J - Advertisin				11 - 1 - 2 - 1 - 1	D!-			· · · -	
Part I Income From F	reriodicals	Reported o	n a Cons	solidated	pasis				
1. Name of periodical	adve	Gross ertising adv	3. Direct ertising costs	or (loss) (c	ain, computi	5. Circulat income	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		Ī						1	
(2)						¬			
(3)									
(4)									·
Totals (carry to Part II, line (5))	•								
	•								Form 990-T (201

Form **3800**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2018
Attachment
Sequence No. 22

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) 0. General business credit from line 2 of all Parts III with box A checked 1 2 Passive activity credits from line 2 of all Parts III with box B checked Enter the applicable passive activity credits allowed for 2018. See instructions 3 Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with 33.942. box C checked. See instructions for statement to attach Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked 33,942 Add lines 1, 3, 4, and 5 6 Part II | Allowable Credit Regular tax before credits Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 0. 7 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 8 Alternative minimum tax: Individuals Enter the amount from Form 6251, line 11 0. Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 0. 9 Add lines 7 and 8 10a Foreign tax credit 10<u>a</u> b Certain allowable credits (see instructions) 10b 10c c Add lines 10a and 10b 0. Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 0. Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions 13 13 1 Tentative minimum tax Individuals Enter the amount from Form 6251, line 9 14 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54

LHA For Paperwork Reduction Act Notice, see separate instructions.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

Subtract line 15 from line 11. If zero or less, enter -0-

Enter the greater of line 13 or line 14

Enter the smaller of line 6 or line 16

Form 3800 (2018)

15

16

17

or reorganization.

P	Allowable Credit (continued)		
Not	e: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	6.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
	Stridiler of life 21 of life 23	20	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
0.4	Description		
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37_	0.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		
	● Corporations Form 1120, Schedule J, Part I, line 5c		
	● Estates and trusts Form 1041, Schedule G, line 2b	38	0.

Form 3800 (2018)

Form 3800 (2018)	Form	3800	(2018)	
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Page 3

Name(s) shown on return			dentifying number
	MERCY HEALTH SERVICES - IOWA, CORP			31-1373080
Pai	t III General Business Credits or Eligible Small Business Credits	S (see	instructions)	
Com	plete a separate Part III for each box checked below. See instructions.		<u> </u>	
Α	General Business Credit From a Non-Passive Activity E Reserve	ed		
В	General Business Credit From a Passive Activity F Reserve	ed		
С		Smal	I Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserve		,	
ī	If you are filing more than one Part III with box A or B checked, complete and attach fir	st an	addıtıonal Part III combınır	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			▶ □
	(a) Description of credit		(b)	(c)
	: On any line where the credit is from more than one source, a separate Part III is needeach pass-through entity.	ea	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	-	
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		33,942.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		33,942.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		ļ
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		<u> </u>
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c_		ļ.
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee		l .	
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		<u> </u>
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		ļ
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		22 242
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		33,942.

4562

Depreciation and Amortization

(Including Information on Listed Property) 990-T

Attach to your tax return.

OMB No 1545-0172

Sequence No 179 Internal Revenue Service ► Go to www.irs.gov/Form4562 for instructions and the latest information. GUAINESS OF ACTIVITY TO WHICH THIS FORM 990-T, PAGE 1, BAC 446110 SCHEDULE M. BAC 621500 31-1373080 MERCY HEALTH SERVICES - IOWA, CORP. SCHEDULE M. BAC 541610 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 ff zero or less, enter -0- if married filling separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions) 108,519 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery period (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention only - see instructions) 19a 3-year property 5-year property b 7-year property 10-year property ď 15-year property 20-year property S/L 25 yrs 25-year property q 27 5 yrs. S/L h Residential rental property 27 5 yrs. S/L MM 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30 yrs. MM S/L 30-year C 40 yrs. MM S/L 40-year Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 108,519. 22

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

		MDD	OV 17031	. mr	(DDIII	O TI O	τ0	T.7 %	CODD			21	1272	000	_
	rm 4562 (2018) art V Listed Proper		.CY HEAI								nr .	31-	1373	0,60	Page
LF	entertainment	recreation, o	or amusemen	t.)											
	Note: For any 24b, columns									e expens	se, comp	lete or	ily 24a,		
_			on and Other							mits for	passeng	er auton	nobiles.)		
24:	a Do you have evidence to					$\overline{}$	Yes	No	24b If "Y					Yes	□ N
	(a)	(b)	(c)		(d)		(e)		(f)	1 '	(g)		(h)		(i)
	Type of property	Date placed in	Business investmer	it I	Cost or	l /b	sis for depr usiness/inv		Recovery		thod/		eciation		ected ion 179
	(list vehicles first)	service	use percenta		ther basis	3 (*)	use onl		period	Conv	ention/	aea	uction		cost
25	Special depreciation all	owance for q	ualified listed	property	/ placed	ın servi	ce during	the ta	x year and	t					
_	used more than 50% in	a qualified bi	usiness use								25				
<u>26</u>	Property used more that	n 50% in a q	ualified busin	ess use					, <u>.</u>			,			
_			<u> </u>	%						ļ					
_		ļ		%		-				1					
_	D		E - 4 h	%					<u> </u>	<u>l</u>		i		L	
27	Property used 50% or le	ess in a quain	ried business 	%					Ι	S/L·		<u> </u>		Γ	
-				%		-+			<u></u>	S/L ·				1	
_				%		o				S/L·		_		1	
28	Add amounts in column	(h), lines 25	through 27 (e and or	line 21	. page 1			10/2	28			1	
	Add amounts in column	• •	•									•	29		
	·			Section	B - Info	mation	on Use	of Veh	icles						
Co	mplete this section for ve	hicles used I	by a sole prop	orietor, p	artner, o	r other	"more th	an 5%	owner," o	related	person.	lf you p	rovided v	vehicles	
to y	your employees, first ans	wer the ques	tions in Secti	on C to s	see if you	ı meet :	an excep	tion to	completin	ng this se	ection fo	r those v	ehicles.		
_						,									
				((a)		(b)		(c)	(d)	l -	e)		(f)
30	Total business/investment		uring the	Ve	hicle	V ₁	ehicle	<u> </u>	<u>/ehicle</u>	Vel	hicle	Vel	nicle	Ve	hicle
	year (don't include commu					├		 		 					
	Total commuting miles	-	•			 		 				<u> </u>			
32	Total other personal (no	ncommuting) miles												
22	driven Total miles driven during	a the year				 		1		1					
33	Add lines 30 through 32														
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?				1	1.55	1	1							
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal												1
	use?			<u> </u>	<u> </u>	<u> </u>]	l	<u> </u>		<u> </u>
			- Questions	-	-										
	swer these questions to	-		exception	to com	pleting	Section I	3 for ve	hicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rel								 					Τ,,	Т.,
37	Do you maintain a writte	en policy stat	ement that p	rohibits a	ali persoi	nal use	of vehicle	es, incli	uding com	imuting,	by your			Yes	No
20	employees? Do you maintain a writte	an naliou stat	amont that n	robibito r	orconal	uca of	objeles	oveent	commut	na hy v	OUR				+-
30	employees? See the ins		•					•			Jui				
39	Do you treat all use of v					110013, 0	in ectors,	01 170	or more o	***************************************					+
	Do you provide more th	•				ınforma	tion from	your e	mplovees	about					\top
	the use of the vehicles,		•					,	, , , , , , , , , , , , , , , , , , , ,						
41	Do you meet the require					monstra	ation use	?							
_	Note: If your answer to	37 <u>, 38, 39, 4</u>	0, or 41 is "Y	es," don'	t comple	ete Sec	ion B for	the co	vered veh	ıcles.					
P	art VI Amortization														
	(a) Description o	f costs	Dai	(b) te amortization		(c) Amortiza	able		(d) Code		(e) Amortiza	tion	Δ	(f) mortization	,
	<u> </u>			begins	1	amou	nt		section		period or per		fo	or this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 201	8 tax yea	ar.			_							

Form 4562 (2018)

43 Amortization of costs that began before your 2018 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43

ELECTING TO TAKE 100% REFUNDABLE CREDIT AMT IN 2018 - PER CARES ACT SEC. 2305(B)

Credit for Prior Year 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/Form8827 for the latest information.

Name .	Employer	dentification number
MERCY HEALTH SERVICES - IOWA, CORP.	31-	-1373080
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	23,685.
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	23,685.
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Enter the refundable minimum tax credit (see instructions)	6	23,685.
7 Add lines 5 and 6	7	23,685.
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	82	23,685.
b Current year minimum tax credit. Enter the smaller of line 4 or line 5 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 6, go to line 8c. Otherwise, skip line 8c	86	0.
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this		
amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	23,685.
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this		
amount to carry forward and use in future years	9	

JWA 820281 11-29-18

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FY 19 CHARITABLE CONTRIBUTIONS	N/A	35,250.
TOTAL TO FORM 990-T, PAGE 1, LI	:NE 20	35,250.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
FACILITIES EXPENSE SUPPLIES OTHER EXPENSES		425,773. 377,947. 6,242,231.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	7,045,951.
FORM 990-T PARENT CORPORATIO	ON'S NAME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'S NAME		IDENTIFYING NO
TRINITY HEALTH CORPORATION		35-1443425

FORM 990-T CC	NTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SUBJ	ECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNU	SED CONTRIBUTIONS		
FOR TAX YEAR 2013	17,520		
FOR TAX YEAR 2014	405 565		
FOR TAX YEAR 2015	105,565		
FOR TAX YEAR 2016	241,581		
FOR TAX YEAR 2017	175,131		
TOTAL CARRYOVER		539,797	
TOTAL CURRENT YEAR 10% CONTR	IBUTIONS	35,250	
	_		
TOTAL CONTRIBUTIONS AVAILABL	-	575,047	
TAXABLE INCOME LIMITATION AS	ADJUSTED	0	
EXCESS 10% CONTRIBUTIONS		575,047	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		575,047	
		· · · ·	_
ALLOWABLE CONTRIBUTIONS DEDU	CTION	_	C
TOTAL CONTRIBUTION DEDUCTION		_	(

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 5
DESCRIPTION		TRUOMA
FORM 8827, LINE 8C		23,685.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	23,685.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	71,744.	71,744.	0.	0.
06/30/13	1,146,033.	552,456.	593,577.	593,577.
06/30/14	277,508.	0.	277,508.	277,508.
06/30/15	0.	0.	0.	0.
06/30/16	2,409,459.	0.	2,409,459.	2,409,459.
06/30/17	800,289.	0.	800,289.	800,289.
06/30/18	297,815.	0.	297,815.	297,815.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	4,378,648.	4,378,648.

FORM 990-T	ADDITIONAL SECTION 263 COSTS	STATEMENT 7
DESCRIPTION		AMOUNT
263A ADJUSTMENT		-1,354.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4A	-1,354.

FORM 990-T NET OPERATING LOSS DEDUCTION

MERCY HEALTH SERVICES - IOWA, CORP. 31-1373080

TAX YEAR ENDED JUNE 30, 2019

Based on the retroactive repeal of Internal Revenue Code (IRC) Section 512(a)(7), the Taxpayer's net operating loss carryover has been adjusted by the amount reported under IRC Sec. 512(a)(7) on the Form 990-T filed for tax year ended June 30, 2018.

NOL carryover from tax year 6/30/18	\$ 180,624.00
IRC Sec. 512(a)(7) amount reported in tax year 6/30/18	\$ 117,191.00
Adjusted NOL carryover from tax year 6/30/18	\$ 297,815.00

	PRIC	OR YEAR MINIMUM T	AX CREDIT	STATEMENT 15
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
06/30/15	23,685.	0.	23,685.	23,685.
AVAILABLE F	OR CREDIT		23,685.	23,685.

FORM 990-T (M)	SCHEDULE F - DEDUCTION ORGANIZATIONS DIRECTLY COLUMN 10 IN	CONNECTED	= =	STATEMENT 14
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER EXPENSES	- SUBTOTAL -	5	22,952.	22,952.
TOTAL OF FORM 99	0-т, schedule f, column	11		22,952.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
OTHER EXPENSES		79,482.
TOTAL TO SCHEDULE M, PART	II, LINE 28	79,482.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12
DESCRIPTION		AMOUNT
OTHER EXPENSES		166,133.
TOTAL TO SCHEDULE M, PART II	, LINE 28	166,133.

FORM 990-T (M)	INTEREST PAID	STATEMENT 10
DESCRIPTION		AMOUNT
PATIENT ACCOUNTS RECEIVABLE INTEREST EXPENSE		699.
TOTAL TO SCHEDULE M, PA	RT II, LINE 18	699.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION		AMOUNT
DESCRIPTION FACILITIES EXPENSE		871.

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION		NET INCOME OR (LOSS)
PREFERRED HEALTH CHC	CICES - OTHER INCOME (LOSS)	2,839.
TOTAL INCLUDED ON SO	HEDULE M, PART I, LINE 5	2,839.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
FACILITIES EXPENSE SUPPLIES OTHER EXPENSES		24,244. 263,097. 900,878.