

C&E
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Form **990-T**

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, and ending _____
 Go to www.irs.gov/Form990T for instructions and the latest information.
 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

501 (C) 03

408(e) 220(e)

408A 530(a)

529(a)

Name of organization (Check box if name changed and see instructions)
MCHS -- FRANCISCAN MEDICAL CENTER, INC

Number, street, and room or suite no. If a P O box, see instructions
200 FIRST STREET SW C/O CORPORATE TAX

City or town State ZIP code
ROCHESTER MN 55905

Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number (Employees' trust, see instructions)
39-0806374

E Unrelated business activity code (See instructions)
44

C Book value of all assets at end of year **230,732,893**

F Group exemption number (See instructions) **5983**

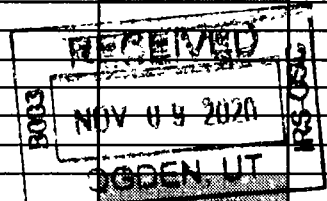
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses **3**. Describe the only (or first) unrelated trade or business here **Retail Trade**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation **MAYO CLINIC 41-6011702**

J The books are in care of **MAYO CORPORATE TAX UNIT** Telephone number **(507) 538-1297**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	936,663		
b	Less returns and allowances			
c	Balance	936,663		
2	Cost of goods sold (Schedule A, line 7)	537,959		
3	Gross profit Subtract line 2 from line 1c	398,704		398,704
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)			
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	398,704	0	398,704



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			125,322
16	Repairs and maintenance			
17	Bad debts			4,441
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			12,857
20	Depreciation (attach Form 4562)	8,466		
21	Less depreciation claimed on Schedule A and elsewhere on return			8,466
22	Depletion			
23	Contributions to deferred compensation plans			
24	Employee benefit programs			48,043
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule)			108,716
28	Total deductions. Add lines 14 through 27			307,845
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13			90,859
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
31	Unrelated business taxable income Subtract line 30 from line 29			90,859

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	107,387
33	Amounts paid for disallowed fringes	33	0
34	Charitable contributions (see instructions for limitation rules)	34	10,739
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	96,648
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	96,648
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	95,648

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	20,086
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	20,086

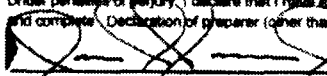
Part V Tax and Payments

46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		46e	0
b	Other credits (see instructions)	46b			
c	General business credit. Attach Form 3800 (see instructions)	46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e	Total credits. Add lines 46a through 46d				
47	Subtract line 46e from line 45	47	20,086		
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 5611 <input type="checkbox"/> Form 5897 <input type="checkbox"/> Form 8865 <input type="checkbox"/> Other (attach schedule)	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49	20,086		
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments. A 2018 overpayment credited to 2019	51a	51,151	51g	0
b	2019 estimated tax payments	51b	20,000		
c	Tax deposited with Form 8868	51c			
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d			
e	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	51g	0		
52	Total payments. Add lines 51a through 51g	52	71,151		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	51,065		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> 25,000 Refunded <input type="checkbox"/>	56	26,065		

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Under penalties of perjury, I declare that I have prepared 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.

Signature of officer:  Date: 11/03/20 Title: TAX DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ► **COST**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	537,959	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	537,959
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	537,959			X

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions 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 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) ►
0		0

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

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	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0	0

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 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals			0	0	

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) N/A				0
(2)				0
(3)				0
(4)				0
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0		0

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) N/A			0			0
(2)			0			0
(3)			0			0
(4)			0			0
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0	0			0

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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0	0	0

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) N/A			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I.	0	0				0
Totals, Part II (lines 1-5)	0	0				0

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)		%	
Total. Enter here and on page 1, Part II, line 14			0

Line 27 (990-T) - Other Deductions

1	Travel	1	870
2	Occupancy	2	64,163
3	Other	3	43,683
4	Total other deductions	4	108,716
5	Total deductions less expenses for offsetting credits	5	108,716

Line 34 (990-T) - Charitable Contributions

Check ("X") box Corporations Cash 182,500
 Trusts 50% Non Cash under \$5000 _____
 Trusts (combined) Non Cash over \$5000 _____

1	Enter the contributions by type	Amount	Deduction Allowed in Current Year	Adjustment under Section 170(d)(2)(B)	New Carryover
	Corporations 10% limitation	182,500	10,739		171,761
	Trusts 170(b)(1)(A) 50% limitation		0		0
	Trusts 30% limitation		0		0
2	Carryover from:				
a	5th preceding period 2a				
	Corporations 10% limitation	87,469	0		87,469
	Trusts 170(b)(1)(A) 50% limitation	0	0		0
	Trusts 30% limitation	0	0		0
b	4th preceding period 2b				
	Corporations 10% limitation	48,531	0		48,531
	Trusts 170(b)(1)(A) 50% limitation	0	0		0
	Trusts 30% limitation	0	0		0
c	3rd preceding period 2c				
	Corporations 10% limitation	7,075	0		7,075
	Trusts 170(b)(1)(A) 50% limitation	0	0		0
	Trusts 30% limitation	0	0		0
d	2nd preceding period 2d				
	Corporations 10% limitation	28,978	0		28,978
	Trusts 170(b)(1)(A) 50% limitation	0	0		0
	Trusts 30% limitation	0	0		0
e	1st preceding period 2e				
	Corporations 10% limitation	138,317	0		138,317
	Trusts 170(b)(1)(A) 50% limitation	0	0		0
	Trusts 30% limitation	0	0		0
3	Totals 3	492,870	10,739	0	482,131
4	Carryover to expire next year due to 5 year limitation				87,469
5	Total contribution carryover to next year				394,662

Computation of Section 179 Deduction for Estimated Charitable Contribution

6	Taxable Income computed without contribution deduction or Section 179	6	107,387
7	Section 179 deduction for purposes of contribution limitation	7	0
8	Taxable income less Section 179 deduction Subtract line 7 from line 6	8	107,387
9	Maximum contribution limitation Enter 10 percent of line 8	9	10,739
10	Contribution deduction considering Section 179 limitation. Smaller of line 3, column A or line 9	10	10,739

Computation of Actual Charitable Contribution

11	Actual Section 179 deduction	11	0
12	Taxable income less actual Section 179 deduction. Subtract line 11 from line 6	12	107,387
13	Net operating loss deductions limited by line 12	13	0
14	Taxable income for purposes of contribution deduction Subtract line 13 from line 12	14	107,387
15	Maximum contribution limitation Enter 10 percent of line 14	15	10,739
16	Actual contribution deduction Smaller of line 3, col A, or line 15	16	10,739

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20_____

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).

Department of the Treasury
Internal Revenue Service

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

Name of the organization **MCHS – FRANCISCAN MEDICAL CENTER, INC** Employer identification number **39-0806374**

Unrelated Business Activity Code (see instructions) ▶ **54**

Describe the unrelated trade or business ▶ **PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	68,750				
b	Less returns and allowances		c Balance ▶	1c	68,750	
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3	68,750		68,750
4 a	Capital gain net income (attach Schedule D)		4a			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			0
c	Capital loss deduction for trusts		4c			0
5	Income (loss) from a partnership or an S corporation (attach statement)		5			0
6	Rent income (Schedule C)		6			0
7	Unrelated debt-financed income (Schedule E)		7			0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			0
10	Exploited exempt activity income (Schedule I)		10			0
11	Advertising income (Schedule J)		11			0
12	Other income (See instructions, attach schedule)		12			0
13	Total. Combine lines 3 through 12		13	68,750	0	68,750

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	47,682
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)		20	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	15,083
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	62,765
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		29	5,985
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31	Unrelated business taxable income Subtract line 30 from line 29		31	5,985

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income from an
Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____.

▶ 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).

Department of the Treasury
Internal Revenue Service

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

Name of the organization **MCHS – FRANCISCAN MEDICAL CENTER, INC** Employer identification number **39-0806374**

Unrelated Business Activity Code (see instructions) ▶ 62

Describe the unrelated trade or business ▶ **HEALTHCARE AND SOCIAL ASSISTANCE**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	177,663				
b	Less returns and allowances					
	c Balance ▶		1c	177,663		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3	177,663		177,663
4 a	Capital gain net income (attach Schedule D)		4a			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			0
c	Capital loss deduction for trusts		4c			0
5	Income (loss) from a partnership or an S corporation (attach statement)		5			0
6	Rent income (Schedule C)		6			0
7	Unrelated debt-financed income (Schedule E)		7			0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			0
10	Exploited exempt activity income (Schedule I)		10			0
11	Advertising income (Schedule J)		11			0
12	Other income (See instructions, attach schedule)		12			0
13	Total. Combine lines 3 through 12.		13	177,663	0	177,663

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)		20	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	
22	Depletion		21b	
22			22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	167,120
28	Total deductions. Add lines 14 through 27		28	167,120
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		29	10,543
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31	Unrelated business taxable income Subtract line 30 from line 29		31	10,543

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

MCHS - FSMC

39-0806374

TAX YEAR ENDED DECEMBER 31, 2019

UNRELATED BUSINESS INCOME - SCHEDULE M OTHER DEDUCTIONS

SCH M - HEALTHCARE AND SOCIAL ASSISTANCE

LINE 27

EXPENSE

ALLOCATED COSTS

AMOUNT

167,120

TOTAL

167,120

Depreciation and Amortization

Form **4562**

(Including Information on Listed Property)

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MCHS – FRANCISCAN MEDICAL CENTER, IN 990T	Business or activity to which this form relates	Identifying number 39-0806374
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	8,466
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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs	MM	S/L

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 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,466
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)