1	4			,						
	•						2	939319	1 4	10500 4
		ريز نور)	,	EXTENDED TO M			/ 4 1	1(2)	_	
	Form	383/PLL	E	xempt Organization Bus	sine	ess inc	come I	ax return	b	OMB No 1545-0047
,	,	ا رُ	l	(and proxy tax und					′	2010
			For cat						<u> </u>	2019
		ment of the Treasury I Revenue Serviça	▶	► Go to www irs gov/Form990T for a Do not enter SSN numbers on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
٠	A	• Check box if		Name of organization (Check box if name of						loyer identification number
	~ _	address changed					,			oloyees' trust see uctions)
	B Ex	empt under section	Print	MERCY HEALTH SYSTEM CO	3	9-0816848				
~	X	/501(c)(3)	10 00VT	Number, street, and room or suite no. If a P.O. bo		lated business activity code instructions)				
h10-	408(e) 220(e) Type P.O. BOX 5003 - 1000 MINERAL POINT									
9		408A530(a)		City or town, state or province, country, and ZIP of			de		E 6 1	000
i	P B00	529(a) k value of all assets		JANESVILLE, WI 53547 – F Group exemption number (See instructions.)	<u>500</u> ▶	<u> </u>			Бот	000
	t at e	660,376,4	87.	G Check organization type X 501(c) cor	_	n 🗀	501(c) trust	401(a)	trust	Other trust
$\vdash \not$	H Ent			tion's unrelated trades or businesses	3	<u></u>		the only (or first) un		
\ /			-	MIN SUPPORT SERVICES		<u> </u>	_	complete Parts I-V.		
•				ce at the end of the previous sentence, complete Pa	irts I air	nd II, gomple				
	bus	iness, then complete	Parts III	-V	(_					
				oration a subsidiary in an affiliated group or a pare	y-subs	sidiary contro	olled group?	STMT 2	X) Y	es 🔲 No
				tifying number of the parent corporation	15	40	41-	11200	<u> </u>	071 (720
	Pai	books are in care of		FODD ANDERSON, VP & CFO de or Business Income		T (A)	Teleph- ncome	one number > 8 (B) Expenses		
				10,564,037.	Τ	(<u>^</u>)	licome	(B) Expenses		(C) Net
		Gross receipts or sale Less returns and allow		c Balance	10	10.56	4,037.			. /
77		Cost of goods sold (S			2	,				
AUG 0 3 2021	,	Gross profit Subtract			3	10,56	4,037.			20,564,037.
က	4 a	Capital gain net incom	ne (attac	h Schedule D)	4a				_	
	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	ļ				
		Capital loss deduction			4c	ļ		OF KIED	-	
		• •		ship or an S corporation (attach statement)	5		RE	JEIVED	-	
ANNED	6	Rent income (Schedu	•	(Cahadula E)	<u>6</u> 7		4		응	
Ž	,	Unrelated debt-financ		TIE (Schedule E) nd rents from a controlled organization (Schedule F)	8	 		V 1 1 2021	S	
₹ Z	o q			on 501(c)(7), (9), or (17) organization (Schedule G)		1			쁴	
SC.	10	Exploited exempt activ			10		V G	DEN, UT	十	
0)	11	Advertising income (S	-	·	11/					
	12	Other income (See in	struction	ns, attach schedule)	12					
		Total. Combine lines	3 throu	gh 12			4,037.			10,564,037.
	Pa	rt II Deductio	ns No	ot Taken Elsewhere (See instructions for directly connected with the unrelated busing	or limit	ations on c	leductions)			
					1622 11					
	14	Salaries and wages	icers, ai	rectors, and trustees (Schedule K)					14 15	5,444,448.
	15 16	Repairs and mainten	ance			_	1		16	742,060.
	17	Bad debts			- 1	12	1		17	,,
	18	Interest (attach sche	dule) (s	ee instructions	ء <i>ا</i>	10	,		18	
	19	Taxes and licenses		/ 0 '					19	
	20	Depreciation (attach		302)			20	676,984.		
	21	Less depreciation cla	aimed o	Schedule A and elsewhere on return			21a		21b	676,984.
	22	Depletion							22	
	23	Contributions to defe	_	mpensation plans					23	1 605 401
	24	Employee benefit pro		chadula I)					24	1,605,481.
	25 26	Excess exempt expe							25 26	
	26 27	Other deductions (at				SF	E STAT	EMENT 1	27	2,095,064.
	28	Total deductions A		•						10,564,037.
	29	/		ncome before net operating loss deduction. Subtrac	t line 2	8 from line 1	3		29	0.
	30	,		loss arising in tax years beginning on or after Janua				ĺ		
		(see instructions)						Į	30	0.
	3/1			ncome Subtract line 30 from line 29					31	0.
8	192)7p	+01127-20 LHA FO	or Papei	work Reduction Act Notice, see instructions						Form 990-T (2019)

	MERCY HEALTH SYSTEM CORPORATION	39-0816848 Page
	otal Unrelated Business Taxable Income	12 027
	nrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{32}{32}$ 12,927.
	paid for disallowed fringes	33 34 O.
· '	e contributions (see Instructions for limitation rules)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	plated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 39 or net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35 12,527.
	nrelated business taxable income before specific deduction. Subtract line 36 from line 35	\$7 12,927.
	leduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
38 Specific o	1 business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1000.
	smaller of zero or line 37	11,927.
	ax Computation	1 22/32/1
	tions Taxable as Corporations Multiply line 39 by 21% (0 21)	40 2,505.
	xable at Trust Rates. See instructions for tax computation income tax on the amount on line 39 from.	
	rate schedule or Schedule D (Form 1041)	41
	x. See instructions	1 42
	re minimum tax (trusts only)	48
; = \	oncompliant Facility Income. See instructions	44
45 Total Ac	d lines 42, 43, and 44 to line 40 or 41, whichever applies	45 2,505.
	ax and Payments	
	ax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	
	dits (see instructions)	
	ousiness credit. Attach Form 3800	
	prior year minimum tax (attach Form 8801 or 8827)]
	dits Add lines 46a through 46d	46e
	line 46e from line 45	47 2,505.
48 Other tax	tes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedyle)	48
49 Total tax	. Add lines 47 and 48 (see instructions)	49 2,505.
50 2019 net	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a Payment	s. A 2018 overpayment credited to 2019	'
b 2019 est	imated tax payments 51b 12,500.	
	isited with Form 8868	
d Foreign	organizations; Tax paid or withheld at source (see instructions)	
	vithholding (see Instructions)	
	r small employer health insurance premiums (attach Form 8941)	
	edits, adjustments, and payments: Form 2439	
	m 4136 Other Total ▶ 54g	
	yments. Add lines 51a through 51g	52 38,791.
	d tax penalty (see instructions). Check if Form 2220 is attached	53
	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	36,286.
	ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid amount of line 55 you want: Credited to 2020 estimated tax 6,000. Refunded	00.000
	samount of line 55 you want: Credited to 2020 estimated tax	$\frac{ \mathbf{b}_{6} }{\sqrt{35.286}}$
	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	Yes No
	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	
	Offil 114, Reput of Foreign bank and Financial Accounts in Test, when the harme of the foreign country	x
here	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	$\frac{x}{x}$
	see instructions for other forms the organization may have to file	 -
	e amount of tax-exempt interest received or accrued during the tax year \$	
If "Yes,"		and helpful to be a
If "Yes," 59 Enter th	der periameter per lary, i deplate inter i nave examines dus recent, increasing secondariying concession and secondaria, and to the best of this knowledge	de aud peuer urs noe'
If "Yes," 59 Enter th	der penaltice of perjury, I deplare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge reot and complète. Declaration of properor (other than texpayor) is based on all information of which preparer has any knowledge.	
If "Yes," 59 Enter th	Ma I SAL-2021 PREGINESM (GRO	y the IRS discuss this return with
1f "Yes," 59 Enter th	S12-2031 PRESIDENT/CEO	
1f "Yes," 59 Enter th	Signature of officer Date PRESIDENT/CEO the inst	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No
1f "Yes," 59 Enter th Sign Here	Signature of officer Date Preparer's signature Date Check If	y the IRS discuss this return with preparer shown below (see bructions)? X Yes No
59 Enter th Sign Here	Signalure of officer Date Preparer's signature Preparer's signature Date Check if self-employed	by the IRS discuss this return with preparer shown below (see bructions)? X Yes No
59 Enter th Sign Here Paid Preparer	S 1 2 - 203 PRESIDENT/CEO Mathematical Printity of preparer's name Preparer's signature Date Check if self-employed TROY MARINE, CPA TROY MARINE, CPA 05/11/21	by the IRS discuss this return with preparer shown below (see bructions)? X Yes No PTIN P00187863
1f "Yes," 59 Enter th Sign Here	Signalure of officer Date Preparer's signature Preparer's signature Date Check if self-employed	by the IRS discuss this return with preparer shown below (see bructions)? X Yes No

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases '	2		7	Cost of goods sold. Si	ubtract I	line 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,	L		
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	courred	for resale) apply to			
5 Total Add lines 1 through 4b	5		1	the organization?					1
Schedule C - Rent Income (From Real	Property and	Pers		ease	d With Real Prop	erty		•
(see instructions)	·								
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%)	centage of than	of rent for	persona!	nal property (if the percentar property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connected (a) (a)	ted with the income attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.			-	
(c) Total income Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions			
here and on page 1, Part I, line 6, column		>			0.	Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)					
				Gross income from		3 Deductions directly con to debt-finance			
Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductro (attach schedule)	ns)
(1)			1				\top		
(2)									
(3)							T		
(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 deduc column 6 x total of c 3(a) and 3(b))	
(1)			1	%	· · · · ·				
(2)			1	%					
(3)				%			\top		
(4)			1	%			1		
			<u> </u>	···		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column	
Totals					1	0	1		0.
Total dividends-received deductions in	icluded in column	18			<u></u>		_		0.
TOTAL GIALIGE LEGGIAEG GEROFIOLIS III	COUNTY	1 0							<u> </u>

Form 990-T (2019)

Schedule F - Interest,	Annuitie	s, Royali	ies, an					tions	(see ins	truction	ns)
				Exempt C	ontrolled O	ganızatı	ons	1			
1 Name of controlled organiza	ation	2. Emp identific num	cation	3. Net unre (loss) (see i	lated income instructions)	4 Tot payr	al of specified nents made	include	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
41		l	·	 			-				
(1)				<u> </u>				 			
(2)			<u> </u>		_			 			
(3)				<u> </u>				 		-	
(4)		<u> </u>		L				<u>. </u>			
Nonexempt Controlled Organ	1	 		T			40.0.4.4			44.5	
7. Taxable Income		inrelated incom see instructions		y lotalo	if specified payn made	nents	10 Part of colu- in the controlli gross	mn 9 tnat ing organ s income	ization's		eductions directly connected h income in column 10
(1)	 				<u> </u>						
(2)											.
(3)											
(4)											
	-			•			Add colum Enter here and		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totala							line o, c		" 0.		0 •
_{Totals} Schedule G - Investm	ent Incor	ne of a S	ection	501(c)(7)	. (9). or (17) Ord	anization	_			
	tructions)			. (0)(.)	,, (-), (.,	,				
1 De:	scription of inco	me			2 Amount of	income	3. Deductio directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5 Total deductions and sel-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
		_			Enter here and o Part I, line 9, co				-		Enter here and on page 1, Part I line 9, column (B)
Totals						0.					0.
Schedule I - Exploited		Activity	Incom	e, Other	Than Adv		g Income		-		1.
(see inst	2 ounrelated	Gross business ne from business	directly of with pro of uni	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus columi gain compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)	1										1
(4)											
(4)	page 1	re and on i, Part i, col (A)	page '	ere and on 1, Part I, , col (8)							Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.		0.							0.
Schedule J - Advertis Part I Income From			orted o		olidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-						
(3)			_		7]
			o .	0							0.
Totals (carry to Part II, line (5))			•	0	• 1	_					Form 990-T (2019

%

Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 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 ıncome costs column 5, but not more than column 4) (1) (2) (3) (4) ▶ 0 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11 col (A) Enter here and on page 1, Part I, line 11 col (B) Enter here and on page 1, Part II, line 26 0 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable time devoted to business 2. Title 1 Name to unrelated business (1) % (2) % (3) %

Form 990-T (2019)

0.

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PURCHASED SERVICES DRUGS & MEDICAL SUPPLIES OTHER SUPPLIES EDUCATION MEMBERSHIPS & DUES MILEAGE OTHER DIRECT EXPENSES ADVERTISING LEASE & RENTAL INSURANCE PUBLICATIONS POSTAGE PRINTING & COPIER CONSULTING FEES TELEPHONE		1,068,143, 273 37,875 15,380, 77,610, 10,843, 3,639, 85,695, 116,218, 34,697, 8,514, 161,578, 99,689, 369,688, 5,222,
TOTAL TO FORM 990-T, PAGE 1, LIN	E 27	2,095,064
FORM 990-T PARENT CORPORATION	'S NAME AND IDENTIFYING NUMBE	ER STATEMENT 2
CORPORATION'S NAME		IDENTIFYING NO
MERCY HEALTH CORPORATION		47-2158680

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

ENTITY

Employer identification number

39-0816848

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

OMB No 1545-0047

Unrelated Business Activity Code (see instructions) ► 446110

MERCY HEALTH SYSTEM CORPORATION

Part I Unrelated Trade or Business Income	ł	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 3,324,032.			-	
b Less returns and allowances c Balance	▶ 1c	3,324,032.		
2 Cost of goods sold (Schedule A, line 7)	2	3,019,707.		
3 Gross profit Subtract line 2 from line 1c	3	304,325.		304,325.
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	4c			
5 Income (loss) from a partnership or an S corporation (attach	ii		Ì	
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	1 1	ì		
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) STMT	3 12	34,649.		34,649.
13 Total. Combine lines 3 through 12	13	338 <u>,9</u> 74.		338,974.

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	<u>302,</u> 195.
16	Repairs and maintenance	16	18,151.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	60,439.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 4	27	<u>121,773.</u>
28	Total deductions. Add lines 14 through 27	28	502,558.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-163,584.
30	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 5	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31_	-163,584.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER	INCOME	STATEMENT 3
DESCRIPTION			AMOUNT
OTHER OPERATING REVENUE	3		34,649
TOTAL TO SCHEDULE M, PA	34,649		
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 4
DESCRIPTION			AMOUNT
PURCHASED SERVICES			66,055
MEDICAL SUPPLIES			28,252
OTHER SUPPLIES			2,273
LEASE AND RENTAL OTHER EXPENSES			11,862 13,331
TOTAL TO SCHEDULE M, PA	ART II, LINE 27		121,773
SCHEDULE M	NET OPERATING	C LOSS DEDUCTION	STATEMENT 5
	LOSS		
TAX YEAR LOSS SUSTA	PREVIOU	ISLY LOSS	AVAILABLE THIS YEAR
06/30/19 37,	524.	37,52	4. 37,524.
NOL CARRYOVER AVAILABLE	THIS YEAR	37,52	4. 37,524.

Form 990-T (2019)						20.001		Page :
MERCY HEA Schedule A - Cost of Goods	LTH SYS'	TEM CORPOR	CA'I	Yaluation ► N/A		39-0816	848	=
1 Inventory at beginning of year	1	method of invent		Inventory at end of ye			6	_
2 Purchases	2 3	,019,707.		Cost of goods sold. S		ine 6	*	
3 Cost of labor	3	,020,.0.0	′	from line 5 Enter here		i	1	
4a Additional section 263A costs	-3			line 2	; allu III I	a''',	7 3,01	9,707.
(attach schedule)	4a		8		263A (with respect to	7 1 3 7 5 =	Yes No
b Other costs (attach schedule)	4b		٥	property produced or		•		100
5 Total Add lines 1 through 4b		,019,707.		the organization?	acquired	tor result, apply to		X
Schedule C - Rent Income			Per		ease	d With Real Prope	ertv)	1
(see instructions)							_	
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%)	centage of than	` of rent for pe	rsona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly o columns 2(a) and	connected with the in I 2(b) (attach schedu	icome in
(1)			10 00.					
(2)				····				
(3)								
(4)				_				•
Total	0.	Total	-	- · -	0.			
c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see ii	nstru	ictions)				
			-	2. Gross income from		Deductions directly conne to debt-finance		ele
1. Description of debt-fir	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other do	eductions hedule)
(1)	·					····		
(2)								-
(3)								
(4)								
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)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) an	
(1)	,			%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I line 7, column (A)	Enter here and Part I, line 7	

Form 990-T (2019)

Totals

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020 ► 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).

OMB No 1545-0047

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Employer identification number Name of the organization 39-0816848 MERCY HEALTH SYSTEM CORPORATION Unrelated Business Activity Code (see instructions) 541380 ► CONTRACT LAB Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I 18,033. 1a Gross receipts or sales 18,033. **b** Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 2 18,033. 18,033. 3 3 Gross profit Subtract line 2 from line 1c 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 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) q organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 18,033. 18,033. 13 Total. Combine lines 3 through 12 13 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 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 5,106. 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 22 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26 Other deductions (attach schedule) 27 27 5,106.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

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instructions)

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MERCY HEA	LTH SYST	CORPO	ORATION		39-0816	848
Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory valuation 🕨 N/A	A		
1 Inventory at beginning of year	_1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	e and in l	Part I,	;
4 a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property I	Lease	d With Real Prope	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%)	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	3(a) Deductions directly c columns 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	n (A)	.		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)			
			2 Communication		Deductions directly conne to debt-finance	
Description of debt-fir			Gross income from or allocable to debt-	(a)	Straight fine depreciation	(b) Other deductions
1. Description of debt-in	апсец ргорегту		(inanced property		(attach schedule)	' (attach schedule)
(1)						
(2)						
(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 deductions (column 6 x total of columns 3(a) and 3(b))
(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 (8)
Totals			>		0.	0.
Total dividends-received deductions in	ncluded in column	n 8				0.
						Form 000 T (2010)