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Number, street, and room or suite no if a P.O. box, see instructions. Europeated Authority
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Solar Sol
HEnter the number of the organization bype ▶ ▼ 501(c) corporation
H Enter the number of the organization survivates or businesses. ■ 1 Describe the only (or first) unrelated trade or business here ▶ LAB OUTREACH 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. 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. If only one, complete Parts II. If only one, complete Parts III. If only one a parent-subsidiary controlled group? If only one, complete Parts III. If only one a parent-subsidiary controlled group? If only one can be a school one is a school one one parent-subsidiary controlled group? If one one one one is a school one
trade or business here ► LAB OUTREACH 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. ▶ J The books are in care of ★ Kimber Ley Rosaitex * Telephone number ★ (319) 339-3900 [Part.L] Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales 9,365,013. b Less returns and allowances 2,886,736. c Balance
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? If Yes X No If Yes X No If Yes, enter the name and identifying number of the parent corporation. If Deboks are in care of M Kimber1ey Rossiter (Part.I. Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales 9, 365, 013, b Less returns and allowances 2, 886, 736. c Balance 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit. Subtract line 2 from line to 4 Capital gain net income (attach Schedule D) 5 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-inanced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 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 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) RECEIVED 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
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If Yes, enter the name and identifying number of the parent corporation. ▶ J The books are in care of ▶ Kimberley Rossiter ← Telephone number ▶ (319) 339-3900 Part J. Unrelated Trade or Business Income 1a Gross receipts or sales 9,365,013. b Less returns and allowances 2,886,736. c Balance 1c 6,478,277. 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 6,478,277. 6,478 4a 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 1 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 G) 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 I) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) RECEIVED 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses
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(Except for contributions, deductions must be directly connected with the unrelated business income) 14
Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses RECEIVED RECEIVED 14 15 1, 035 16 17 171 18 19
15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 15 1,035 16 16 17 171 171 18 19 19 19 19 19 19 19 19 19 19 19 19 19
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses RECEIVED 16 17 171 171 171 171 18 18
17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 17 17 171, 18 18 19
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 18 JUN 2 9 2020 19 19
An Charitable contributions (Contributions for limitation miles)
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 OGDETN, UT 160, 196.
Traditionary
22 Less depreciation claimed on Schedule A and elsewhere on return 22b 160
,' 23 Depletion
24 Contributions to deferred compensation plans 24
25 Employee benefit programs 25 356,
26 Excess exempt expenses (Schedule I) 27 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) See Statement 1 28 5 123
25 5 5 11 5 1 5 5 1 5 1 5 1 5 1 5 1 5 1
WIN / Williams we are
32 Unrelated business taxable income Subtract line 31 from line 30

Part I	II I	Total Unrelated Business Taxal	ole Income				
• 33	Total	of unrelated business taxable income comput	ed from all unrelated trades or businesses	s (see instructions)	1	B3	-369,233.
34	Amou	unts paid for disallowed fringes			,	В4	
35	Dedu	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (see ii	nstructions) St	tmt 2	35	0.
36		of unrelated business taxable income before s		•			
		33 and 34		1/1/		36	-369,233.
37		ific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)	171	cb	37	1,000.
38		lated business taxable income. Subtract line	" U	line 36.			
		the smaller of zero or line 36		,	1		-369,233.
Part 1	V	Tax Computation				I))	
39	Organ	nizations Taxable as Corporations. Multiply I	ine 38 by 21% (0.21)			3 9	0.
40	-	s Taxable at Trust Rates. See instructions for	• ' '	unt on line 38 from:		Ti Ti	
	$\overline{}$	Tax rate schedule or Schedule D (For	•		h	▶ 40	
41		tax. See instructions	<u> </u>			► 4h	
42	-	native minimum tax (trusts only)	()(1)	ィレロ		42	
43		n Noncompliant Facility Income. See instruc	tions $Y(N)$	(~ () ()		43	
		Add lines 41, 42, and 43 to line 39 or 40, whi	, ,			44	0.
-Part V	~ 7	Tax and Payments					
45 a	Foreig	gn tax credit (corporations attach Form 1118,	trusts attach Form 1116)	45a			
		credits (see instructions)	·	45b		<u> </u>	
		ral business credit. Attach Form 3800	111	45c		7	
d	Credit	t for prior year minimum tax (attach Form 880	1 or 8927() ()	'd' 45d	4,13	3.	
		credits. Add lines 45a through 45d	$\lambda u \lambda v \lambda$,	H	2 4be	4,133.
		act line 45e from line 44	$\lambda_{\alpha_{\epsilon}}$,	436	-4,133.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule	1 1 T	
48	Total	tax. Add lines 46 and 47 (see instructions)			ιЦ	48	-4,133.
49		net 965 tax liability paid from Form 965-A or F	Form 965-B, Part II, column (k), line 2		•	49	0.
50 a		ents: A 2017 overpayment credited to 2018	, , ,	50a			
b	2018	estimated tax payments		50b			
		eposited with Form 8868		50c			
		n organizations; Tax paid or withheld at source	e (see instructions)	50d			
е	Backı	ip withholding (see instructions)	,	50e			
f	Credit	t for small employer health insurance premium	ns (attach Form 8941)	501			
		_	orm 2439			\neg	
•	_		her Total	▶ 50g			
51	Total	payments. Add lines 50a through 50g	-			5(1)	
52	Estim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🔲			52	
53		ue. If line 51 is less than the total of lines 48,			>	> 53	
54	Overp	payment. If line 51 is larger than the total of lii	nes 48, 49, and 52, enter amount overpaid	d _	(D)	► 5#	4,133.
		the amount of line 54 you want: Credited to 2			efunded 🕽 🕨	<u> 5</u> 5	4,133.
Part V	′I S	Statements Regarding Certain	Activities and Other Informa	ition (see instru	ictions)	•	
56	At any	y time during the 2018 calendar year, did the c	organization have an interest in or a signal	ture or other authori	ty		Yes No
	over a	a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	ation may have to fil	e		
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the name of	the foreign country			
	here	>					x
57	During	g the tax year, did the organization receive a d	istribution from, or was it the grantor of, i	or transferor to, a fo	reign trust?	·	х
		s," see instructions for other forms the organiz					
58	Enter	the amount of tax-exempt interest received or	accrued during the tax year >\$				
		der penalties of perjury, I declare that I have examined	this return, including accompanying schedules an	d statements and to the	best of my knov	viedge and belief, i	t is true,
Sign	cor	rrect amplete Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any knowledg	•	May the IRS deci	iss this return with
Here			Presiden	nt/CEO		the preparer show	
		Signature of officer	Date Title			instructions)? X	Yes No
-		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid			, -		self- employe	ed	
Prepa	rer	Krıstina Rasmussen	Knistnia Zamunen	5/27/2020		P0014	3920
Use O		Firm's name ▶ Deloitte Tax LLP			Fırm's EIN	86-1	065772
			Street, Suite 2800				
_		Firm's address 🕨 Minneapolis, MN	55402-1538		Phone no.	(612) 397-	4000

Schedule A - Cost of Good	Is Sold. Enter	r method of inve	ntory v	raluation N/A			_		
1 Inventory at beginning of year	1		\neg	Inventory at end of year	ar	-	6		
2 Purchases	2		7	Cost of goods sold. S	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,			
4 a Additional section 263A costs			ł	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		┙	property produced or a	acquired	d for resale) apply to			١
5 Total. Add lines 1 through 4b	5	_		the organization?			_		Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty	·)	
Description of property		_		-					
(1)	<u> </u>								
(2)								-	
(3)									
(4)				-		. – .			
	2. Rent receiv	red or accrued				T i			
(a) From personal property (if the perent for personal property is mor 10% but not more than 50%	e than	` of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	centage columns 2(a) and 2(b) (attach schedule			cted with the income in (attach schedule)	
(1)	•			<u> </u>	·	-			
(2)									
(3)								-	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	., .,	eter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	L.,	3. Deductions directly cor to debt-finan	nected ced pro	perty	
1. Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	S
(1) UDM									
(2)									
(3)									
(4)							丄		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e 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 deduction (column 6 x total of column 3(a) and 3(b))	ons lumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I line 7 column (A)		Enter here and on page Part I line 7, column (8	
Totals				•	<u></u>). <u> </u>		0.
Total dividends-received deductions	ncluded in columi	1 8					lacktriangle		0.

1 Name of controlled organization (1) (2) (3) (4)	identif	nployer fication nber	Net unrelated income is) (see instructions)	4. Tot payr	al of specified nents made	5. Part of column 4 included in the contorganization's gross	trolling	6. Deductions directly connected with income in column 5
(2) (3) (4)								
(2) (3) (4)								
(4)								
Innavamet Controlled Organia							·	
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated incor · (see instruction		Total of specified pay made	ments	in the controlling	in 9 that is included ig organization's income	11. Dedu with i	uctions directly connected ncome in column 10
(1)								
(2)								
(3)								
(4)								
					Add colum Enter here and d line 8, co		Enter her	columns 6 and 11 re and on page 1, Part I ne 8 column (B)
otals	, 			•		0.		0
Schedule G - Investmer		Section 501(c)(7), (9), or (17) Org	anization			1
1. Descri	iption of income		2. Amount of	income	3. Deduction directly connect (attach schedu	ted 4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								
(2)								
(3)								
(4)					15.04		1	Enter here and on page 1
otals Schedule I - Exploited E	Exempt Activity	Income Otl	Enter here and Part I, line 9, co	0 .]				Part I line 9, column (B)
see instruc	-	income, ou	ner man Au	rer usin	y income			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connecte with production of unrelated business income	minus colum	trade or blumn 2 n 3) If a e cols 5	5. Gross incor from activity th is not unrelate business incon	at attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						+		
(2)			·			- , -		
(3)								
(4)		-						
``	Enter here and on page 1, Part I, line 10, col (A)	Enter here and or page 1, Part I, line 10, col (B)	1 % 1		2010 - 20			Enter here and on page 1, Part II, line 26
otals	0.	<u> </u>	0. ,	- *		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$,	0
Schedule J - Advertisin Part I Income From P	•	nstructions) orted on a C	onsolidated	Basis			<u> </u>	
								
1. Name of periodical .	2. Gross advertising - income	3. Directary advertising of	t or (loss) (c		5. Circulation	on-es 6. Read cost	ership == - ts	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
			1 1	1, 1, 2				
(1)								
			, 'j	رُيْدُ جِينَ وَالْمِ	~[n,	가게 드립·· (일·· · · · · · · · · · · · · · · · ·
(2)			1, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					*** # * * *
(1) (2) (3) (4)			11 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				, s	20 1 12 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
(2)		0.	13 m/2 = 1 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 3 1 3 3 3 1 3 3 3 1 3 3 3 3 1 3 3 3 3 1 3 3 3 3 1 3	A Land		-	5	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

Form 990-T (2018) Mercy Hospital, Iowa City, Iowa 42-0680391 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						•
(2)						
(3)						
(4)		, , , , , , , , , , , , , , , , , , , ,				
Totals from Part I	0.	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	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 En	ter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

Form **4562**

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

Depreciation and Amortization (Including Information on Listed Property)

990-T

Attach to your tax return.

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

Business or activity to which this form relates

OMB No 1545-0172

Mercy	Hospital, Iowa City, Iow	a.		Form 9	90-T Page	1	,	42-0680391
Part	I Election To Expense Certain Prop	erty Under Section 17	9 Note: If you hav	e any liste	d property,	complete Part	V before y	ou complete Part I
1 Ma	eximum amount (see instructions)				1		1	1,000,000.
2 To	tal cost of section 179 property pla	aced in service (see i	nstructions)				2	
3 Th	reshold cost of section 179 proper	ty before reduction i	n limitation				3	2,500,000.
4 Re	duction in limitation. Subtract line	3 from line 2 If zero	or less, enter -0-				4	
5 Dol	ar fimitation for tax year. Subtract line 4 from fi	ne 1 If zero or less, enter -C	- If married filing separa	itely, see instr	uctions		5	
6	(a) Description of	property	(b) (ost (business	use only)	(c) Elected	cost	The same of the light of the
						_		
7 Lis	ted property Enter the amount fro	m line 29			7			T-2-1
8 To	al elected cost of section 179 prop	perty Add amounts	n column (c), lines	6 and 7			8	
9 Te	ntative deduction. Enter the small	er of line 5 or line 8					9	,
I 0 Са	rryover of disallowed deduction fro	m line 13 of your 20	17 Form 4562				10	
1 1 Bu	siness income limitation. Enter the	smaller of business	income (not less t	han zero) (or line 5		11	
2 Se	ction 179 expense deduction. Add	lines 9 and 10, but of	don't enter more t	han line 11			12	
3 Ca	rryover of disallowed deduction to	2019 Add lines 9 ar	nd 10, less line 12		▶ 13			
lote:	Don't use Part II or Part III below fo	r listed property Ins	tead, use Part V					
Part	II Special Depreciation Allow	ance and Other De	preciation (Don't	ınclude lı	sted proper	ty)		
4 Sp	ecial depreciation allowance for qu	alified property (othe	er than listed prop	erty) place	d in service	during		
the	tax year						14	
5 Pro	perty subject to section 168(f)(1) e	lection					15	
	ner depreciation (including ACRS)						16	
Part	MACRS Depreciation (Don	't include listed prop	erty See instruct	ions)		· · · · · · · · · · · · · · · · · · ·		
			Section	Α				
7 MA	CRS deductions for assets placed	ın service in tax yea	rs beginning befo	re 2018			17	
8 If yo	u are electing to group any assets placed in se	rvice during the tax year int	o one or more general as	set accounts	check here	▶ _] , j, j, ,	
	Section B - Asset	ts Placed in Service	During 2018 Tax	Year Usi	ng the Gen	eral Deprecial	ion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investmei only - see instructi	nt use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
9a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property					_		
е	15-year property							
f	20-year property							
g	25-year property	(t	25 yrs		S/L	
h	Residential rental property	/			27 5 yrs	MM	S/L	
h	nesidential rental property	/			27 5 yrs	MM	_ S/L	
	Name and autol and property	/			39 yrs	MM	S/L	
i 	Nonresidential real property	/	_			MM	S/L	
	Section C - Assets	Placed in Service [During 2018 Tax	rear Using	the Altern	atıve Depreci	ation Syst	tem
0a	Class life	The state of the s		=			^ S/L	-1
b	12-year	1 2 2 1			12 yrs		S/L	
С	30-year	/			30 yrs	ММ	S/L	
d	40-year	/			40 yrs	MM	S/L	
Part	Summary (See instructions)			,			
1 Lis	ted property Enter amount from lin	ne 28					21	
2 To	al. Add amounts from line 12, line	s 14 through 17, line	s 19 and 20 in col	umn (g), a	nd line 21			
	er here and on the appropriate line						22	160,196.
	assets shown above and placed ii	•		-			•	
	tion of the basis attributable to ser	•	•		22			A

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes Nο (c) (e) (f) (a) (h) (d) (a) Date Basis for depre Elected Business/ Type of property (list vehicles first) Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 other basis period Convention deduction use only) use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L % S/L % % S/L 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (f) (a) (b) (c) (e) Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Y<u>es</u> Yes Yes Yes No 34 Was the vehicle available for personal use Yes Yes No No No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization **(f)** (b) (c) (d) (e) (a) Description of costs begins amoun 42 Amortization of costs that begins during your 2018 tax year 43 43 Amortization of costs that began before your 2018 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report

Form **8827**

Department of the Treasury Internal Revenue Service **Credit for Prior Year Minimum Tax - Corporations**

OMB No 1545-0123

Attach to the corporation's tax return.

► Go to www.irs gov/Form8827 for the latest information.

2018

Name	Employer identification number			
Mercy Hospital, Iowa City, Iowa		42-0680391		
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	8,265.		
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2			
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3			
4 Add lines 1, 2, and 3	4	8,265.		
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	4,133.		
7 Add lines 5 and 6	7	4,133.		
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	8a	4,133.		
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	8b	4,133.		
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			
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	4,132.		

Form 990-T Other	er Deductions	Statement 1
Description		Amount
Supplies		287,697.
Auto Gas & Oil		14,224.
Equipment Rental		151,372.
Software Expense		366,832.
Outside Services		2,636,235.
Insurance		39,514.
Building Lease		83,359.
Professional Fees		12,389.
Utilities		111,055.
Interest		191,757.
Advertising		28,921.
Collection Fees		7,761.
Medicaid Tax		48,125.
Employee Training and Education		2,388.
Miscellaneous		92,031.
Outside Pathology Additional Direct Allocation for Lak		13,673. 1,036,565.
Additional Direct Allocation for Dat	J	1,030,363.
Total to Form 990-T, Page 1, line 28	3	5,123,898.

Mercy Hospital Iowa City, Iowa 42-0680391 Form 990-T

Form 990-T, Line 31; Net Operating Loss Deduction

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
6/30/2009	111,308	111,308	-	-
6/30/2010	239,737	239,737	-	-
6/30/2011	125,950	125,950	-	-
6/30/2012	584,174	487,466	96,708	96,708
6/30/2013	782,155		782,155	782,155
6/30/2014	714,691		714,691	714,691
6/30/2015	501,695		501,695	501,695
6/30/2016	781,670	•	781,670	781,670
6/30/2017	364,143		364,143	364,143
	NOL Carryover Av	3,241,062	3,241,062	