

OMB No 1545-0047  
**2019**  
Open to Public Inspection for 501(c)(3) Organizations Only

Form **990-T**  
Department of the Treasury  
Internal Revenue Service

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

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

Go to [www.irs.gov/Form990T](http://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).

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <u>Mercy Hospital, Iowa City, Iowa</u>	<b>D</b> Employer identification number (Employees' trust see instructions) <u>42-0680391</u>
		Number, street, and room or suite no. If a P.O. box, see instructions. <u>500 East Market Street</u>	<b>E</b> Unrelated business activity code (See instructions) <u>621500</u>
		City or town, state or province, country, and ZIP or foreign postal code <u>Iowa City, IA 52245</u>	
<b>C</b> Book value of all assets at end of year <u>259,707,250.</u>		<b>F</b> Group exemption number (See instructions.) <u>0928</u>	
		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

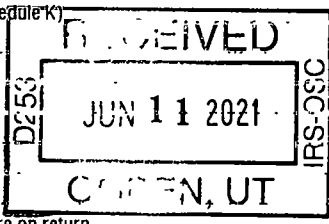
**H** Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here Lab Outreach. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-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 Kimberley Rossiter Telephone number (319) 339-3900

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>8,382,191.</u>			
b	Less returns and allowances <u>2,602,994.</u>			
c	Balance <u>5,779,197.</u>	<u>5,779,197.</u>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	<u>5,779,197.</u>		<u>5,779,197.</u>
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			
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	<u>5,779,197.</u>		<u>5,779,197.</u>

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		<u>1,053,351.</u>
16	Repairs and maintenance		
17	Bad debts		<u>161,885.</u>
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)	<u>133,059.</u>	
21	Less depreciation claimed on Schedule A and elsewhere on return		
22	Depletion		
23	Contributions to deferred compensation plans		
24	Employee benefit programs		<u>308,259.</u>
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule) See Statement 1		<u>5,228,247.</u>
28	Total deductions Add lines 14 through 27		<u>6,884,801.</u>
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<u>-1,105,604.</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2		<u>0.</u>
31	Unrelated business taxable income. Subtract line 30 from line 29		<u>-1,105,604.</u>



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39. Total amount for line 39 is -1,105,604.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45. Total amount for line 45 is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 58. Total amount for line 58 is 4,132.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57 through 59.

Sign Here section containing signature of officer (Shawna M. Jansons), date (05/17/2021), title (CFO), and a box for 'May the IRS discuss this return with the preparer shown below?' with 'Yes' checked.

Preparer information section including Print/Type preparer's name (SHAWNA M. JANSONS), Preparer's signature (Shawna Jansons), Date (05/12/2021), Firm's name (Deloitte Tax LLP), Firm's address (50 South Sixth Street, Suite 2800, Minneapolis, MN 55402-1538), Firm's EIN (86-1065772), and Phone no. ((612) 397-4000).

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a						Yes	No
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

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

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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) UDM				
(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 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
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)	
<b>Totals</b>			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)				
(2)				
(3)				
(4)				
<b>Totals</b>		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)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	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)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

DRAFT AS OF 4/16/2021

# Depreciation and Amortization

(Including Information on Listed Property) 990-T

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>Mercy Hospital, Iowa City, Iowa</b>	Business or activity to which this form relates <b>Form 990-T Page 1</b>	Identifying number <b>42-0680391</b>
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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	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
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	
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
9 Tentative deduction Enter the smaller of line 5 or line 8		
		9
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		
		11
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 2020 Add lines 9 and 10, less line 12		
		13

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)**

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)	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	
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
19a 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**

20a 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 instr	22	133,059.
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	

**Part V** **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  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year					
<b>43</b> Amortization of costs that began before your 2019 tax year					43
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					44

**Credit for Prior Year Minimum Tax - Corporations**

OMB No 1545-0123

**2019**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

Name <b>Mercy Hospital, Iowa City, Iowa</b>		Employer identification number <b>42-0680391</b>
<b>1</b>	Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827.	<b>1</b> 4,132.
<b>2</b>	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions).	<b>2</b>
<b>3</b>	Enter the refundable minimum tax credit (see instructions).	<b>3</b> 4,132.
<b>4</b>	Add lines 2 and 3.	<b>4</b> 4,132.
<b>5a</b>	Enter the <b>smaller</b> of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions.	<b>5a</b> 4,132.
<b>5b</b>	<b>Current year minimum tax credit.</b> Enter the smaller of line 1 or line 2 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 3, go to line 5c. Otherwise, skip line 5c.	<b>5b</b>
<b>5c</b>	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return).	<b>5c</b> 4,132.
<b>6</b>	<b>Minimum tax credit carryforward.</b> Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years.	<b>6</b>



Form 990-T

Other Deductions

Statement 1

<u>Description</u>	<u>Amount</u>
Supplies	220,091.
Auto Gas & Oil	13,739.
Equipment Rental	133,682.
Software Expense	340,148.
Outside Services	3,252,734.
Insurance	37,437.
Building Lease	133,649.
Professional Fees	13,489.
Utilities	93,810.
Interest	165,833.
Advertising	20,417.
Collection Fees	11,194.
Medicaid Tax	42,285.
Employee Training and Education	988.
Miscellaneous	15,626.
Outside Pathology	9,005.
Additional Direct Allocation for Lab	724,120.
Total to Form 990-T, Page 1, line 27	5,228,247.

DUPLICATE

Form 990-T Net Operating Loss Deduction Statement 2

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	369,233.	0.	369,233.	369,233.
NOL Carryover Available This Year			369,233.	369,233.

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Form 990-T

Net Operating Loss Deduction

Statement 4

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/09	111,308.	111,308.	0.	0.
06/30/10	239,737.	239,737.	0.	0.
06/30/11	125,950.	125,950.	0.	0.
06/30/12	584,174.	487,466.	96,708.	96,708.
06/30/13	782,155.	0.	782,155.	782,155.
06/30/14	714,691.	0.	714,691.	714,691.
06/30/15	501,695.	0.	501,695.	501,695.
06/30/16	781,670.	0.	781,670.	781,670.
06/30/17	364,143.	0.	364,143.	364,143.
NOL Carryover Available This Year			3,241,062.	3,241,062.

Mercy Hospital, Iowa City, Iowa

42-0680391

Form 990-T

Other Credits and Payments

Statement 3

Description

Amount

Form 8827, line 5c

4,132.

Total included on Form 990-T, Page 2, Part V, line 51g

4,132.

DUPLICATE