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EXTENDED TO MAY 15, 2020

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2018 or other tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019****2018**Department of the Treasury
Internal Revenue ServiceGo 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

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
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 MERCY MEDICAL CENTER Number, street, and room or suite no. If a P.O. box, see instructions. 701 10TH ST SE City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA 52403	42-0698295 E Unrelated business activity code (See instructions) 900099
C Book value of all assets at end of year 591,748,703.	F Group exemption number (See instructions.) 0928 G 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. **3** Describe the only (or first) unrelated trade or business here **INCOME(LOSS) FROM PARTNERSHIPS**. 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 **KAY CRIST** Telephone number **319-398-6107**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c				
4 a Capital gain net income (attach Schedule D)		1,215.		1,215.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		438.		438.
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)		2,441.	STMT 3	2,441.
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)		255,496.		255,496.
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) STATEMENT 4		1,822.		1,822.
13 Total. Combine lines 3 through 12		261,412.		261,412.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule) (see instructions)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules) STATEMENT 7	SEE STATEMENT 5	20	17,067.
21 Depreciation (attach Form 4562)			
22 Less depreciation claimed on Schedule A and elsewhere on return			
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule) SEE STATEMENT 6		28	4,875.
29 Total deductions. Add lines 14 through 28		29	21,942.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	239,470.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	239,470.

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	407,974.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 8	35	84,863.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	323,111.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 3A	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 3A	38	322,111.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40	39	67,643.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 40	40	
41	Proxy tax. See instructions 41	41	
42	Alternative minimum tax (trusts only) 42	42	
43	Tax on Noncompliant Facility Income. See instructions 43	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44	44	67,643.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	67,643.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 47	47	
48	Total tax. Add lines 46 and 47 (see instructions) 48	48	67,643.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49	49	0.
50a	Payments: A 2017 overpayment credited to 2018 50a	50a	6,080.
b	2018 estimated tax payments 50b	50b	
c	Tax deposited with Form 8868 50c	50c	95,000.
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	50d	
e	Backup withholding (see instructions) 50e	50e	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 50g	50g	
51	Total payments. Add lines 50a through 50g 51	51	101,080.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 52	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54	54	33,437.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 55	55	0.

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

56	At any time during the 2018 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 56	Yes	No
57	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. 57		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year 58		X

Sign Here

Under penalties of perjury, I declare that I have examined 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 **5/4/20**

Date

EXECUTIVE VP/CFO

Title

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
JENIFER L. CHASE	Jenifer L Chase	04/08/2020		P01306883
Firm's name RSM US LLP	Firm's EIN 42-0714325			
Firm's address 4650 E. 53RD STREET	Phone no. 563-888-4000			
Firm's address DAVENPORT, IA 52807				

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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4b	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

(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

(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.

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) PCI LENDER, LLC	-7,568.		
(2) PCI REGIONAL MEDICAL MALL, LLC	522,770.		
(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)
(1) 294,449.	419,306.	70.22 %	-5,314.
(2) 2,196,674.	4,403,185.	49.89 %	260,810.
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		255,496.	0.
Total dividends-received deductions included in column 8			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)				
(2)				
(3)				
(4)				
		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)						
(2)						
(3)						
(4)						
		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 28		
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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		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)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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.

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
NEWBURY EQUITY PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)		4,401.
NEWBURY EQUITY PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)		3,306.
AUDA SECONDARY FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-19.
AUDA SECONDARY FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-36.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND II, L.P. - ORDINARY BUSINESS INCOME (2.
Q-BLK REAL ASSETS II (PARALLEL), L.P. - ORDINARY BUSINESS INCOME (LOSS)		-2,495.
PARK STREET CAPITAL NATURAL RESOURCE FUND II, LP - ORDINARY BUSINESS INCOME		-191.
PARK STREET CAPITAL NATURAL RESOURCE FUND II, LP - ORDINARY BUSINESS INCOME		-127.
TRG FORESTRY FUND 8-B LP - ORDINARY BUSINESS INCOME (LOSS)		-1,200.
TRG FORESTRY FUND 8-B LP - ORDINARY BUSINESS INCOME (LOSS)		-1,200.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		2,441.

FORM 990-T	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
NET 965 INCLUSION		1,822.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		1,822.

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM K-1 Q-BLK REAL ASSETS II (PARALLEL)	N/A	12.
FROM K-1 NEWBURY EQUITY PARTNERS LP	N/A	1.
JUVENILE DIABETES FOUNDATION	N/A	10,000.
NFC CEDAR RAPIDS, LLC	N/A	10,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		20,013.

MERCY MEDICAL CENTER

42-0698295

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

TAX PREP FEES

4,875.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

4,875.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 7
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
FOR TAX YEAR 2017	110,170	
TOTAL CARRYOVER		110,170
TOTAL CURRENT YEAR 10% CONTRIBUTIONS		20,013
TOTAL CONTRIBUTIONS AVAILABLE		130,183
TAXABLE INCOME LIMITATION AS ADJUSTED		17,067
EXCESS 10% CONTRIBUTIONS		113,116
EXCESS 100% CONTRIBUTIONS		0
TOTAL EXCESS CONTRIBUTIONS		113,116
ALLOWABLE CONTRIBUTIONS DEDUCTION		17,067
TOTAL CONTRIBUTION DEDUCTION		17,067

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	84,633.	84,633.	0.	0.
06/30/11	154,501.	154,501.	0.	0.
06/30/12	49,273.	49,273.	0.	0.
06/30/13	107,563.	107,563.	0.	0.
06/30/14	389,755.	304,892.	84,863.	84,863.
NOL CARRYOVER AVAILABLE THIS YEAR			84,863.	84,863.

**SCHEDULE M
(Form 990-T)**Department of the Treasury
Internal Revenue Service (99)**Unrelated Business Taxable Income for
Unrelated Trade or Business**For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019▶ 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).

ENTITY 1

OMB No 1545-0687

2018Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

MERCY MEDICAL CENTER

Employer identification number

42-0698295Unrelated business activity code (see instructions) ▶ **541610**Describe the unrelated trade or business ▶ **CEDAR RAPIDS PHYSICIANS-HOSP ORG LLC**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a 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 statement)	5	168,621.		168,621.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	168,621.		168,621.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
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 Charitable contributions (See instructions for limitation rules) STATEMENT 9	20	13,975.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	13,975.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	154,646.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	154,646.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MERCY MEDICAL CENTER

42-0698295

FORM 990-T (M)

CONTRIBUTIONS

STATEMENT 9

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

UNITED WAY OF EAST CENTRAL
IOWA

N/A

13,975.

TOTAL TO SCHEDULE M, PART II, LINE 20

13,975.

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

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

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

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization

MERCY MEDICAL CENTER

Employer identification number

42-0698295

Unrelated business activity code (see instructions) ► 621500

Describe the unrelated trade or business ► **LAB ACTIVITIES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>796,569.</u>			
b Less returns and allowances				
c Balance ►		1c <u>796,569.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3 <u>796,569.</u>		<u>796,569.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>796,569.</u>		<u>796,569.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	<u>227,233.</u>
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules) STATEMENT 10 STMT 11	20	<u>1,540.</u>
21 Depreciation (attach Form 4562)	21	<u>8,370.</u>
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	<u>8,370.</u>
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	<u>86,428.</u>
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 12	28	<u>459,140.</u>
29 Total deductions. Add lines 14 through 28	29	<u>782,711.</u>
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	<u>13,858.</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	<u>13,858.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MERCY MEDICAL CENTER

42-0698295

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					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No X

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

(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)

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)				
(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) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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FORM 990-T (M)		CONTRIBUTIONS	STATEMENT 10
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
FOUR OAKS FAMILY AND CHILDREN	N/A		35,000.
AMERICAN HEART ASSOCIATION	N/A		36,000.
TOTAL TO SCHEDULE M, PART II, LINE 20			71,000.

FORM 990-T (M)		CONTRIBUTION LIMITATIONS	STATEMENT 11
	CONTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS
TOTAL CONTRIBUTIONS	71,000.	0.	71,000.
10% TAXABLE INCOME	1,540.		
CURRENT YEAR AMOUNT	1,540.		1,540.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12
DESCRIPTION		AMOUNT
MATERIALS & SUPPLIES		324,924.
OVERHEAD		134,216.
TOTAL TO SCHEDULE M, PART II, LINE 28		459,140.

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No 1545-0123

2018

Name

Employer identification number

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Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				86.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 86.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				1,129.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 1,129.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	86.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	1,129.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	1,215.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2018

Attachment Sequence No **12A**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

