		ı		NDED TO N					1	
Form	990-T	E	xempt Orga					ax Retur	n -	OMB No 1545-0687
				nd proxy tax						2018
	ł	For cale	endar year 2018 or other tax ye	r irs.gov/Form990T	for instructi		ending	ation		2010
Departr	ment of the Treasury Revenue Service	•	Do not enter SSN number	•					3) [2	Open to Public Inspection (50 (c)(3) Organizations Only
Δ	Check box if		Name of organization (12/1) Emplo	yer identification number
^	address changed		warne or organization (E	0,,000, 000, 11 110	and onungo	3 0110 000 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			oyees' trust see ctions)
B Ex	empt under section	Print	IOWA HEALTH	I SYSTEM					4:	2-1435199
	501(0)3)	or	Number, street, and roor		O box, see i	nstructions				ated business activity code
	408(e) 220(e)	Type	1776 WEST I	AKES PARI	XWAY,	NO. 4	00			,
	408A 530(a)		City or town, state or pro				de			
\ <u> </u>	529(a)	<u></u>	WEST DES MC			6		····	900	099
- V -1 -1	k value of all assets	0.77	F Group exemption num				CO1/a) tough	T 401/	(a) drugh	Other trust
			G Check organization typ			n	501(c) trust		(a) trust	Other trust
		-	ation's unrelated trades or EE STATEMENT		4		_	the only (or first) is complete Parts I-V		
			ace at the end of the previo		lete Parts I a	nd II comple				
/	siness, then complete			ous semence, comp	icic i ai is i a	nu n, comps	cic a concoun	, in for cach about	Ongr trade	, 01
_			poration a subsidiary in an	affiliated group or a	a parent-sub	sidiany contr	olled group?	\	X Ye	s No
	•		tifying number of the pare			XXX	X	12-999	<u> 4999</u>	
			DAN CARPENTE		FO		Teleph	one number 🕨	515-	241-3315
			de or Business In			(A) I	ncome	(B) Expens	ies	(C) Net
Ja,	Gross receipts or sale Less returns and allo	es	1,556,697	<u>.</u>	1	1				
29	Loss returns and allo	wances		c Balance	<u>1c</u>	1,55	6,697.			
	Cost of goods sold (S				2	1 55	6 607			1 556 607
	Gross profit Subtrac				3	1,22	6,697.			1,556,697
	Capital gain net incom		on Schedule D) Part II, line 17) (attach For	·m 4707)	4a 4b	 		 		
u	Capital loss deduction			111 47 37)	4c	F	DE/	EN/ED		
	•		ship or an S corporation ((attach statement)	5			EIVED		
SCANNED	Rent income (Sched		omp or an order portation (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	~	5///		18	
Z	Unrelated debt-finan		me (Schedule E)		7	5	3 \ NOV	1 8 2019		
€	Interest, annuities, ro	yalties,	and rents from a controlle	ed organization (Sche	dule F) 8				<u> </u> %	
Co	Investment income of	of a secti	ion 501(c)(7), (9), or (17)	organization (Sched	dule G) 9		061	EN, UT		
10	Exploited exempt act	-			10	<u> </u>				
11	Advertising income (•	•		11			<u> </u>		
12	Other income (See ii				12	\- <u></u>				
13	Total. Combine line				13		6,697.			1,556,697
Га		contrib	ot Taken Elsewhoutions, deductions mu	ere (See instruct) ust be directly con	ions for iim inected wit	itations on h the unieli	deductions ated busines) ss income)		
14			directors, and trustees (Sc						14	T
15	Salaries and wages		5.1001010, and 1.001000 (00	modulo IV					15	735,458
16	Repairs and mainte								16	133,13
17	Bad debts								17	
18	Interest (attach sch	nedule) (see instructions)						18	
19	Taxes and licenses								19	
20			ee instructions for limitati	on rules)					20	
21	Depreciation (attac		,				21			
22		claimed	on Schedule A and elsewh	iere on return			22a		22b	
23	Depletion	. .							23	
24 25	Employee benefit p		ompensation plans						24	
25 26	Excess exempt exp								25	81,71
27	Excess readership								_26	
28	Other deductions (CI T	מודה הודה		27	
29	Total deductions					Si	LE STA	rement 3	28	739,52
30			income before net operat	ling loss deduction	Subtract line	20 from line	. 12		29	1,556,69
31	Deduction for net (perating) loss arising in tax years l	beginning on or afte	r January 1	۱۱۱۱ (۱۱۱۱ تک ر ۱۲ مهم ۱۲ (۱۲ کک	s (J netruetions)		30	
32	Unrelated business	taxable	income. Subtract line 31	from line 30		-0 10 (355	เอเเนษแบทร)		31	+
8237	01 01-09-19 LHA I	For Pape	erwork Reduction Act Not	uca caa instruction					32	<u> </u>

Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades	or businesses	(see instructio	ns)	33	376,947.		
34	Amounts paid for disallowed fringes				34	144,143.		
35	Deduction for net operating loss arising in tax years beginning before January 1	35						
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines 33 and 34				36	521,090.		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions	s)			37	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is		ne 36.			_		
•	enter the smaller of zero or line 36	3	,		38	520,090.		
Part I	V Tax Computation					<u> </u>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				39	109,219.		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income ta	ax on the amou	int on line 38 fr	om:				
	Tax rate schedule or Schedule D (Form 1041)			•	40			
41	Proxy tax. See instructions				41			
42	Alternative minimum tax (trusts only)			•	42			
43	Tax on Noncompliant Facility Income. See instructions				43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	109,219.		
Part V					1 44 1	103/223.		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a		1 1			
	Other credits (see instructions)		45b		1			
	General business credit. Attach Form 3800		45c		1			
ي د	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d		1			
	Total credits. Add lines 45a through 45d		100		45e			
	Subtract line 45e from line 44				46	109,219.		
46	Other taxes. Check if from: Form 4255 Form 8611 Form 869	7 Corm	9966 🗀 0	her (attach schedule)	47	105,215.		
47		,	0000 0	itel (attach schedule)	48	109,219.		
48	Total tax Add lines 46 and 47 (see instructions)	/k\ line 2			49	0.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	(K), IIIIC Z	50a		- -			
	Payments: A 2017 overpayment credited to 2018		50b	141,100	1 1			
	2018 estimated tax payments		50c	77,200				
	Tax deposited with Form 8868			77,200	4 1			
	Foreign organizations: Tax paid or withheld at source (see instructions)		50d		- 1			
	Backup withholding (see instructions)		50e		-{ I			
	Credit for small employer health insurance premiums (attach Form 8941)		50f		-			
g	other credits, adjustments, and payments: Form 2439	Takal N	.		1 1			
	Form 4136 Other	Total	▶` 50g		 	210 200		
51	Total payments. Add lines 50a through 50g	ਦ ੀ			51	218,300. 1,881.		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			_	52	1,001.		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov				53	107,200.		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter am	ount overpaid ז ח 1	7,200.	Defunded >	54			
55 Dort 1	Enter the amount of line 54 you want: Credited to 2019 estimated tax VI Statements Regarding Certain Activities and Othor			Refunded >	55	<u> </u>		
Part \						Yes No		
56	At any time during the 2018 calendar year, did the organization have an interest over a financial account (bank, securities, or other) in a foreign country? If "Yes	=				168 110		
	FinCEN Form 114. Report of Foreign Bank and Financial Accounts. If "Yes," enter		-					
	, , , , , , , , , , , , , , , , , , , ,	SI LIIG HAIHE OI	the foreign cou	iiu y		- x		
57	During the tax year, did the organization receive a distribution from, or was it the	ne grantor of o	r transferor to	a foreign trust?		— "		
3/	If "Yes," see instructions for other forms the organization may have to file.	ic grantor oi, o	i ii diisici ti ito,	a loreigh dust.		 -		
58	Enter the amount of tax-exempt interest received or accrued during the tax year	r > \$						
	Under penalthes of perury, I declare that I have examined this return, including accompan correct, and complete (Peclaration of preparer (other than taxpayer) is based on all inform		nd statements, ar	nd to the best of my kno	owledge ar	nd belief, it is true,		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all inform	nation of which pro	eparer has any kn		_			
Here	11/14/2019 N	SVP/CI	FO		-	discuss this return with rehown below (see		
	Signature of officer Date	Title			natructiona			
	Print/Type preparer's name Preparer's signature		Date	Check	ıf PTIN			
.	Topard o dignition			self- employed				
Paid		Ì						
Prepa	Eurm's name	1		Fırm's EIN ▶	<u> </u>	· · · · · ·		
Use (Unity							
	Firm's address -			Phone no.				
823711 0	1-09-19					Form 990-T (2018)		

Schedule A - Cost of Goods	Sold. Enter method of invent	tory 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 Sub	otract line 6	[. T		
3 Cost of labor	3	from line 5. Enter here a		1 1		
4a Additional section 263A costs		line 2	,	7		
(attach schedule)	4a	8 Do the rules of section 2	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b	7	quired for resale) apply to			
5 Total Add lines 1 through 4b .	5	the organization?	iquitos for rossaio, apply to		}	}
Schedule C - Rent Income (eased With Real Pro	nerty)		·
(see instructions)						
1 Description of property						
(1)						
(2)		***				
(3)						
(4)						
	2 Rent received or accrued					
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than of rent for p	and personal property (if the percenta personal property exceeds 50% or if it is based on profit or income)	ge 3(a) Deductions direct columns 2(a).	ly cannected and 2(b) (attec	with the income in schedule)	ın
(1)						
(2)						
(3)						
(4)		1				
Total	O . Total		0.			
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column			(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)				
			3 Deductions directly o			
1 Description of debt-fir	nanced property	2 Gross income from or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)) Other deduction (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)		Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)		%				
(2)		. %				
(3)		%				
(4)		%				
			_			
*			Enter here and on page 1, Part I line 7 column (A)	Par	er here and on pa t I line 7 colum	
Totals		>		0.		0.
Total dividends-received deductions in	ocluded in column 8					0.
						T (2018)

Schedule F - Interest, A	Annuitie	s, Royalt						ation	S (see inst	ructions)	
	ļ		Exe	empt C	ontrolled O	rganizatio	ons	,			
 Name of controlled organizat 	ion	2 Empl identifica numb	ition (lo		elated income instructions)		al of specified nents made	include	of column 4 th d in the contro tion's gross in	iling o	Deductions directly connected with income in column 5
(1)											
(2)	·							<u> </u>			
(3)								L			
(4)			l			<u> </u>		<u> </u>		l_	
Nonexempt Controlled Organi	zations										
7 Taxable Income		nrelated income ee instructions)) Total o	of specified pay made	rments	10 Part of colu in the control gros	mn 9 that ling organi s income	is included ization's		uctions directly connected ncome in column 10
(1)	 										
(2)											
(3)								,			
(4)											
<u>V</u>							Enter here an	mns 5 and d on page column (A	1 Part I	Enter he	I columns 6 and 11 re and on page 1 Parl I ne 8 column (B)
Totals						▶			0.		0.
Schedule G - Investme (see inst	ent Inco ructions)	me of a S	Section 50)1(c)(7), (9), or	(17) Oı					
1 Desc	oription of inco	ome			2 Amount o	of income	3 Deducti directly conn (attach sche	ecled	4 Set- (allach s		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)						~ _					
(3)											
(4)											<u></u>
					Enter here and Part I, line 9, o			7 V	``,	-S	Enter here and on page 1 Part I line 9 column (8)
Totals					<u> </u>	0.	10 2 10				0
Schedule I - Exploited (see instr	-	t Activity	Income,	Othe	r Than A	dvertis	ing Incom	e			
1 Description of exploited activity	unrelate	Gross d business ne from r business	3 Expension directly connicated with production of unrelated business income.	ected ction ed	4 Net inco from unrelet business (minus colu gain, comp throu	ed trade or (column 2 imn 3) If a ute cols 5	5 Gross in from activit is not unre business in	y that lated	attribut	penses lable to mn 5	7 Excess erempt expenses (column 6 minus column 5 but not more than column 4)
(1)	+				 						
(2)	+		_ _		 		 		 		
(3)	+	_			 		 		 		+
(4)					 		 		 		
(-)	page	ere and on 1 Part I 0 col (A)	Enter here a page 1 Pa	art I,	7.1.1	JE25		-			Enter here and on page 1, Part If line 26
Totals	- L	0.		0.	12.00 € (Fe)		in in the second	- <i>-</i> - 1			0
Schedule J - Advertis											······································
Part I Income From	Periodi	cals Rep	orted on	a Coı	nsolidate	d Basi	S				
1 Name of periodical		2 Gross advertising income		Direct sing cost:	or (loss) s col 3) If a	vertising gair) (col 2 minu a gain comp	s 5 Circu		6 Read		7 Excess readership costs (column 6 minus column 5 but not more
(1)					COIS	5 through 7			ļ		than column 4)
(2)					 ' '		-		<u> </u>		
(3)					- 14	, <u> </u>					
											,
(4)					1, 2,						
Totals (carry to Part II, line (5))	•	- 	0.	(0.						0
823731 01-09-19						-					Form 990-T (201

Form 990-T (2018) IOWA HEALTH SYSTEM Part III 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)	1						
(2)			·				
(3)							
(4)							
Totals from Part I	>	0.	0.	1275 14 12 14 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ويرارك الرياميين أنبيه	·, ·	0
		Enter here and on page 1 Part I, line 11, col (A)	Enter here and on page 1, Part t, line 11 col (B)			A Comment	Enter here and on page 1 Part II line 27
Totals Part II (lines 1-5)		0 . }	n		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		l n

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

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

SUPPORT SERVICES PROVIDED TO NON-RELATED EXEMPT ORGANIZATIONS, RELATED TAXABLE CORPORATION AND PASSTHROUGH UBI FROM JOINT VENTURE K-1S.

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

GENERALLY, UNRELATED BUSINESS INCOME FOR IOWA HEALTH SYSTEM IS ZERO OR GENERATES A LOSS. MOST SERVICES ARE BILLED AT COST TO ASSIST ENTITIES WHOSE ACTIVITIES SUPPORT OUR EXEMPT PURPOSE. UNRELATED BUSINESS EXPENSE FOR ACTIVITIES WHICH GENERATE A LOSS ARE LIMITED TO REVENUE.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	•	AMOUNT
PURCHASED SERVICES RENTAL EXPENSES		314,557. 424,964.
TOTAL TO FORM 990-T, PAGE	E 1, LINE 28	739,521.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	'Y	1
OMB No	1545-08	87

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3) Organizations Only

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

Employer identification number

	IOWA HEALTH SYSTEM			42-14.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
U	nrelated business activity code (see instructions) 90009					
D	escribe the unrelated trade or business > AFFILIATE	USA	GE FEE			·
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 29,820.					
	Less returns and allowances c Balance ▶	1c	29,820.			
2	Cost of goods sold (Schedule A, line 7)	2		,	,	
3	Gross profit Subtract line 2 from line 1c	3	29,820.	1,5		29,820.
4 a	Capital gain net income (attach Schedule D)	4a		\$ Programme		
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1	,	
	Capital loss deduction for trusts	4c		L		
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	·	1	·	
13	Total. Combine lines 3 through 12	13	29,820.	,		29,820
14	deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	e unrei	ated business inc	ome) 	14	
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)				20	
21	Depreciation (attach Form 4562)		21	29,820.		·
22	Less depreciation claimed on Schedule A and elsewhere on retu	rn	22a	23,020.	22b	29,820
23	Depletion		<u> </u>		23	25,020
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	29,820
30	Unrelated business taxable income before net operating loss de	duction	Subtract line 29 from I	ine 13	30	0
31	Deduction for net operating loss arising in tax years beginning or	n or afte	r January 1, 2018 (see	· ·	T	
	instructions)	_	, , _ = = (500		, ,	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

IOWA HEALT	H SYSTE	M			42-143	519	19	
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory 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 Sut	btract li	ine 6	· ·	1	
3 Cost of labor	3		from line 5. Enter here a	and in P	art I,	•		
4 a Additional section 263A costs			line 2			<u> </u>		
(attach schedule)	4a		8 Do the rules of section 2	with respect to		Yes	No	
 Other costs (attach schedule) 	4b		property produced or ac	cquired	for resale) apply to		1	
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (From Real	Property and	l Personal Property I	_ease	ed With Real Pro	per	ty)	
(see instructions)								
1 Description of property			,					
(1)								
(2)								
(3)								
(4)					-,·			
	2 Rent receiv	ed or accrued			2(2) B. d			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percental ersonal property exceeds 50% or if at is based on profit or income)	ige	3(a) Deductions directly columns 2(a) a		ected with the incom (attach schedule)	e in		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	•		0.
Schedule E - Unrelated Deb	t-Finance	l Income (see	instructions)					
			2 .		3 Deductions directly co to debt-finar	nnecte	d with or allocable	
4			 Gross income from or allocable to debt- 	(a)	Straight line depreciation	iceo pi	(b) Other deduct	uons.
1 Description of debt-fir	nanced property		financed 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 debt-fin	e adjusted basis allocable to anced property ch schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable ded (column 6 x Iolal o 3(a) and 3(i	f columns
(1)			%	†		-		
(2)			%					
(3)			%	1	-v.			
(4)			%	 		_		
					Enter here and on page 1, Part I, line 7 column (A)		Enter here and on Part I line 7, colu	
Totals			•		(o .		0.
Total dividends-received deductions in	icluded in colum	ın 8	•			D		0.
					/			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

	ENTITY	2
l	OMU No. 1546	0007

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning and ending

IOWA HEALTH SYSTEM

► 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)

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

Employer identification number

42-1435199

	nrelated business activity code (see instructions) > 90009						
	escribe the unrelated trade or business SEI GPA I	II					
Par	t I Unrelated Trade or Business Income		(A) Inc	ome	(B) Expenses	,	(C) Net
1a	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			1 - 2	•	
4 a	Capital gain net income (attach Schedule D)	4a					
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			5 , 51		
С	Capital loss deduction for trusts	4c			1		
5	Income (loss) from a partnership or an S corporation (attach			, , , , , , , , , , , , , , , , , , , ,			_
	statement) STATEMENT 4	5	392	2,392.	- '		392,392.
6	Rent income (Schedule C)	6					
7	Unrelated debt financed income (Schedule E)	7	40	3,013.			43,013.
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				<u> </u>	
13	Total. Combine lines 3 through 12	13	43	5,405.			435,405.
Pa	Tell Deductions Not Taken Elsewhere (See instruction	tions	for limitati	ona on d	eductions) (Ex	cept	for contributions,
	deductions must be directly connected with the	unre	lated busi	ness inc	ome)	•	
	Community of afficers developed to about Community						
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	
16	Repairs and maintenance Bad debts					16	
17						17	
18 19	Interest (attach schedule) (see instructions) Taxes and licenses					18	33,841.
		חגחיב	EMENT	5			40,156.
20 21	Depreciation (attach Form 4562)	OTAI	. ENGN I	- I		20	40,130.
22	Less depreciation claimed on Schedule A and elsewhere on return	_		21			
23	Depletion	11		22a		22b	
24	Contributions to deferred compensation plans					23	
25	Employee benefit programs					24	
26	Excess exempt expenses (Schedule I)					25	
27	Excess readership costs (Schedule J)					26	
28	Other deductions (attach schedule)					27	
29	Total deductions. Add lines 14 through 28					28	72.007
30	Unrelated business taxable income before net operating loss dec	l. 104	O	- 00 (10	29	73,997.
31	Deduction for net operating loss arising in tax years beginning on	uction	Subtract lin	e 29 from l	ne 13	30	361,408.
J 1	begoes to her operating loss arising in tax years beginning on	or afte	er January 1,	2018 (see		1 .	1

Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	NET INCOME OR (LOSS)
SUBS & JOINT VENTURES - OTHER PORTFOLIO INCOME (LOSS)	392,392.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	392,392.

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH	N/A	40,156.
TOTAL TO SCHEDULE M, PART II,	LINE 20	40,156.

SCHEDULE M (Form 990-T)

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

E-14	T	1	Ŧ	T		J
O	ИB	No	,	154	5-068	37

CHIMPING

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , and ending

► Go to www.lrs.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)

50 I(c)(3) Organizations Only

Employer identification number Name of the organization IOWA HEALTH SYSTEM 42-1435199 900099 Unrelated business activity code (see instructions) Describe the unrelated trade or business > SEI GPA IV Part 1 Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit Subtract line 2 from line 1c 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 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6 -10,383 -10,383. 6 Rent income (Schedule C) 6 29,104 .104. 7 Unrelated debt financed income (Schedule E) 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) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 12 18.721 Total. Combine lines 3 through 12 13 13 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.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 Bad debts 17 17 Interest (attach schedule) (see instructions) 18 18 ,455. 19 Taxes and licenses 19 727. Charitable contributions (See instructions for limitation rules) STATEMENT 20 20 Depreciation (attach Form 4562) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 22a 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

30

31

823741 01-28-19

Total deductions. Add lines 14 through 28

Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

3,182.

15,539.

15,539.

Schedule M (Form 990-T) 2018

30

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
SUBS & JOINT VENTURES - OTHER PORTFOLIO INCOME (LOSS)	-10,383.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-10,383.

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT	7
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CASH	N/A	1,727	1.
TOTAL TO SCHEDULE M, PART II,	LINE 20	1,727	7.