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	Form	990-T	E	xempt Orgai							OMB No 1545-0047	
				(ar	nd proxy tax u	nder se	ction 603	3(e))	1917	レー	2019	
		** ./	For cal	endar year 2019 or other tax yea	· · · —		, and en				ZU 19	
2	Depai	tment of the Treasury			irs.gov/Form990T fo						Open to Public Inspection for	
2020	Intern	al Revenue Service		Do not enter SSN number					ation is a 501(c)		Open to Public Inspection for 501(c)(3) Organizations Only	
₹	A	Check box if address changed		Name of organization (Check box if name	ne changed	and see instru	ictions.)		(Emp	loyer identification number ployees' trust, see	
,											uctions)	
		xempt under section	Print	IOWA HEALTH							42-1435199 E Unrelated business activity code	
NOV	L <u>X</u>	501(c)03)	or Type	Number, street, and room				•			instructions)	
	<u> </u>	408(e) 220(e)		1776 WEST L	AKES PARKI			<u> </u>		_		
Ĭ,	: ⊨	」408A		City or town, state or prov WEST DES MO F Group exemption numb G Check organization type tion's unrelated trades or b EE STATEMENT	ince, country, and ZI							
윤급	<u>ا</u> د	529(a)		WEST DES MO	INES, IA	50266	<u> </u>			900	1099	
드립	C 91	end of year	76	F Group exemption numb G Check organization type	er (See instructions.) -	T 150	1/0\ +===	T 140:	1/0\ 4===0	Charteriat	
3	<u>}</u>	,200,111,1	/6.	G Uneck organization type	501(c)		50	1(c) trust		I(a) trust	Other trust	
	2 H EN	iter the number of the c	organiza	tion's unrelated trades or d	usinesses.	9	 .		the only (or first)			
	፲, ""	de or business nere		<u> </u>					complete Parts I			
			•	ce at the end of the previou	is sentence, complete	e Parts I and	i II, complete	a Schedule	e M for each addr	tional trad	e or	
	_	siness, then complete			***		4 0 -	40		Te Tu	T IN.	
				oration a subsidiary in an a		arent-subsi	diary controlle	ig gronbs	A us	XY	136199	
				ifying number of the parent			<u></u>			<u> </u>		
				OAN CARPENTE		<u>, </u>	(A) Inc.		one number	515-		
				e or Business Inc	ome	\rightarrow	(A) Inco		(B) Expen	ses	(C) Net	
		Gross receipts or sale	-	679,009.		1.1	670	000				
		Less returns and allow			c Balance	► 1c	6/9	,009.				
	2	Cost of goods sold (S				2	- 680	000	<u>-</u>		7570 000	
	3	Gross profit. Subtract				3	679	,009.			679,009.	
		Capital gain net incom	•	•		48					1	
	þ			art II, line 17) (attach Form	4797)	4b						
	C	Capital loss deduction				4c						
	5			hip or an S corporation (at	tach statement)	5						
	6	Rent income (Schedul	•			6						
	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7			/			
	8			nd rents from a controlled o	-							
	9			n 501(c)(7), (9), or (17) or	ganization (Schedule							
	10	Exploited exempt activ		•		10						
707	11	Advertising income (S				11						
7	12	Other income (See ins		•		12	-/	000	<u> </u>	_	<u> </u>	
20	13	Total. Combine lines				13		,009.			679,009.	
.7	Ра	rt II Deduction	ns No	t Taken Elsewher	(See instruction:	s for limita	tions on ded	luctions)				
×				e directly connected wr		usiness inc	come)					
A K	14	•	cers, dir	ectors, and trustees (Sche	dule K)			TO HORNELL'S ARROWS		14	205 554	
$\overline{}$	15	Salaries and wages					Minister 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VED	-162)	15	305,554.	
SCANNED	16	Repairs and maintena	ance			Contract of the Contract of th	RECE	STATE OF THE PARTY.	181	16		
Z	17	Bad debts				1.5	1	e suso	RSS	17	<u>-</u>	
2	18	Interest (attach sched	dule) (se	e instructions)			MOA ,	0 4	<u>اعالت</u>	18		
ご	19	Taxes and licenses				\B	\	50 U		19		
S	20	Depreciation (attach I				- 1	OGY	20				
	21	· ·	imed on	Schedule A and elsewhere	on return	L		21a		21b	<u> </u>	
	22	Depletion								22	<u></u>	
	23	Contributions to defe		npensation plans						23	1 22 252	
	24	Employee benefit pro	-		(sx \)					24	33,950.	
	25	Excess exempt exper		,	$\langle \mathcal{O}_{\mathcal{O}_{\mathcal{I}}}, \lambda \rangle$					25		
	26	Excess readership co	2	· ·	(*)			a		26		
	27	Other deductions (att	,	· · · · · · · · · · · · · · · · · · ·			SEE	STAT	EMENT 3	27	339,505.	
	28	Total deductions Ad								28	679,009.	
	29			come before net operating						29	0.	
	30		erating lo	oss arising in tax years beg	inning on or after Jai	nuary 1, 20	18] }	1	
		(see instructions)								30	0.	
	31			come. Subtract line 30 fror						31	0.	
	92376	1 01-27-20 LHA FO	r Paper	work Reduction Act Notice	, see instructions.		_				Form 990-T (2019)	

Form 990-T (2019) IOWA HEALTH SYSTEM

42-1435199 Page 2

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A						
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6			
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ne 6				
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs			line 2		Ĺ	7 Yes No			
(attach schedule)	4a		8 Do the rules of section	263A (v	263A (with respect to Yes				
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Prop	oerty) 			
1. Description of property									
(1)	-								
(2)									
(3)									
(4)									
		ed or accrued			3/9) Deductions directly	connected with the income in			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)			
(1)									
(2)									
(3)			- ·						
(4)									
Total	0.	Total		0.	(h) Takal da duakana				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)			.			
			2. Gross income from		Deductions directly conf to debt-finance				
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)	·								
(2)									
(3)									
(4)	-								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property a 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)	<u> </u>		%	ļ					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			•		0.	·			
Total dividends-received deductions in	ncluded in column	18				0.			
						Form 990-T (2019)			

Schedule F - Interest,		<u> </u>	•		Controlled Or							
Name of controlled organization	tion	2. Emp identific numb	ation	3. Net unr (loss) (see	elated income instructions)		il of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)					· ·							
(3)								Ī				
(4)								Ì				
Nonexempt Controlled Organi	izations		_					•				
7. Taxable Income	T	nrelated incom	o (loca)	0 Total	of specified payr	nonto T	10. Part of colu	mn Q tha	t is included	11 Dec	luctions directly connected	
7. Taxable income		ee instructions		9. 100	made	leins	in the control	ing organ	nization's	with	income in column 10	
(1)												
(2)	<u> </u>											
(3)												
(4)												
							Add colui Enter here and line 8,		o 1, Part I, A)	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme (see inst	ent Incol ructions)	me of a S	Section	1 501(c)(7), (9), or ((17) Or	ganizatio	1				
1. Desc	cription of inco	me			2. Amount of	income	3. Deduction directly connection (attach scheduler)	ected	4. Set-a (attach sa		5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)						Î				*		
(3)												
(4)	-		············	_							1	
(4)	<u> </u>				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Totals						0.					0	
Schedule I - Exploited	_	Activity	Incom	e, Othe	r Than Ad		ng Incom	e			<u> </u>	
1. Description of exploited activity	2. G unrelated incom	Gross business e from business	directly of with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) if a cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					<u> </u>						<u> </u>	
												
(2)	 							-				
(4)	+				 						†	
			page 1	re and on I, Part I, col (B)			-				Enter here and on page 1, Part II, line 25	
Totals ► Schedule J - Advertisi	na Inco	0.	eta intic	0.	<u> </u>						0	
Part I Income From					solidated	Racie						
Part I income From	Periodic	ais nepi	or tea o	ii a con	Solidated	Dasis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co cot 3) If a ga cots 5 th	of 2 minus iin, comput	5. Circula income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)			1	_								
(4)	- 						-			$\neg \neg$		
· · · · · ·				•								
Totals (carry to Part II, line (5))	•	(). <u> </u>	0			<u> </u>		<u> </u>		0 Form 990-T (201	

	Income From Periodicals Reported on a Separate Basis (For each penodical 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. Name of periodical		Z. Gross advertising income	3. Direct advertising costs	or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				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 26
Totals, Part II (lines 1-5)	•	0.	0.				0.
Schedule K - Compe	nsatio	n of Officers,	Directors, and	Trustees (see in	nstructions)		

	• · · · • · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·	<u> </u>	
	1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	

(4) 0. Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

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

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PURCHASED SERVICES		339,505.
TOTAL TO FORM 990-T, PAGE 2	L, LINE 27	339,505.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

2

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ______, and ending

► 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 o	IOWA HEALTH SYSTEM			Employer ide	ntification	
Unrelate	ed Business Activity Code (see instructions) > 90009					
	e the unrelated trade or business SEI GPA I	II				
Part I	Inrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross	receipts or sales		<u> </u>			
b Less re	eturns and allowances c Balance	1c				
2 Cost o	of goods sold (Schedule A, line 7)	2	· .			
3 Gross	profit Subtract line 2 from line 1c	3				
4a Capita	al gain net income (attach Schedule D)	4a	257,418.			257,418.
b Net ga	ain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capita	al loss deduction for trusts	4c				
	ne (loss) from a partnership or an S corporation (attach nent) STATEMENT 4	5	85,321.			85,321.
6 Rent	ncome (Schedule C)	6				_
7 Unrela	ated debt-financed income (Schedule E)	7	10,102.			10,102.
	st, annuities, royalties, and rents from a controlled ization (Schedule F)	8		-		
•	ment income of a section 501(c)(7), (9), or (17)					
	ization (Schedule G)	9				
•	ted exempt activity income (Schedule I)	10				
•	tising income (Schedule J)	11				
	income (See instructions, attach schedule)	12	-			
	•					
	Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instruct	13	352,841.	uctions.) (De	duction	352,841. ns must be
Part II	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	13 ions fo	or limitations on ded	uctions.) (De		
Part II	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K)	13 ions fo	or limitations on ded	uctions.) (De	14	
Part II I	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages	13 ions fo	or limitations on ded	uctions.) (De	14 15	
Part II I	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages is and maintenance	13 ions fo	or limitations on ded	uctions.) (De	14 15 16	
Part II I COMP 14 Comp 15 Salaru 16 Repai 17 Bad d	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages rs and maintenance ebts	13 ions fo	or limitations on ded	uctions.) (De	14 15 16 17	
Part II I COMP 14 Comp 15 Salaru 16 Repai 17 Bad d 18 Intere	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages is and maintenance ebts st (attach schedule) (see instructions)	13 ions fo	or limitations on ded	uctions.) (De	14 15 16 17 18	
Part II I COMP 14 Comp 15 Salarii 16 Repai 17 Bad d 18 Intere 19 Taxes	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages is and maintenance ebts st (attach schedule) (see instructions) and licenses	13 ions fo	or limitations on ded	uctions.) (De	14 15 16 17	
Part II I COMP 14 Comp 15 Salaru 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) as and wages are and maintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562)	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19	
Part II I 14 Comp 15 Salare 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in sand maintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19	
Part II I 14 Comp 15 Salare 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less c 22 Deple	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in sand maintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on returnation	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19 21b	
14 Comp 15 Salare 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contro	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in an amintenance elbts st (attach schedule) (see instructions) and licenses citation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon buttons to deferred compensation plans	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19 21b 22 23	
Part II I 14 Comp 15 Salari 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less d 22 Deple 23 Contra 24 Emplo	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages are and maintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon butions to deferred compensation plans eyee benefit programs	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19 21b 22 23 24	
Part II I 14 Comp 15 Salari 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less d 22 Deple 23 Contra 24 Emplo 25 Exces	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages are and maintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon butions to deferred compensation plans eyee benefit programs seexempt expenses (Schedule I)	13 lions for neome	or limitations on ded	uctions.) (De	14 15 16 17 18 19 21b 22 23 24 25	
Part II I 14 Comp 15 Salarii 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contri 24 Emplo 25 Exces 26 Exces	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in sand maintenance ebts st (attach schedule) (see instructions) and licenses citation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon abutions to deferred compensation plans by ee benefit programs is exempt expenses (Schedule I) in struction costs (Schedule I)	13 lions for neome	or limitations on ded	-	14 15 16 17 18 19 21b 22 23 24 25 26	ns must be
Part II I 14 Comp 15 Salari 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less d 22 Deple 23 Contr 24 Emplo 25 Exces 26 Exces 27 Other	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in an amaintenance ebts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return to the content of the	13 lions for neome	or limitations on ded	-	14 15 16 17 18 19 21b 22 23 24 25 26 27	429,263.
Part II I 14 Comp 15 Salare 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contro 24 Emplo 25 Exces 26 Exces 27 Other 28 Total	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages in and maintenance elbts st (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon abutions to deferred compensation plans beyee benefit programs is exempt expenses (Schedule I) is readership costs (Schedule J) deductions (attach schedule) deductions. Add lines 14 through 27	ions foncome	20 21a SEE STATE	MENT 5	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	429,263. 429,263.
Part II I 14 Comp 15 Salare 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contre 24 Emplo 25 Exces 26 Exces 27 Other 28 Total 29 Unrel	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) as and wages are and maintenance ebts at (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon abutions to deferred compensation plans as exempt expenses (Schedule I) is readership costs (Schedule J) deductions (attach schedule) deductions. Add lines 14 through 27 atted business taxable income before net operating loss deducted in the content of th	ions for a come	20 21a SEE STATE	MENT 5	14 15 16 17 18 19 21b 22 23 24 25 26 27	429,263. 429,263.
14 Comp 15 Salarii 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contri 24 Emplo 25 Exces 26 Exces 27 Other 28 Total 29 Unrela 30 Deduction	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) es and wages are and maintenance ebts at (attach schedule) (see instructions) and licenses citation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on returnation buttons to deferred compensation plans exempt expenses (Schedule I) is readership costs (Schedule J) deductions (attach schedule) deductions. Add lines 14 through 27 atted business taxable income before net operating loss deduction for net operating loss ansing in tax years beginning on	ions for a come	20 21a SEE STATE	MENT 5	14 15 16 17 18 19 21b 22 23 24 25 26 27 28 29	429,263. 429,263. -76,422.
Part II I 14 Comp 15 Salarii 16 Repai 17 Bad d 18 Intere 19 Taxes 20 Depre 21 Less o 22 Deple 23 Contri 24 Emplo 25 Exces 26 Exces 27 Other 28 Total 29 Unrela 30 Deduc	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in ensation of officers, directors, and trustees (Schedule K) as and wages are and maintenance ebts at (attach schedule) (see instructions) and licenses ciation (attach Form 4562) depreciation claimed on Schedule A and elsewhere on return toon abutions to deferred compensation plans as exempt expenses (Schedule I) is readership costs (Schedule J) deductions (attach schedule) deductions. Add lines 14 through 27 atted business taxable income before net operating loss deducted in the content of th	ions for a come	20 21a SEE STATE	MENT 5	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	NET INCOME OR (LOSS)
SUBS & JOINT VENTURES - ORDINARY BUSINESS INCOME (LOSS)	103,398.
SUBS & JOINT VENTURES - NET RENTAL REAL ESTATE INCOME	-203,974.
SUBS & JOINT VENTURES - OTHER NET RENTAL INCOME (LOSS)	-84,702.
SUBS & JOINT VENTURES - INTEREST INCOME	20,968.
SUBS & JOINT VENTURES - DIVIDEND INCOME	170,972.
SUBS & JOINT VENTURES - ROYALTIES	3,289.
SUBS & JOINT VENTURES - OTHER PORTFOLIO INCOME (LOSS)	2,361.
SUBS & JOINT VENTURES - OTHER INCOME (LOSS)	73,009.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	85,321.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION		AMOUNT	
K-1 DEDUCTIONS		429,263	
TOTAL TO SCHEDULE M, PART II, L	INE 27	429,263	

SCHEDULE M (Form 990-1)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

3

	Department of the Treasury Internal Revenue Service 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	IOWA HEALTH SYSTEM		<u> </u>		Employer ide		
	Inrelated Business	Activity Code (see instructions) > 90009	9			1		
		ed trade or business SEI GPA I	V					
		Trade or Business Income		(A) Incom	е	(B) Expense	s	(C) Net
1a	Gross receipts or	sales						
b	Less returns and allo	wances c Balance	1c	<u> </u>				
2	Cost of goods sold	d (Schedule A, line 7)	2					
3	Gross profit Subti	ract line 2 from line 1c	3					
⁽ 4a	Capital gain net in	come (attach Schedule D)	4a	250,	336.			250,336.
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduc	ction for trusts	4c					
5	Income (loss) from statement) STA	a partnership or an S corporation (attach TEMENT 6	5	-164,	155.			-164,155.
6	Rent income (Scho	edule C)	6					
7	Unrelated debt-fina	anced income (Schedule E)	7_	6,9	906.			6,906.
8	Interest, annuities,	, royalties, and rents from a controlled						
	organization (Sche	edule F)	8					
9	Investment income	e of a section 501(c)(7), (9), or (17)		`				
	organization (Sche	edule G)	9					
10	Exploited exempt	activity income (Schedule I)	10					
11	Advertising income	e (Schedule J)	11					
12	Other income (See	e instructions, attach schedule)	12	L				
<u>13</u>	Total. Combine lin	es 3 through 12	13	93,0	087.			93,087.
_	directly co	s Not Taken Elsewhere (See instruction in the second secon			on ded	uctions.) (De	·	ons must be
14	*	officers, directors, and trustees (Schedule K)				•	14	
15	Salanes and wage						15	
16	Repairs and maint	enance					16_	
17	Bad debts						17	
18	· · · · · · · · · · · · · · · · · · ·	hedule) (see instructions)					18	
19	Taxes and licenses			1	1		19	
20	Depreciation (attac	•		20		··		
21	•	claimed on Schedule A and elsewhere on return	1	21a	ــــــــــــــــــــــــــــــــــــــ		21b	
22 ~	Depletion	-f					22	
23		eferred compensation plans					23	
24	Employee benefit						24 25	
25 ~	•	penses (Schedule I)						
26 27	•	costs (Schedule J)		SRR S	3ጥልጥድነ	MENT 7	26 27	208,265.
27 28	Other deductions	Add lines 14 through 27					28	208,265.
29		s taxable income before net operating loss dedu	iction	Subtract line 29	from line :	เจ	29	-115,178.
30		operating loss ansing in tax years beginning on o					- -	
3 0	instructions)	pperating ioss ansing in tax years beginning on t	ח מונפו	oanuary 1, 2010	1366		30	0.
31	-	s taxable income Subtract line 30 from line 29			•		31	-115,178.
		deduction Act Notice, see instructions.	-					e M (Form 990-T) 2019
						_		

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
SUBS & JOINT VENTURES - ORDINARY BUSINESS INCOME (LOSS) SUBS & JOINT VENTURES - NET RENTAL REAL ESTATE INCOME SUBS & JOINT VENTURES - INTEREST INCOME SUBS & JOINT VENTURES - DIVIDEND INCOME SUBS & JOINT VENTURES - ROYALTIES SUBS & JOINT VENTURES - OTHER PORTFOLIO INCOME (LOSS) SUBS & JOINT VENTURES - OTHER INCOME (LOSS)	-200,911. -31,949. 2,274. 8,598. 1,411. 98. 56,324.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-164,155.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
K-1 DEDUCTIONS		208,265.
TOTAL TO SCHEDULE M, PART II,	LINE 27	208,265.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

	ment of the Treasury Go to www.irs.gov/Form990T fo	r inst	ructions and the latest in	nformation.		Open to Public Inspection for
Mama	3).	501(c)(3) Organizations Only on number				
Name	of the organization IOWA HEALTH SYSTEM			42-14	351	99
$\overline{}$	Inrelated Business Activity Code (see instructions) > 54110					
	Describe the unrelated trade or business LAW SERVI	CES				·
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	5	(C) Net
1a	Gross receipts or sales 12,188.					
þ	Less returns and allowances c Balance ▶	1c	12,188.	·· <u></u>		
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	12,188.			12,188.
4 a	Capital gain net income (attach Schedule D)	4a	ļ			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	ļ ,			
С	Capital loss deduction for trusts	4c	<u> </u>			
5	Income (loss) from a partnership or an S corporation (attach	1	ļ			
	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)	١,	}			
40	organization (Schedule G)	9			_	
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	\vdash	[-
12	Other income (See instructions, attach schedule)	12	12,188.			12,188.
13	Total. Combine lines 3 through 12		-			
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			ductions.) (Dec	duction	ons must be
						
14	Compensation of officers, directors, and trustees (Schedule K)			ŀ	14	10,969.
15	Salaries and wages			}	15	10,303.
16	Repairs and maintenance			ł	_16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)			ŀ	_18 19	·
19	Taxes and licenses Depreciation (attach Form 4562)] 20]	ŀ	19	
20 21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion	•	[214]		22	
23	Contributions to deferred compensation plans			1	23	
24	Employee benefit programs			ŀ	24	1,219.
25	Excess exempt expenses (Schedule I)			ł	25	
26	Excess readership costs (Schedule J)			•	<u>26</u>	
27	Other deductions (attach schedule)			ļ	27	-
28	Total deductions. Add lines 14 through 27			ł	28	12,188.
29	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 28 from line	: 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on a			· · · · ·		
-	instructions)		, ., , , , , ,		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			İ	31	<u> </u>
LHA		-		Sc		e M (Form 990-T) 2019
	•					•

Form 990-T (2019)						40 440		1	Page 3
IOWA HEAL	42-1435199								
Schedule A - Cost of Good	s Sold. Enter	method of inven	1	► N/A			1		
1 Inventory at beginning of year			-1 '	at end of yea			6		
2 Purchases	2		4 ·	oods sold. Su			1		
3 Cost of labor	3		4	5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2				7	1 1/2	- I AI-
(attach schedule)	4a		-1			with respect to		Ye	s No
b Other costs (attach schedule)	4b		property	produced or a	cquired	for resale) apply to			_
5 Total. Add lines 1 through 4b	5		the organ						X
Schedule C - Rent Income (see instructions)	(From Real 	Property and	d Personal	Property	Leas	ed With Real Pro	operty	y) 	
1. Description of property									
(1)									
(2)						-			
(3)								**	
(4)		<u> </u>							
		ed or accrued				3(a) Deductions directi	lv connec	ted with the incor	ne in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	ind personal propert ersonal property ex it is based on profit	Ceeds 50% or if	age	columns 2(a) a	and 2(b) (a	attach schedule)	
(1)									
(2)									
(3)									
(4)		~~~							
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Det	t-Finance	I Income (see	instructions)						
			2. Gross inc	come from		 Deductions directly co to debt-finant 	nnected r nced prop	with or allocable erty	
1. Description of debt-fir	nanced property		or allocable financed p	to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedu	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to inced property h schedule)	6. Column 4 by colum			7. Gross income reportable (column 2 x column 6)	(8. Allocable ded column 6 x total of 3(a) and 3(t	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colur	

Form 990-T (2019)

0.

0.

0.

Total dividends-received deductions included in column 8

5

OMB No 1545-0047

(Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Employer identification number Name of the organization 42-1435199 IOWA HEALTH SYSTEM 900099 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business

EQUIPMENT LEASE (C) Net Part | Unrelated Trade or Business Income (B) Expenses (A) Income 201,077. 1a Gross receipts or sales 201,077. c Balance **b** Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 201,077. 201,077 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 201,077. 201,077. 13 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes 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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 8	27	201,077.
28	Total deductions. Add lines 14 through 27	28	201,077.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	
		0 - 1 - 4 - 1	- NA /E 000 T) 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
RENTAL EXPENSES		201,077.
TOTAL TO SCHEDULE M, PART I	I, LINE 27	201,077.

IOWA HEALTH						42-143	<u> 219</u>	9	
Schedule A - Cost of Goods S	old. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		Cost of goods sold. St	ubtract li	ne 6				
3 Cost of labor	3		art I,		j				
4 a Additional section 263A costs			line 2					Ì	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Ye	8 No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			1
5 Total. Add lines 1 through 4b	5	-	7	the organization?	•	,			X
Schedule C - Rent Income (Fr (see instructions)	rom Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	pert	y)	
1. Description of property									
(1)									
(2)		· · · · · · · · · · · · · · · · · · ·							
(3)				· · ·					
(4)									
	. Rent receiv	ed or accrued							
(a) From personal property (if the percent rent for personal property is more tha 10% but not more than 50%)	tage of n	of rent for	personal	onal property (if the percente property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the incom (attach schedule)	0 in
(1)									
(2)								-	
(3)									
(4)				·					
Total	0.	Total			0.	-			
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-		Income (see	ınetrii	ctions)	••	Part, inte o, column (b)		<u></u>	
- Oniolated Debt		111001110 (388		Gross income from		Deductions directly con to debt-finance	nected ed prop	with or allocable perty	
1 Description of debt-finance	ed property					Straight line depreciation (attach schedule)			
(1)			1				\top		
(2)			1				\top		
(3)						···	\top		
(4)		•				-	十		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)				%			T		
(4)			1	%			\top		
						nter here and on page 1, art I, line 7, column (A)		Enter here and on part I, line 7, colum	
Totals				•		0			0.
Total dividends-received deductions include	ded in columi	18					+-		0.
					_			Form 990-	<u> </u>

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

For calendar year 2019 or other tax year beginning ______ , and ending _____

	ment of the Treasury If Revenue Service Do not enter SSN numbers on this form as it					to Public Inspection for c(3) Organizations Only
Name	of the organization IOWA HEALTH SYSTEM			Employer identifi 42-1435		ımber
į	Inrelated Business Activity Code (see instructions) 90009	9				
	Describe the unrelated trade or business CODING		···	·		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 515,197.			·		
	Less returns and allowances c Balance	1c	515,197.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	515,197.			515,197.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c			\bot	
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			\rightarrow	
6	Rent income (Schedule C)	6			\rightarrow	
7	Unrelated debt-financed income (Schedule E)	7			_	
8	Interest, annuities, royalties, and rents from a controlled	} . }	1			
_	organization (Schedule F)	8			-	
9	Investment income of a section 501(c)(7), (9), or (17)	_				
40	organization (Schedule G)	9			+	
10	Exploited exempt activity income (Schedule I)	10			+	
11	Advertising income (Schedule J)	11				
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	13	515,197.			515,197.
=						
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			uctions.) (Dedu	ctions	must be
	and the contracted with the difference bearings in		· <i>)</i>			_
14	Compensation of officers, directors, and trustees (Schedule K)			. 1	4	
15	Salaries and wages			1	5	463,677.
16	Repairs and maintenance				6	
17	Bad debts			_1	7	
18	Interest (attach schedule) (see instructions)			<u> 1</u>	8	
19	Taxes and licenses		1 1	<u> 1</u>	9	
20	Depreciation (attach Form 4562)		20		_	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	2	_	
22	Depletion				2	
23	Contributions to deferred compensation plans			2		51,520.
24	Employee benefit programs			_	4	31,320.
25	Excess exempt expenses (Schedule I)			2	_	
26 ~~	Excess readership costs (Schedule J)			2	-	
27 20	Other deductions (attach schedule)			2	_	515,197.
28 20	Total deductions. Add lines 14 through 27	-a.e	Subtract line 00 for line		8	0.
29 20	Unrelated business taxable income before net operating loss dedu			13 2	"	
30	Deduction for net operating loss arising in tax years beginning on contractions.)	arter	January I, ∠UT8 (See	3	_	0.
31	instructions) Unrelated business taxable income Subtract line 30 from line 29			3		
LHA	For Paperwork Reduction Act Notice, see instructions.					(Form 990-T) 2019
□ 1/\	i or i apermork neutroni net itotice, see instructions.			Scrie		, 5,111 550-17 20 15

ł	HEALTH	SYSTEM	42-143519

Schedule A - Cost of Good	s Sold. Enter i	method of inver	ntory valuation N/A		
1 Inventory at beginning of year	1_1_		6 Inventory at end of yea	r	6
2 Purchases	2		7 Cost of goods sold. Su	btract line 6	
3 Cost of labor	3		from line 5. Enter here	and in Part I,	<u> </u>
4 a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		X
Schedule C - Rent Income (see instructions)	(From Real I	Property an	d Personal Property	Leased With Real P	roperty)
1. Description of property					
(1)					
(2)					
(3)					
(4)	0 0	4			
(a) Form a month of the same o	2. Rent receive		and personal perpetty (if the personal	3(a) Deductions dire	ectly connected with the income in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` for rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	columns 2(a	a) and 2(b) (attach schedule)
(1)		, .			
(2)					
(3)					
(4)					
Total		Total	 	0. (b) Total deductions	•
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er		(b) Total deductions Enter here and on page (Part I, line 6, column (8)	1 _
Schedule E - Unrelated Del		Income (see	instructions)	U . Part I, line 6, column (B)	0.
			2. Gross income from		connected with or allocable nanced property
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(8) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			 		
(2)					
(3)					* -
(4)					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or all debt-finan	adjusted basis locable to ced property 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)			%		
				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			▶		0.
Total dividende-received deductions in	soludod in ookuma	0	- 1		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

7

For calendar year 2019 or other tax year beginning ______, and ending

	tment of the Treasury al Revenue Service	Open to Public Inspection for 501(c)(3) Organizations Only						
Name	e of the organization	Do not enter SSN numbers on this form as it IOWA HEALTH SYSTEM			Employer identification number 42-1435199			
	Unrelated Business	Activity Code (see instructions) ▶ 90009	9					
	Describe the unrelat	ted trade or business TT						
Pa	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1 a	Gross receipts or	sales 218,820.						
b	Less returns and allo	owancesc Balance ▶	1c	218,820.				
2	Cost of goods sole	d (Schedule A, line 7)	2					
3	Gross profit Subt	ract line 2 from line 1c	3	218,820.		218,820.		
4 a	Capital gain net in	come (attach Schedule D)	4a					
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b					
C	•		4c	<u> </u>				
5	Income (loss) from	n a partnership or an S corporation (attach	ļ					
	statement)		5					
6	Rent income (Sch	· ·	_6_					
7		anced income (Schedule E)	7			<u> </u>		
8		, royalties, and rents from a controlled] _]				
_	organization (School	-	8	ļ		-		
9		e of a section 501(c)(7), (9), or (17)	1					
	organization (Sche	•	9			<u> </u>		
10	•	activity income (Schedule I)	10					
11	Advertising incom	•	11					
12		e instructions, attach schedule)	12	210 020		210 020		
<u>13</u>	Total. Combine lin	nes 3 through 12	13	218,820.		218,820.		
	directly co	ns Not Taken Elsewhere (See instruct nnected with the unrelated business in				ions must be		
14	•	officers, directors, and trustees (Schedule K)		•	14	196,938.		
15	Salaries and wage				15	190,930.		
16	Repairs and maint	lenance			16			
17	Bad debts	had divide a second of the sec			17			
18	•	chedule) (see instructions)			18	 		
19	Taxes and license			ا س ا	_19	 		
20	Depreciation (attac	•		20		-		
21	•	claimed on Schedule A and elsewhere on return	1	21a	21b	 -		
22	Depletion	lafaal anno anno Aran alam			22	 		
23		eferred compensation plans			23	21,882.		
24	Employee benefit	. 5			24	21,002.		
25 ~	•	penses (Schedule I)			25	 		
26 27		costs (Schedule J)			26			
27	Other deductions	•			27	218,820.		
28		. Add lines 14 through 27		Cultivast lina 00 from line 4	28	218,820.		
29		s taxable income before net operating loss dedu			3 29	 		
30	Deduction for net	operating loss arising in tax years beginning on o	JI arte	i January 1, 2016 (See	20	0.		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

Pa	a	e	٠

IOWA HEAL				42-14	35199
Schedule A - Cost of Good	s Sold. Ente	r method of inve	ntory 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. S	ubtract line 6	
3 Cost of labor	3		from line 5. Enter here	and in Part I,	<u> </u>
4a Additional section 263A costs			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 for resale) apply to	<u></u>
5 Total. Add lines 1 through 4b	5		the organization?		X
Schedule C - Rent Income	(From Rea	l Property an	d Personal Property	Leased With Real P	roperty)
(see instructions)					
1. Description of property					
(1)					
(2)					
(3)					
(4)					
	2. Rent recer	ved or accrued		3/a\Deductions dire	ctly connected with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age ' columns 2/s) and 2(b) (attach schedule)
(1)					
(2)					
(3)		<u> </u>			
(4)					
Total	0.	Total		0.	
(c) Total income. Add totals of columns		nter		(b) Total deductions Enter here and on page	1
here and on page 1, Part I, line 6, column		<u> </u>		Part I, line 6, column (B)	<u>0.</u>
Schedule E - Unrelated De	bt-Finance	d Income (see	instructions)		
			2. Gross income from		connected with or allocable anced property
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a) Straight line depreciation	(b) Other deductions
·				(attach schedule)	(attach schedule)
(4)			 	 	
(1)					
(2)	 -	 -	 		
(4)			-		
4. Amount of average acquisition	5 Averag	e adjusted basis	6 Column 4 divided	7. Gross income	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	allocable to anced property ch schedule)	by column 5	reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)	 	· · · · · · · · · · · · · · · · · · ·	%		
(2)	 		%	<u> </u>	
(3)			%		
(4)			<u> </u>		
				Enter here and on page 1,	Enter here and on page 1,
				Part I, line 7, column (A)	Part I, line 7, column (B)
Totals			>		0. 0.
Total dividends-received deductions if	ncluded in colum	n 8	·		▶ 0.

Form 990-T (2019)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending

► 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(cV3)

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

Name	of the organization IOWA HEALTH SYSTEM			Employer ide		number 9
	Inrelated Business Activity Code (see instructions) > 90009					•
	Describe the unrelated trade or business TELEHEALT	H		• • • •		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 101,977.					
	Less returns and allowances c Balance	1c	101,977.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	101,977.			101,977.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				-
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach		İ			
	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	404 000			101 000
13	Total. Combine lines 3 through 12	13	101,977.		L	101,977.
Par 14	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)			uctions.) (De	duction	s must be
15	Salaries and wages				15	91,779.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	•
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	10,198.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)			•	27	
28	Total deductions. Add lines 14 through 27				28	101,977.
29	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 28 from line	13	29	0.
30	Deduction for net operating loss arising in tax years beginning on					-
	instructions)				30	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

8

ΤA	T	Τ	1	I	

Form 990-T (2019)	mu cycmi	PM			42-143	510		Page 3
IOWA HEAL Schedule A - Cost of Good			otoni valuation N/A		42-143	J19.		
	1 1	Theuriou or inver	6 Inventory at end of year			6		
1 Inventory at beginning of year	2		7 Cost of goods sold Su	ne 6				
2 Purchases 3 Cost of labor	3		from line 5. Enter here					
3 Cost of labor 4 a Additional section 263A costs	• -	-9-111	line 2	and mi	arti,	7		
	40		8 Do the rules of section	2634 (with respect to		Yes	No
(attach schedule)	4a 4b		property produced or a				133	
b Other costs (attach schedule)5 Total. Add lines 1 through 4b	5		the organization?	zoquii ou	Tor resule, apply to			X
Schedule C - Rent Income		Dronorty an		Lease	nd With Real Pro	nerh	<u>, </u>	
(see instructions)	(i ioni neai					PO 1 ()		
1 Description of property			-					
(1)	• .							
(2)		_						
(3)								
(4)								
·	2. Rent receiv	ed or accrued			0(0)0-4-1-4-4			
rent for personal property is more than of rent for p			and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	d 2(b) (a	ted with the income ittach schedule)	
(1)		· ·	· · ·					
(2)								
(3)	_							
(4)								
Total	0.	Total		0.			•	
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.			
here and on page 1, Part I, line 6, columi		>		0.	Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financec	I Income (see	e instructions)				•	
,	,	<u>-</u> -	2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)				— —		\top	-	
(2)			-			1	-	
(3)	.,-	**		Ì				
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)	Ī		%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in	ncluded in columi	1 8	•		'			0.
							Fa 000 T	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

9

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

IOWA HEALTH SYSTEM

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

42-1435199

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

561000 Unrelated Business Activity Code (see instructions) ► ADMINISTRATION Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 6,075. 1a Gross receipts or sales 6,075. **b** Less returns and allowances c Balance 1c 2 2 Cost of goods sold (Schedule A, line 7) 6,075. 6,075. 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 6,075. 6,075. Total. Combine lines 3 through 12

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages .	15	5,468.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	607.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	6,075.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

•	_	-	_		_	
					Dani	_

IOWA HEAL	TH SYST	EM				42-143	5199	•	ayu
Schedule A - Cost of Good			ntory val	uation N/A					
1 Inventory at beginning of year	1		6 II	nventory at end of yea	r		6		
2 Purchases	2		7 (Cost of goods sold. Su	ıbtract I	ine 6			
3 Cost of labor	3		T fi	rom line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7 1	ne 2		[7		
(attach schedule)	4a		8 0	o the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		p	roperty produced or a	cquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5			he organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pers	onal Property	Leas	ed With Real Pro	perty)		
1. Description of property									
(1)			_						
(2)				···					
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(0)0.4.4.4.4.4.4			
rent for personal property is more than of rent for personal property is more than			personal pr	al property (if the percents operty exceeds 50% or if on profit or income)	ige	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sch	ne income i edule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instruct	ions)					
						Deductions directly confused to debt-finance		cable	
1. Description of debt-fi			or	Gross income from allocable to debt-	(a)	Straight line depreciation		deduction	
1. Description of dept-fil	nanced property		'	inanced property	, ,	(attach schedule)		schedule)	
						<u></u>			
(1)			<u> </u>				ļ		
(2)		<u></u>	_	<u>.</u>					
(3)			ļ <u> </u>						
(4)			-						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5	-	7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deducti total of co and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				<u>%</u>					
						nter here and on page 1, Part I, line 7, column (A)	Enter here a	and on page 7, column (
Totals				▶		0.	.]		0.

Form 990-T (2019)

Total dividends-received deductions included in column 8

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

Name

Employer identification number

IOWA HEALTH SYSTEM	<u> </u>		4	12-	1435199
Did the corporation dispose of any investme	ent(s) in a qualified opportui	nity fund during the tax y	/ear?		Yes X No
If "Yes," attach Form 8949 and see its instru			ır gaın or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(9) Adjustments to gain		(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949 Part I, line 2, column (g)		column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(oales price)		, a, i, iiio a, soiaiiii (g)		(A)
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		<u></u>	<u> </u>		
3 Totals for all transactions reported on	ĺ				
Form(s) 8949 with Box C checked			<u> </u>		
4 Short-term capital gain from installment sales	•	7	L	4	
5 Short-term capital gain or (loss) from like-king	-		_	5	
6 Unused capital loss carryover (attach comput	•		<u> </u>	6	()
7 Net short-term capital gain or (loss). Combin			<u></u> <u>l</u>	7	
Part II Long-Term Capital Gai See instructions for how to figure the amounts	ins and Losses (See II	nstructions.)	 _		
to enter on the lines below.	(d)	(e) Cost	(9) Adjustments to gain	ı	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(or other basis)	or loss from Form(s) 8949 Part II, line 2, column (g)		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			<u> </u>		
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	<u> </u>		<u> </u>		
11 Enter gain from Form 4797, line 7 or 9		_	<u> </u>	11	
12 Long-term capital gain from installment sales	•	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		Ĺ	13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		<u>n</u> h	<u>L</u>	15	
Part III Summary of Parts I and		Llace (line 4E)	т	40 1	
16 Enter excess of net short-term capital gain (lin	, , ,	, ,	, _{7\}	16	
17 Net capital gain. Enter excess of net long-term		•	'''	17 18	0.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	L.	10	
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

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

Name

Employer identification number

IOWA HEALTH SYSTEM				42-	1435199
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax y	/ear?		Yes X No
If "Yes," attach Form 8949 and see its instru			ir gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	· •		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga	ın	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (s	19,	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			1		1
Form(s) 8949 with Box A checked					ļ <u> </u>
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			<u> </u>		3,160.
4 Short-term capital gain from installment sales	· · · · · · · · · · · · · · · · · · ·	7		4	
5 Short-term capital gain or (loss) from like-kind	•			5	
6 Unused capital loss carryover (attach computa	•			6	()
7 Net short-term capital gain or (loss). Combine				7	3,160.
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	<u>(</u> e)	(g) Adjustments to gai or loss from Form(s) 894	ın	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	19. 9)	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					200 000
Form(s) 8949 with Box F checked			<u> </u>	T 44	208,090. 46,168.
11 Enter gain from Form 4797, line 7 or 9	/ F 0050 J 00 0	_		11	40,100.
12 Long-term capital gain from installment sales	• •	(12	<u> </u>
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions				14	254 250
15 Net long-term capital gain or (loss). Combine		<u>n n</u>		15	254,258.
Part III Summary of Parts I and		Upon (line 15)		40	3,160.
16 Enter excess of net short-term capital gain (lin			. 7)	16	254,258.
17 Net capital gain. Enter excess of net long-term			5 <i>1)</i>	17	257,418.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	431,410.
Note: If losses exceed gains, see Capital Los	363 III UIG III3UUUUII3.		· · ·		

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► 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. OMB No 1545-0074

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

42-1435199

IOWA HEALTH SYSTEM 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 | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

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 h	have more short-term transactions than w	ill fit on this page for o	one or more of the box	es, complete as many fo	orms with the same box	checked as yo	ou need	
౼	(A) Short-term transactions re					e Note ab	ove)	
T	(B) Short-term transactions re		•	-	ported to the IHS			
<u>X</u>	(C) Short-term transactions no		u on Form 1099-			Adiustmas	at if any to sain as	
1	(a)	(b)	(c)	(d) Proceeds	(e) Cost or other	i loss. If v	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
,	Description of property	Date acquired	Date sold or	(sales price)	basis See the	in column	(a) antar a code in	Subtract column (e)
,	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	, , ,	Note below and			from column (d) &
		ĺ	(IVIO , Gay, yi)		see Column (e) ın	(f) Code(s)	(g) Amount of	combine the result
					the instructions	Code(s)	adjustment	with column (g)
	III POOLED							
	ESTMENT							
K-1	S-SUBS & JO	L						3,160.
								.,
			_					
		·-						
								
							-	
								
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		-		-			, .	
								
			-				-	
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								· · · · · · · · · · · · · · · · · · ·
								
	·		-					
			×					
		<u> </u>	1016					
	otals. Add the amounts in colur							
	gative amounts) Enter each to		- 1					
	chedule D, line 1b (if Box A abo	•	•					2 460
at	bove is checked), or line 3 (if Bo	ox C above is ch	ecked)					3,160.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

42-1435199

IOWA REALTH SYSTEM	47_142213
you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from	n your broker A substitute
ent will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was	s reported to the IRS by yo

Before you check Box D, E, or F below statement will have the same informa- broker and may even tell you which	ation as Form 10	you received an 99-B Either will	y Form(s) 1099-B (show whether you	or substitute stater ır basıs (usually you	nent(s) fro ur cost) wa	m your broker As as reported to the	ubstitute IRS by your	
Part II Long-Term. Transaction		al assets you held	more than 1 year are	generally long-term (see instruct	tions) For short-term	transactions,	
see page 1 Note: You may aggregate all long-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 8a, you aren't required to report these transactions on Form 8949 (see instructions)								
Vou must shock Boy D. E. or Ehelow	Chack only one he	w If more than one b	ox applies for your long	term transactions, comp	lete a separa	te Form 8949, page 2, fo	r each applicable box	
If you have more long-term transactions than wi								
(E) Long-term transactions re		-	-		,,,,,,,,	,		
(F) Long-term transactions no						_		
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or loss. If you enter an amount Gain or (loss)			
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	in column	Gain or (loss). Subtract column (e)		
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(calco pilos)	Note below and		(g), enter a code in . See instructions.	from column (d) &	
		(1410 ; 029; 91)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)	
SEI III POOLED				a le madediens		adjustment	(8)	
INVESTMENT			***					
K-1S-SUBS & JO	 					-	208,090.	
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	10.43.43	101/ /						
2 Totals. Add the amounts in column								
negative amounts) Enter each to Schedule D, line 8b (if Box D abo		•						
above is checked), or line 10 (if E	•	•					208,090.	

Note: If you checked Box D 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

SCHEDULE D (Form 1120)

Name

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

IOWA HEALTH SYSTEM

Employer identification number

42-1435199

Did the corporation dispose of any investme	ent(s) in a qualified opportu	nity fund during the tax y	/ear?		Yes X No	
If "Yes," attach Form 8949 and see its instru					•	
Part I Short-Term Capital Ga					1	
e instructions for how to figure the amounts enter on the lines below (d) (e) (g) Adjustments to gain or loss from Form(s) 8949,					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars.	(sales price)	(or other basis)	Patt, line 2, column (g	"	COMDING THE RESULT WILL CONDING (9)	
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					L	
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	<u></u>				8,816.	
4 Short-term capital gain from installment sales						
5 Short-term capital gain or (loss) from like-kind						
6 Unused capital loss carryover (attach comput	(
7 Net short-term capital gain or (loss). Combin	8,816.					
Part II Long-Term Capital Gai	ins and Losses (See I	nstructions)				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	n	(h) Gam or (loss) Subtract	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds Cost of loss from Form(s) 8949, (sales price) (or other basis) Part II, line 2, column (g)			9, 9)	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			<u> </u>			
9 Totals for all transactions reported on					ļ	
Form(s) 8949 with Box E checked			<u> </u>			
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked			<u> </u>		111,040.	
11 Enter gain from Form 4797, line 7 or 9				11	130,480.	
12 Long-term capital gain from installment sales	<u></u>					
13 Long-term capital gain or (loss) from like-kind						
14 Capital gain distributions						
15 Net long-term capital gain or (loss). Combine	241,520.					
Part III Summary of Parts I and	d II	·				
16 Enter excess of net short-term capital gain (lin	8,816.					
17 Net capital gain. Enter excess of net long-term	241,520.					
18 Add lines 16 and 17. Enter here and on Form	250,336.					
Note: If losses exceed gains, see Capital Los	ses in the instructions.					

921051 12-16-19

LHA

Schedule D (Form 1120) 2019

42-14321

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ 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. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

42-1435199

IOWA HEALTH SYSTEM 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. Tr

transactions, see page 2 Note: You may aggregate a codes are required. Enter the	all short-term transa	ctions reported on Schedule D. line 1	Form(s) 1099-B sho	d to report these tran	ted to the If	RS and for which no	tructions)
You must check Box A, B, or C below if you have more short-term transactions than	. Check only one b	Ox, if more than one i	box applies for your sho ses, complete as many f	rt-term transactions, con	plete a separ checked as ye	rate Form 8949, page 1, ou need	for each applicable box
(A) Short-term transactions re	eported on Form(s) 1099-B showii	ng basis was repo	rted to the IRS (se	e Note ab	ove)	
(B) Short-term transactions re	eported on Form(s) 1099-B showii	ng basis wasn't re	eported to the IRS			
(C) Short-term transactions r	not reported to yo	u on Form 1099	-В				
1 (a) Description of property (Example: 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If v	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
					(f) Code(s)	(g) Amount of adjustment	
SEI IV POOLED	†	<u> </u>		†			
INVESTMENT	†		†				
K-1S-SUBS & JOI							8,816.
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2 Totals. Add the amounts in colu	ımns (d), (e), (o), a	and (h) (subtract					<u> </u>
negative amounts) Enter each t							
Schedule D, line 1b (if Box A ab		•					
above is checked), or line 3 (if E		•					8,816.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

IOWA HEALTH SYSTEM Before you check Box D, E, or F 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 III Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all iong-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 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-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. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss. If you enter an amount Gain or (loss). Subtract column (e) Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (a) see Column (e) ın combine the result Amount of Code(s) with column (g) the instructions adjustment SEI IV POOLED INVESTMENT 111,040. K-1S-SUBS & JOI 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box D 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

111,040.

negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)