

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

OMB No 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20

▶ 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 OnlyA ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3) **(03)**☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)C Book value of all assets
at end of year

1,754,618,214

Print
or
TypeName of organization (☐ Check box if name changed and see instructions)**BON SECOURS MERCY HEALTH INC**

Number, street, and room or suite no. If a P.O. box, see instructions

1701 MERCY HEALTH PLACE

City or town, state or province, country, and ZIP or foreign postal code

CINCINNATI, OH 45237D Employer identification number
(Employees' trust, see instructions)**52-1301088**E Unrelated business activity code
(See instructions)**531120**

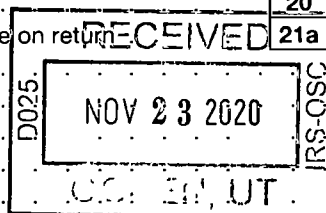
F Group exemption number (See instructions.) ▶

0928G Check organization type ▶ ☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trustH Enter the number of the organization's unrelated trades or businesses ▶ **2** Describe the only (or first) unrelated trade or business here ▶ **RENTAL INCOME** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation. ▶J The books are in care of ▶ **TRAVIS CRUM**Telephone number ▶ **(513) 952-5000****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0		
b Less returns and allowances	0		
c Balance ▶	1c	0	
2 Cost of goods sold (Schedule A, line 7)	2	0	
3 Gross profit Subtract line 2 from line 1c	3	0	0
4a Capital gain net income (attach Schedule D)	4a	0	0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	0
c Capital loss deduction for trusts	4c	0	0
5 Income (loss) from a partnership or an S corporation (attach statement)	5	0	0
6 Rent income (Schedule C)	6	1,804,974	1,624,075
7 Unrelated debt-financed income (Schedule E)	7	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10 Exploited exempt activity income (Schedule I)	10	0	0
11 Advertising income (Schedule J)	11	0	0
12 Other income (See instructions, attach schedule)	12	0	0
13 Total. Combine lines 3 through 12	13	1,804,974	1,624,075

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	0
15 Salaries and wages	15	0
16 Repairs and maintenance	16	0
17 Bad debts	17	0
18 Interest (attach schedule) (see instructions)	18	0
19 Taxes and licenses	19	0
20 Depreciation (attach Form 4562)	20	0
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	0
22 Depletion	22	0
23 Contributions to deferred compensation plans	23	0
24 Employee benefit programs	24	0
25 Excess exempt expenses (Schedule I)	25	0
26 Excess readership costs (Schedule J)	26	0
27 Other deductions (attach schedule)	27	0
28 Total deductions. Add lines 14 through 27	28	0
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	180,899
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	16,180
31 Unrelated business taxable income. Subtract line 30 from line 29	31	164,719



For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form 990-T (2019)

Bon Secours Mercy Health Inc

10/15/2020 12:02:48 PM

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Part II Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	164,719
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	8,502
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	156,217
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	79,695
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	76,522
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	75,522

Part III Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	15,860
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	15,860

Part IV Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	15,860
e	Total credits. Add lines 46a through 46d	46e	15,860
47	Subtract line 46e from line 45	47	0
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	0
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	116,380
b	2019 estimated tax payments	51b	550,000
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other F8827 Total	51g	8,650
52	Total payments. Add lines 51a through 51g	52	675,030
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	675,030
56	Enter the amount of line 55 you want Credited to 2020 estimated tax 675,030 Refunded	56	0

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here (SEE STATEMENT)	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes	No
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Deborah Bloomfield
Signature10/27/2020
DateCHIEF FINANCIAL OFFICER
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name
TRAVIS L. PATTON

Preparer's signature

Date
10/20/2020Check ☐ if self-employedPTIN
P00369623Firm's name ▶ PRICEWATERHOUSECOOPERS LLP
Firm's address ▶ 600 13TH STREET NW, STE 1000, WASHINGTON, DC 20005Firm's EIN ▶ 13-4008324
Phone no (212) 414-1000

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) SHANNON MOB - RENTAL PROPERTIES		
(2) BSB HEALTH/MOB LIMITED PARTNERSHIP, NO. 2		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	1,288,163	1,153,339
(2)	516,811	470,736
(3)		
(4)		
Total 0	Total 1,804,974	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
1,804,974		1,624,075

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			0	0
Total dividends-received deductions included in column 8 ►				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0	0			0

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
	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—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

SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income from an**
Unrelated Trade or Business

OMB No 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 _____.

▶ 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

BON SECOURS MERCY HEALTH INC

Employer identification number

52-1301088

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ INVESTMENT ACTIVITY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶		1c 0		
2 Cost of goods sold (Schedule A, line 7)		2 0		
3 Gross profit. Subtract line 2 from line 1c		3 0		0
4a Capital gain net income (attach Schedule D)		4a 0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b 0		0
c Capital loss deduction for trusts		4c 0		0
5 Income (loss) from a partnership or an S corporation (attach statement)		5 (318,669)		(318,669)
6 Rent income (Schedule C)		6 0	0	0
7 Unrelated debt-financed income (Schedule E)		7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9 0	0	0
10 Exploited exempt activity income (Schedule I)		10 0	0	0
11 Advertising income (Schedule J)		11 0	0	0
12 Other income (See instructions, attach schedule)		12 0		0
13 Total. Combine lines 3 through 12		13 (318,669)	0	(318,669)

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 0
15 Salaries and wages		15 0
16 Repairs and maintenance		16 0
17 Bad debts		17 0
18 Interest (attach schedule) (see instructions)		18 0
19 Taxes and licenses		19 200
20 Depreciation (attach Form 4562)	20 0	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a 0	21b 0
22 Depletion		22 0
23 Contributions to deferred compensation plans		23 0
24 Employee benefit programs		24 0
25 Excess exempt expenses (Schedule I)		25 0
26 Excess readership costs (Schedule J)		26 0
27 Other deductions (attach schedule)		27 0
28 Total deductions. Add lines 14 through 27		28 200
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		29 (318,869)
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 (318,869)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
INVESTMENT ACTIVITY		
(1) PARTNERSHIP INCOME FROM INVESTMENT ACTIVITIES		-318,669
Total		-318,669

Form 990T Part II, Line 19

Taxes and Licenses

Description	Amount
INVESTMENT ACTIVITY	
(1) STATE TAX PAYMENTS	200

Form 990T Part II, Line 30

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

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
RENTAL INCOME					
2018	16,180		0	16,180	0
2019		1,618	0	0	1,618
INVESTMENT ACTIVITY					
2019	318,869		0	0	318,869

Form 990T Part III, Line 34

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	16,689,106				16,689,106	2019
2015	5,349,938				5,349,938	2020
2016	5,192,657				5,192,657	2021
2017	6,936,280				6,936,280	2022
2018	652,000				652,000	2023
2019	2,154,473		8,502	1,618	2,144,353	2024
Totals	36,974,454	0	8,502	1,618	36,964,334	

Form 990T Part III, Line 36

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	390,223		310,528	79,695	0	2036
2019					0	2039
Totals	390,223	0	310,528	79,695	0	

Form 990T Part V, Line 51b

Estimated Tax Payments

Date	Amount
04/12/2019	50,000
06/17/2019	500,000
Totals	550,000

Form 990T Part V, Line 51g(iii)		Other Credits and Payments	
Description		Amount	
REFUNDABLE CREDITS FROM FORM 8827		8,650	
Totals		8,650	

Form 990T Part VI, Line 57	Foreign Countries where Organization had an interest in Financial Accounts
Countries	
AE, AR, AS, AU, BD, BE, BR, CA, CH, CJ, CO, DA, EI, FI, FO, FR, GM, HK, ID, IN, IS, IT, JA, KS, LU, MX, NL, NO, NZ, PE, PL, PO, SF, SN, SP, SW, SZ, TU, TW, UK	

Form 990-T

Supplemental Information

Return Reference - Identifier	Explanation
FORM 990-T - SECTION 1 263(A)1(F) DE MINIMIS SAFE HARBOR ELECTION	BON SECOURS MERCY HEALTH, INC ON BEHALF OF ITSELF IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREAS REG SEC 1 263(A)1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR INCURRED DURING THE TAXABLE YEAR
FORM 990-T - SECTION 1 263(A)3(N) CAPITALIZATION ELECTION	BON SECOURS MERCY HEALTH, INC HEREBY ELECTS ON BEHALF OF ITSELF TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER TREAS REG SECTION 1 263(A)3(N) THE COSTS WERE INCURRED DURING THE TAXABLE YEAR IN THE ELECTING TAXPAYER'S TRADE OR BUSINESS AND THE ELECTING TAXPAYER TREATS SUCH COSTS AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS

Form 8827
(Rev. May 2020)
Department of the Treasury
Internal Revenue Service

Credit for Prior Year Minimum Tax—Corporations

OMB No 1545-0123

2019

► Attach to the corporation's tax return.
► Go to www.irs.gov/Form8827 for the latest information.

Name BON SECOURS MERCY HEALTH INC		Employer identification number 52-1301088	
1	Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827	1	24,510
2	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	15,860
3	Enter the refundable minimum tax credit (see instructions)	3	8,650
4	Add lines 2 and 3	4	24,510
5a	Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	24,510
b	Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c	5b	15,860
c	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	8,650
6	Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years	6	0

For Paperwork Reduction Act Notice, see instructions.

Cat No 13008K

Form **8827** (Rev 5-2020)