

Form

990-T

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020

▶ 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).

OMB No. 1545-0047

2020

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Bon Secours Mercy Health Inc	D Employer identification number 52-1301088
B Exempt under section <input checked="" type="checkbox"/> 501(c3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 1701 Mercy Health Place	E Group exemption number (see instructions) 0928
		City or town, state or province, and ZIP or foreign postal code Cincinnati, OH 45237	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 12,458,514,469	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 11			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ Travis Crum Telephone number ▶ (513) 952-5000 1701 Mercy Health Place Cincinnati, OH 45237			

Part I

Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	22,647,611
2	Reserved	2	
3	Add lines 1 and 2	3	22,647,611
4	Charitable contributions (see instructions for limitation rules)	4	2,087,063
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	20,560,548
6	Deduction for net operating loss. See instructions 	6	1,776,985
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	18,783,563
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	18,782,563

Part II

Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	3,944,338
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3	Proxy tax. See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	3,944,338

Part IIITax and Payments

1aForeign tax credit (corporations attach Form 1118; trusts attach Form 1116)

1bOther credits (see instructions)

1cGeneral business credit. Attach Form 3800 (see instructions)

1dCredit for prior year minimum tax (attach Form 8801 or 8827)

1eTotal credits. Add lines 1a through 1d

2Subtract line 1e from Part II, line 7

3Other taxes. Check if from:
☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866
☐ Other (attach statement)

4Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter the tax amount here

52020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4

6aPayments: A 2019 overpayment credited to 2020

6b2020 estimated tax payments. Check if section 643(g) election applies ☐

6cTax deposited with Form 8868

6dForeign organizations: Tax paid or withheld at source (see instructions)

6eBackup withholding (see instructions)

6fCredit for small employer health insurance premiums (attach Form 8941)

6gOther credits, adjustments, and payments: ☐ Form 2439
☐ Form 4136 ☐ Other

7Total payments. Add lines 6a through 6g

8Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒

9Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed

10Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid

11Enter the amount of line 10 you want: Credited to 2021 estimated tax 2,270,809 Refunded

1a

1b0

1c27,637

1d

1e27,637

23,916,701

30

43,916,701

5

6a487,510

6b3,700,000

6c2,000,000

6d0

6e0

6f

6g0

76,187,510

80

9

102,270,809

110

Part IVStatements Regarding Certain Activities and Other Information (see instructions)

1At any time during the 2020 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
AR AS AU BA BE BD BR CA CJ CI CH CO EZ DA EG FI FR GM GR GK HK HU IN ID EI IS IT JA JE KS LU MC MY MX NL NZ NO PE
RP PL PO QA RO RS SN SF SP SW SZ TW TH TU AE UK

2During 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.

3Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0

4aDid the organization change its method of accounting? (see instructions)

4bIf 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Yes

No

Yes

No

No

No

Part VSupplemental Information

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

Part Number	Line Number	Explanation	Amount
Form 990-T, Part I	Line 6	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	1776985
Form 990-T, Part V	ELECTION	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION FOR THE YEAR ENDED DECEMBER 31, 2020, BON SECOURS MERCY HEALTH, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).	0
Form 990-T, Part V	ELECTION	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 SECTION 1.263(A)3(N) FOR THE YEAR ENDED DECEMBER 31, 2020, 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.	0
Form 990-T, Part V	ELECTION	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 IRC SEC. 263(C) AND REG. SEC. 1.59-1(B) FOR THE YEAR ENDING DECEMBER 31, 2020 BON SECOURS MERCY HEALTH, INC. IS MAKING THE ELECTION TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING AND DEVELOPMENT COSTS PAID OR INCURRED OVER A FIVE YEAR PERIOD IN THE DRILLING AND PREPARATION OF WELLS PURSUANT TO IRC SEC. 263(C) AND REG. SEC. 1.59-1(B). THE AMOUNT THE TAXPAYER ELECTS TO AMORTIZE UNDER IRC SEC. 263(C) FOR THE TAX YEAR IS \$1,324,778.	1324778
Form 990-T, Part V	Business Activity Codes	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 For tax year ending December 31, 2020, Bon Secours Mercy Health, Inc. has updated its NAICS and Business Activity codes in accordance with the final regulations issued for IRC Section 512(a)(6). Bon Secours Mercy Health, Inc. identified the NAICS code for each activity generating unrelated business income and then utilized the 2-digit NAICS code in classifying each separate unrelated trade or business. This represents a change from the 6 digit NAICS code used by Bon Secours Mercy Health, Inc. in prior years.	0

Sign Here

Deborah Bloomfield

2021-11-11

CFO

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name
TRAVIS L PATTON

Preparer's signature

Date
2021-11-11

Check ☐ if self-employed

PTIN
P00369623

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 655 New York Avenue NW STE 1100
WASHINGTON, DC 20001

Phone no. (212) 414-1000

Form 990-T (2020)

TY 2020 CostGoodSoldOtherCostSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Description	Amount
Investment Module Other Costs	0

Total other costs: 0

TY 2020 DeductionsConnectedRntlIncmSch

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Deduction Directly Connected with Rental Income

Property line number from Schedule A	Expense Descriptions	Expense Amounts	Property Total
Property A	RENTAL EXPENSES	225,501	225,501
Property B	RENTAL EXPENSES	1,224,458	1,224,458

Total allowable depreciation

expense: 1,449,959

TY 2020 IncomeLossPartnershipSCorpSch

Name:

Bon Secours Mercy Health Inc

EIN:

52-1301088

Software ID:

20012953

Software Version:

2020v1.1

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
BAIN CAPITAL EUROPE FUND IV LP	4,441	0	4,441
CANAAN NATURAL GAS PARALLEL FUND X LP	-766	0	-766
L ROSS LOVE GROWTHBRIDGE FUND LLC	18	0	18
BROOKFIELD CAPITAL PARTNERS V LP	65,215	0	65,215
DBL PARTNERS III LP	-736	0	-736
DBL PARTNERS IV LP	-229	0	-229
BCP V BRAND CO-INVEST LP	-10,629	0	-10,629
BCP V PANTHER AIV US LP CO BROOKFIELD ASSET MGMT INC	-351,144	0	-351,144
BROOKFIELD PANTHER CO-INVEST II US LP	-256,749	0	-256,749
CAP IV AIV MAURITIUS LIMITED	-1,678	0	-1,678
CARLYLE ASIA PARTNERS IV LP	-8,585	0	-8,585
ELLIOTT ASSOCIATES LP	3,547	0	3,547
EnCap Energy Capital Fund XI LP	-100,345	0	-100,345
OrbiMed Royalty & Credit Opportunities III LP	180,542	0	180,542
ONE ROCK CAPITAL PARTNERS II LP	-8,273	0	-8,273
MILLENNIUM USA LP	298,398	0	298,398
Premier Healthcare Alliance LP	109,652	0	109,652
VIDA INSURANCE CREDIT OPPORTUNITY FUND II LP	9,547	0	9,547
VIDA INSURANCE CREDIT OPPORTUNITY FUND III LP	74,361	0	74,361
TIGER GLOBAL LP	-61,921	0	-61,921
TIGER GLOBAL LONG OPPORTUNITIES LP	-64,733	0	-64,733
TRIDENT VIII LP	-3,309	0	-3,309
7WIRE VENTURES FUND LP	-638	0	-638
Harvest MLP Income Fund LLC	-203,819	0	-203,819
Premier Healthcare Alliance LP	113,744	0	113,744
ADVENT INTERNATIONAL GPE IX	-63,484	0	-63,484
CINTRIFUSE SYNDICATE FUND II LLC	8	0	8
TRIDENT VII LP CO STONE POINT CAPITAL LLC	10	0	10
STATRAD HOLDCO LLC	-54,126	0	-54,126
QUANTUM ENERGY PARTNERS V LP	130,379	0	130,379
ORIGAMI OPPORTUNITIES FUND IV LP	10,661	0	10,661
TTCP FUND II LP	-11,872	0	-11,872
GSO ESOF II AIV-1 LP CO THE BLACKSTONE GROUP	151	0	151
GSO ESOF II AIV-3 LP CO THE BLACKSTONE GROUP	-15,850	0	-15,850
GSO ESOF II AIV-5 LP CO THE BLACKSTONE GROUP	4,510	0	4,510
GSO ENERGY SELECT OPPORTUNITIES FUND II LP CO THE BLACKSTONE GROUP	-5,295	0	-5,295
GSO ESOF II AIV-6 LP CO THE BLACKSTONE GROUP	40,216	0	40,216
GSO ESOF II AIV-2 LP CO THE BLACKSTONE GROUP	177,750	0	177,750
GSO CREDIT ALPHA FUND II-C AIV-2 LP CO THE BLACKSTONE GROUP	13,679	0	13,679
GSO CREDIT ALPHA FUND II-C AIV-5 LP CO THE BLACKSTONE GROUP	8,326	0	8,326
GSO CREDIT ALPHA FUND II-C LP CO THE BLACKSTONE GROUP	4,811	0	4,811
GSO CREDIT ALPHA FUND II AIV-5 LP CO THE BLACKSTONE GROUP	2,219	0	2,219
GSO CREDIT ALPHA FUND II LP CO THE BLACKSTONE GROUP	-26,740	0	-26,740
GSO CREDIT ALPHA FUND II AIV-6 LP CO THE BLACKSTONE GROUP	18,030	0	18,030
STEPSTONE PIONEER CAPITAL III LP	-21,345	0	-21,345
ACCEL-KKR GROWTH CAPITAL PARTNERS III LP	-3,558	0	-3,558
ACCEL-KKR CAPITAL PARTNERS VI LP	-5,789	0	-5,789
PARTNERS GROUP REAL ESTATE SECONDARY 2009 (USD) A LP	-14,339	0	-14,339
TOWERBROOK INVESTORS V (ONSHORE) LP CIO TOWERBROOK CAPITAL PARTNERS LP	16,913	0	16,913
ACCEL-KKR CAPITAL PARTNERS V STRATEGIC FUND LP	-16,442	0	-16,442
COMMONFUND CAPITAL VENTURE PARTNERS XIII LP	-59,507	0	-59,507
COMMONFUND CAPITAL VENTURE PARTNERS IX LP	1,802	0	1,802
WHITEHORSE LIQUIDITY PARTNERS IV LP	702	0	702
WHITEHORSE LIQUIDITY PARTNERS II LP	140,827	0	140,827
WHITEHORSE LIQUIDITY PARTNERS III LP	-63,076	0	-63,076
INNOVATION INSTITUTE LLC DBA THE INSTITUTE FOR INNOVATION LLC	496,722	0	496,722
INNOVATION INSTITUTE LLC DBA THE INSTITUTE FOR INNOVATION LLC	94,385	0	94,385
BAIN CAPITAL EUROPE FUND V SCSP	4,774	0	4,774
KAYNE ANDERSON ENERGY FUND VI LP	672,397	0	672,397
Oregon MOB LLC	21,119		21,119

Total share of gross income: 1,284,879

Total share of deductions: 0

Total gain or loss: 1,284,879

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
NEW VISION MEDICAL LABORATORIES LLC	161,675		161,675
NWO INTEGRATED LABORATORIES MERCY LLC	606,634		606,634
Toledo Endoscopy ASC LLC	122,252		122,252
Seneca Dialysis LLC	-98,880		-98,880
Primary Care of Northern Ohio Limited	-24,859		-24,859

Total share of gross income: 766,822**Total share of deductions:** 0**Total gain or loss:** 766,822

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Rental Investment Activies	45,084		45,084

Total share of gross income: 45,084**Total share of deductions:** 0**Total gain or loss:** 45,084

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
PARTNERSHIP INCOME FROM INVESTMENT ACTIVITIES	20,463,145		20,463,145

Total share of gross income: 20,463,145**Total share of deductions:** 0**Total gain or loss:** 20,463,145

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Construction Investment Activities	1,476,641		1,476,641

Total share of gross income: 1,476,641**Total share of deductions:** 0**Total gain or loss:** 1,476,641

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Wholesale Trade Investment Activities	21,017		21,017

Total share of gross income: 21,017**Total share of deductions:** 0**Total gain or loss:** 21,017

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Retail Trade Investment Activities	-66,742		-66,742

Total share of gross income: -66,742**Total share of deductions:** 0**Total gain or loss:** -66,742

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Management Investment Activities	-171,123		-171,123

Total share of gross income: -171,123**Total share of deductions:** 0**Total gain or loss:** -171,123

TY 2020 IncomeLossPartnershipSCorpSch**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
Other Services Investment Activities	456,157		456,157

Total share of gross income: 456,157**Total share of deductions:** 0**Total gain or loss:** 456,157

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Amortization	1,324,378

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Purchased Services	263,003
Supplies	26,966
Utilities	3,312
Rent Expense	70,984
Other Miscellaneous Expense	8,755

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Rent Expense	3,434
Supplies	191,964
Purchased Services	699,566
Utilities	12,715
Other Miscellaneous Expense	9,192
Lab testing direct and indirect expenses	2,967,663

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Supplies	192
Purchased Services	6,454
Other Miscellaneous Expense	12

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Rent Expense	385
Supplies	18,352
Purchased Services	35,617
Utilities	59,044
Other Miscellaneous Expense	2,692

TY 2020 OtherDeductionSchedule

Name: Bon Secours Mercy Health Inc

EIN: 52-1301088

Software ID: 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
Rent Expense	4,803
Supplies	1,014
Purchased Services	84,664
Utilities	66
Software Licenses	218,640
Tax Prep Fees	112,843

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
901101	1	11	1,321,343	0	1,321,343

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
44	2	11	7,674	7,674	0

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
62	3	11	94,663	94,663	0

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
53	5	11	57,213	0	57,213

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
54	6	11	236,185	236,185	0

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
45	9	11	66,742	0	66,742

TY 2020 Post2017NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1

Activity code	Schedule A reference number for this instance	Total number of Schedule A as included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
55	10	11	171,123	0	171,123

TY 2020 Pre2018NOLSchedule**Name:** Bon Secours Mercy Health Inc**EIN:** 52-1301088**Software ID:** 20012953**Software Version:** 2020v1.1**Pre-2018 NOL carried forward
from prior year:** 1,776,985**Pre-2018 NOL Included in NOL
deduction:** 1,776,985**Pre-2018 NOL Activities Included on Schedule A**

Activity code

Post-2017 Carried
Over to Subsequent
Tax Years**Total Pre-2018 NOL Activities****Included on Schedule A:** 1,776,985**Total Pre-2018 NOLs Applied:** 1,776,985**Balance remaining after total Pre-
2018 applied:** 0**Pre-2018 NOL Expiring Current
Year:** 0**Pre-2018 Carried Over to
Subsequent Tax Years:** 0

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 901101

D Sequence: 1 of 11

E 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 (Part III, line 8)	2 0		
3	Gross Profit. Subtract line 2 from line 1c	3 0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 1,284,879		1,284,879
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 1,284,879	0	1,284,879

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7 0	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	8b 0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	1,324,378
15	Total deductions. Add lines 1 through 14	15	1,324,378
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-39,499
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-39,499

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11	Total dividends-received deductions included in line 10				0

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐**B** ☐**C** ☐**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income**a** Add columns A through D. Enter here and on Part I, line 11, column (A) **▶** 0**3** Direct Advertising costs by periodical . .**a** Add columns A through D. Enter here and on Part I, line 11, column (B) **▶** 0**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8**5** Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . **▶** 0**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

Part XI Supplemental Information (see instructions)

Part Number	Line Number	Explanation	Amount
Form 990-T, Schedule A, Part II	Line 17	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	962975

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

► 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).

OMB No. 1545-0047

2020

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

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ► 44

D Sequence: 2 of 11

E Describe the unrelated trade or business ► Retail Trade

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 6,358,171			
b	Less returns and allowances 0			
c	Balance ►	1c	6,358,171	
2	Cost of goods sold (Part III, line 8)	2	4,776,334	
3	Gross Profit. Subtract line 2 from line 1c	3	1,581,837	1,581,837
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	0	0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	0	0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0	0
6	Rent income (Part IV)	6	0	0
7	Unrelated debt-financed income (Part V)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0
11	Advertising income (Part IX)	11	0	0
12	Other income (see instructions; attach statement)	12	0	0
13	Total. Combine lines 3 through 12	13	1,581,837	1,581,837

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	930,698
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7	26,314
8	Less depreciation claimed in Part III and elsewhere on return	8a	0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	199,298
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	373,020
15	Total deductions. Add lines 1 through 14	15	1,529,330
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	52,507
17	Deduction for net operating loss (see instructions)	17	7,674
18	Unrelated business taxable income. Subtract line 17 from line 16	18	44,833

Part III Cost of Goods Sold Enter method of inventory valuation ►

1	Inventory at beginning of year	1	0
2	Purchases	2	4,776,334
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	0
6	Total. Add lines 1 through 5	6	4,776,334
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	4,776,334
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11 Total dividends-received deductions included in line 10				0

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐**B** ☐**C** ☐**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income**a** Add columns A through D. Enter here and on Part I, line 11, column (A) **▶** 0**3** Direct Advertising costs by periodical . .**a** Add columns A through D. Enter here and on Part I, line 11, column (B) **▶** 0**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8**5** Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . **▶** 0**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

Part XI Supplemental Information (see instructions)

Part Number	Line Number	Explanation	Amount
Form 990-T, Schedule A, Part II	Line 17	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	7674

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 62

D Sequence: 3 of 11

E Describe the unrelated trade or business ▶ Healthcare Services

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	13,211,941			
b Less returns and allowances	0	1c Balance ▶		
2 Cost of goods sold (Part III, line 8)		2	7,834,360	
3 Gross Profit. Subtract line 2 from line 1c		3	5,377,581	5,377,581
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a	0	0
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b	0	0
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5	766,822	766,822
6 Rent income (Part IV)		6	0	0
7 Unrelated debt-financed income (Part V)		7	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9	0	0
10 Exploited exempt activity income (Part VIII)		10	0	0
11 Advertising income (Part IX)		11	0	0
12 Other income (see instructions; attach statement)		12	0	0
13 Total. Combine lines 3 through 12		13	6,144,403	6,144,403

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)		1	0
2 Salaries and wages		2	393,972
3 Repairs and maintenance		3	0
4 Bad debts		4	0
5 Interest (attach statement) (see instructions)		5	0
6 Taxes and licenses		6	0
7 Depreciation (attach Form 4562) (see instructions)	7	1,357	
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b 1,357
9 Depletion		9	0
10 Contributions to deferred compensation plans		10	0
11 Employee benefit programs		11	44,541
12 Excess exempt expenses (Part VIII)		12	0
13 Excess readership costs (Part IX)		13	0
14 Other deductions (attach statement)		14	3,884,534
15 Total deductions. Add lines 1 through 14		15	4,324,404
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	1,819,999
17 Deduction for net operating loss (see instructions)		17	94,663
18 Unrelated business taxable income. Subtract line 17 from line 16		18	1,725,336

Part III

Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	0
2	Purchases	2	7,834,360
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	0
6	Total. Add lines 1 through 5	6	7,834,360
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	7,834,360
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV

Rent Income (From Real Property and Personal Property Leased with Real Property)

1

Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . ► 0			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ► 0			

Part V

Unrelated Debt-Financed Income (see instructions)

1

Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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 statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ► 0			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► 0			
11	Total dividends-received deductions included in line 10 ► 0			

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income**a** Add columns A through D. Enter here and on Part I, line 11, column (A) **▶** 0**3** Direct Advertising costs by periodical . .**a** Add columns A through D. Enter here and on Part I, line 11, column (B) **▶** 0**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8**5** Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . **▶** 0**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

Part XI Supplemental Information (see instructions)

Part Number	Line Number	Explanation	Amount
Form 990-T, Schedule A, Part II	Line 17	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	94663

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 71

D Sequence: 4 of 11

E Describe the unrelated trade or business ▶ Fitness Dues

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 56,485			
b	Less returns and allowances 0 c Balance ▶	1c 56,485		
2	Cost of goods sold (Part III, line 8)	2 0		
3	Gross Profit. Subtract line 2 from line 1c	3 56,485		56,485
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 0		0
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 56,485	0	56,485

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	21,176
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7 348	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	8b 348
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	1,588
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	6,658
15	Total deductions. Add lines 1 through 14	15	29,770
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	26,715
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	26,715

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11	Total dividends-received deductions included in line 10				0

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

D ☐

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A) ► 0

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) ► 0

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8					
--	--	--	--	--	--

5	Readership costs				
----------	----------------------------	--	--	--	--

6	Circulation income				
----------	------------------------------	--	--	--	--

7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
----------	--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .						
---	--	--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

Total. Enter here and on Part II, line 1 ▶

[illegible]

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

OMB No. 1545-0047

2020

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

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 53

D Sequence: 5 of 11

E Describe the unrelated trade or business ▶ Rental Income

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	227,358			
b Less returns and allowances	0	1c 227,358		
2 Cost of goods sold (Part III, line 8)		2 0		
3 Gross Profit. Subtract line 2 from line 1c		3 227,358		227,358
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 0		0
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b 0		0
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5 45,084		45,084
6 Rent income (Part IV)		6 1,593,888	1,449,959	143,929
7 Unrelated debt-financed income (Part V)		7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8 0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9 0	0	0
10 Exploited exempt activity income (Part VIII)		10 0	0	0
11 Advertising income (Part IX)		11 0	0	0
12 Other income (see instructions; attach statement)		12 0		0
13 Total. Combine lines 3 through 12		13 1,866,330	1,449,959	416,371

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)		1	0
2 Salaries and wages		2	255,587
3 Repairs and maintenance		3	0
4 Bad debts		4	0
5 Interest (attach statement) (see instructions)		5	0
6 Taxes and licenses		6	0
7 Depreciation (attach Form 4562) (see instructions)	7 801		
8 Less depreciation claimed in Part III and elsewhere on return	8a 0	8b	801
9 Depletion		9	0
10 Contributions to deferred compensation plans		10	0
11 Employee benefit programs		11	50,964
12 Excess exempt expenses (Part VIII)		12	0
13 Excess readership costs (Part IX)		13	0
14 Other deductions (attach statement)		14	116,090
15 Total deductions. Add lines 1 through 14		15	423,442
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-7,071
17 Deduction for net operating loss (see instructions)		17	0
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-7,071

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ BSB HEALTH/MOB LTD PARTNERSHIP NO 2
500 N Hurstbourne Pkwy Ste 200
Louisville, KY 40222

B ☐ SHANNON MOB - RENTAL PROPERTIES
500 N Hurstbourne Pkwy Ste 200
Louisville, KY 40222

C ☐

D ☐

	A	B	C	D
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)	261,208	1,332,680		
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	261,208	1,332,680		
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	1,593,888			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	225,501	1,224,458		
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	1,449,959			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0			
11 Total dividends-received deductions included in line 10	0			

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐**B** ☐**C** ☐**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income**a** Add columns A through D. Enter here and on Part I, line 11, column (A) **▶** 0**3** Direct Advertising costs by periodical . .**a** Add columns A through D. Enter here and on Part I, line 11, column (B) **▶** 0**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8**5** Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . **▶** 0**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

Part XI Supplemental Information (see instructions)

Part Number	Line Number	Explanation	Amount
Form 990-T, Schedule A, Part II	Line 17	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	48524

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 54

D Sequence: 6 of 11

E Describe the unrelated trade or business ▶ Professional and Technical Services

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	213,085				
b	Less returns and allowances	0	c Balance ▶	1c	213,085	
2	Cost of goods sold (Part III, line 8)			2	0	
3	Gross Profit. Subtract line 2 from line 1c			3	213,085	213,085
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			4a	0	0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			4b	0	0
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	20,463,145	20,463,145
6	Rent income (Part IV)			6	0	0
7	Unrelated debt-financed income (Part V)			7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			9	0	0
10	Exploited exempt activity income (Part VIII)			10	0	0
11	Advertising income (Part IX)			11	0	0
12	Other income (see instructions; attach statement)			12	0	0
13	Total. Combine lines 3 through 12			13	20,676,230	20,676,230

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)			1		0
2	Salaries and wages			2		182,477
3	Repairs and maintenance			3		0
4	Bad debts			4		0
5	Interest (attach statement) (see instructions)			5		0
6	Taxes and licenses			6		931,401
7	Depreciation (attach Form 4562) (see instructions)			7	557	
8	Less depreciation claimed in Part III and elsewhere on return			8a	0	8b 557
9	Depletion			9		0
10	Contributions to deferred compensation plans			10		0
11	Employee benefit programs			11		6,668
12	Excess exempt expenses (Part VIII)			12		0
13	Excess readership costs (Part IX)			13		0
14	Other deductions (attach statement)			14		422,030
15	Total deductions. Add lines 1 through 14			15		1,543,133
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16		19,133,097
17	Deduction for net operating loss (see instructions)			17		236,185
18	Unrelated business taxable income. Subtract line 17 from line 16			18		18,896,912

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0				
11	Total dividends-received deductions included in line 10 0				

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.**A** ☐**B** ☐**C** ☐**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income**a** Add columns A through D. Enter here and on Part I, line 11, column (A) **▶** 0**3** Direct Advertising costs by periodical**a** Add columns A through D. Enter here and on Part I, line 11, column (B) **▶** 0**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8**5** Readership costs**6** Circulation income**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . **▶** 0**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

Part XI Supplemental Information (see instructions)

Part Number	Line Number	Explanation	Amount
Form 990-T, Schedule A, Part II	Line 17	BON SECOURS MERCY HEALTH, INC. 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 EIN: 52-1301088 Bon Secours Mercy Health, Inc. is reporting net operating losses on its Form 990-T and state income tax returns for tax year ending December 31, 2020. The net operating losses reported were generated in prior years and reported on the separate tax returns filed by MERCY HEALTH, EIN 31-1161086, BON SECOURS - DEPAUL MEDICAL CENETR LLC, EIN 54-1820093, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, EIN 54-0548200, BON SECOURS - MARYVIEW HOSPITAL LLC, EIN 54-0506463, and OUR LADY OF BELLEFONTE HOSPITAL, INC., EIN 61-1356023. Effective January 1, 2020 MERCY HEALTH, BON SECOURS - DEPAUL MEDICAL CENETR LLC, BON SECOURS - MARY IMMACULATE HOSPITAL LLC, BON SECOURS - MARYVIEW HOSPITAL LLC, and OUR LADY OF BELLEFONTE HOSPITAL, INC. WERE CONVERTED INTO SINGLE MEMBER LIMITED LIABILITY COMPANIES WHOSE SOLE MEMBER IS BON SECOURS MERCY HEALTH, INC. The restructuring qualifies for IRC Section 332 treatment as a complete liquidation of a subsidiary into a parent corporation. Therefore, Bon Secours Mercy Health, Inc. may utilize the NOL carryforwards generated by non-profit corporations prior to conversion or dissolution.	236185

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 23

D Sequence: 7 of 11

E Describe the unrelated trade or business ▶ Construction Investments

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 (Part III, line 8)	2 0		
3	Gross Profit. Subtract line 2 from line 1c	3 0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 1,476,641		1,476,641
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 1,476,641	0	1,476,641

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7 0	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	0
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	1,476,641
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	1,476,641

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11 Total dividends-received deductions included in line 10				0

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

Total. Enter here and on Part II, line 1										0
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[illegible]

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 42

D Sequence: 8 of 11

E Describe the unrelated trade or business ▶ Wholesale Trade Investments

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 (Part III, line 8)			2	0	
3	Gross Profit. Subtract line 2 from line 1c			3	0	0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			4a	0	0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			4b	0	0
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	21,017	21,017
6	Rent income (Part IV)			6	0	0
7	Unrelated debt-financed income (Part V)			7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			9	0	0
10	Exploited exempt activity income (Part VIII)			10	0	0
11	Advertising income (Part IX)			11	0	0
12	Other income (see instructions; attach statement)			12	0	0
13	Total. Combine lines 3 through 12			13	21,017	21,017

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)			1		0
2	Salaries and wages			2		0
3	Repairs and maintenance			3		0
4	Bad debts			4		0
5	Interest (attach statement) (see instructions)			5		0
6	Taxes and licenses			6		0
7	Depreciation (attach Form 4562) (see instructions)	7	0			
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b		0
9	Depletion			9		0
10	Contributions to deferred compensation plans			10		0
11	Employee benefit programs			11		0
12	Excess exempt expenses (Part VIII)			12		0
13	Excess readership costs (Part IX)			13		0
14	Other deductions (attach statement)			14		0
15	Total deductions. Add lines 1 through 14			15		0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16		21,017
17	Deduction for net operating loss (see instructions)			17		0
18	Unrelated business taxable income. Subtract line 17 from line 16			18		21,017

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0				
11	Total dividends-received deductions included in line 10 0				

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A) **0**

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

Total. Enter here and on Part II, line 1										0
---	--	--	--	--	--	--	--	--	--	---

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

OMB No. 1545-0047

2020

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

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 45

D Sequence: 9 of 11

E Describe the unrelated trade or business ▶ Retail Trade Investments

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 (Part III, line 8)	2 0		
3	Gross Profit. Subtract line 2 from line 1c	3 0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 66,742		-66,742
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 -66,742	0	-66,742

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7 0	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	8b 0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	0
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-66,742
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-66,742

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0				
11	Total dividends-received deductions included in line 10 0				

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A** ☐
- B** ☐
- C** ☐
- D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶	0			
3 Direct Advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶	0			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 ▶	0			

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1 ▶			0

[illegible]

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

OMB No. 1545-0047

2020

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

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 55

D Sequence: 10 of 11

E Describe the unrelated trade or business ▶ Management Investments

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 (Part III, line 8)	2 0		
3	Gross Profit. Subtract line 2 from line 1c	3 0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b 0		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5 5 -171,123		-171,123
6	Rent income (Part IV)	6 0	0	0
7	Unrelated debt-financed income (Part V)	7 0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 0	0	0
10	Exploited exempt activity income (Part VIII)	10 0	0	0
11	Advertising income (Part IX)	11 0	0	0
12	Other income (see instructions; attach statement)	12 0		0
13	Total. Combine lines 3 through 12	13 -171,123	0	-171,123

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement) (see instructions)	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562) (see instructions)	7 0	
8	Less depreciation claimed in Part III and elsewhere on return	8a 0	8b 0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	0
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-171,123
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-171,123

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0				
11	Total dividends-received deductions included in line 10 0				

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A) **0**

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

Total. Enter here and on Part II, line 1										0
---	--	--	--	--	--	--	--	--	--	---

Part XI Supplemental Information (see instructions)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
Bon Secours Mercy Health Inc

B Employer identification number
52-1301088

C Unrelated business activity code (see instructions) ▶ 81

D Sequence: 11 of 11

E Describe the unrelated trade or business ▶ Other Services Investments

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	1c 0		
2 Cost of goods sold (Part III, line 8)		2 0		
3 Gross Profit. Subtract line 2 from line 1c		3 0		0
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 0		0
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b 0		0
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5 456,157		456,157
6 Rent income (Part IV)		6 0	0	0
7 Unrelated debt-financed income (Part V)		7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8 0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9 0	0	0
10 Exploited exempt activity income (Part VIII)		10 0	0	0
11 Advertising income (Part IX)		11 0	0	0
12 Other income (see instructions; attach statement)		12 0		0
13 Total. Combine lines 3 through 12		13 456,157	0	456,157

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)		1	0
2 Salaries and wages		2	0
3 Repairs and maintenance		3	0
4 Bad debts		4	0
5 Interest (attach statement) (see instructions)		5	0
6 Taxes and licenses		6	0
7 Depreciation (attach Form 4562) (see instructions)	7 0		
8 Less depreciation claimed in Part III and elsewhere on return	8a 0	8b	0
9 Depletion		9	0
10 Contributions to deferred compensation plans		10	0
11 Employee benefit programs		11	0
12 Excess exempt expenses (Part VIII)		12	0
13 Excess readership costs (Part IX)		13	0
14 Other deductions (attach statement)		14	0
15 Total deductions. Add lines 1 through 14		15	0
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	456,157
17 Deduction for net operating loss (see instructions)		17	0
18 Unrelated business taxable income. Subtract line 17 from line 16		18	456,157

Part III Cost of Goods Sold Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11	Total dividends-received deductions included in line 10				0

Part VI 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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	0
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	0
5	Gross income from activity that is not unrelated business income	5	0
6	Expenses attributable to income entered on line 5	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
--	--	--	--	--

5	Readership costs				
----------	----------------------------	--	--	--	--

6	Circulation income				
----------	------------------------------	--	--	--	--

7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
----------	--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .				
---	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 0

Part X

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on Part II, line 1			0

Part XI

Form **3800**

General Business Credit

OMB No. 1545-0895
2020
Attachment Sequence No. **22**

Department of the Treasury
Internal Revenue Service

▶ **Go to *www.irs.gov/Form3800* for instructions and the latest information.**
▶ **You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.**

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number
52-1301088

Part I

Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	0
2	Passive activity credits from line 2 of all Parts III with box B checked	2	27,637
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	27,637
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	0
Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>			
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions	5	0
6	Add lines 1, 3, 4, and 5	6	27,637

Part II

Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none">Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your returnEstates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	3,944,338
8	Alternative minimum tax: <ul style="list-style-type: none">Individuals. Enter the amount from Form 6251, line 11Corporations. Enter -0-Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	8	0
9	Add lines 7 and 8	9	3,944,338
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	3,944,338
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	3,944,338
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	979,834
14	Tentative minimum tax: <ul style="list-style-type: none">Individuals. Enter the amount from Form 6251, line 9Corporations. Enter -0-Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52	14	0
15	Enter the greater of line 13 or line 14	15	979,834
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	2,964,504
17	Enter the smaller of line 6 or line 16	17	27,637
C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

Part II **Allowable Credit** (Continued)**Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	0
20	Enter the greater of line 13 or line 18	19	979,834
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	2,964,504
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	2,936,867
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked	23	0
24	Enter the applicable passive activity credit allowed for 2020. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,964,504
28	Add lines 17 and 26	28	27,637
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,936,867
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	0
33	Enter the applicable passive activity credits allowed for 2020. See instructions	33	
34	Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	0
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	27,637

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☐ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☒

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		0
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		27,637
d Low-income housing (Form 8586, Part I only)	1d		0
e Disabled access (Form 8826) (see instructions for limitation)	1e		0
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		0
g Indian employment (Form 8845)	1g		0
h Orphan drug (Form 8820)	1h		0
i New markets (Form 8874)	1i		0
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		0
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		0
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		0
m Low sulfur diesel fuel production (Form 8896)	1m		0
n Distilled spirits (Form 8906)	1n		0
o Nonconventional source fuel (carryforward only)	1o		0
p Energy efficient home (Form 8908)	1p		0
q Energy efficient appliance (carryforward only)	1q		0
r Alternative motor vehicle (Form 8910)	1r		0
s Alternative fuel vehicle refueling property (Form 8911)	1s		0
t Enhanced oil recovery credit (carryforward only)	1t		0
u Mine rescue team training (Form 8923)	1u		0
v Agricultural chemicals security (carryforward only)	1v		0
w Employer differential wage payments (Form 8932)	1w		0
x Carbon dioxide sequestration (Form 8933)	1x		0
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		0
z Qualified plug-in electric vehicle (carryforward only)	1z		0
aa Employee retention (Form 5884-A)	1aa		0
bb General credits from an electing large partnership (carryforward only)	1bb		0
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz		0
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2		27,637
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		0
b Work opportunity (Form 5884)	4b		0
c Biofuel producer (Form 6478)	4c		0
d Low-income housing (Form 8586, Part II)	4d		0
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		0
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		0
g Qualified railroad track maintenance (Form 8900)	4g		0
h Small employer health insurance premiums (Form 8941)	4h		0
i Increasing research activities (Form 6765)	4i		0
j Employer credit for paid family and medical leave (Form 8994)	4j		0
z Other	4z		0
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6		27,637

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	98-14797161,051
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2	1,051
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6	1,051

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52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

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- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	98-148287819,719
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2	19,719
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6	19,719

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number
52-1301088

Part III

General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

A

☐

General Business Credit From a Non-Passive Activity

E

☐

Reserved

B

☒

General Business Credit From a Passive Activity

F

☐

Reserved

C

☐

General Business Credit Carryforwards

G

☐

Eligible Small Business Credit Carryforwards

D

☐

General Business Credit Carrybacks

H

☐

Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c	81-3371945	6,593
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Enhanced oil recovery credit (carryforward only)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (carryforward only)	1bb		
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		6,593
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Employer credit for paid family and medical leave (Form 8994)	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		6,593

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c	26-0668106	68
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Enhanced oil recovery credit (carryforward only)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (carryforward only)	1bb		
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2		68
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Employer credit for paid family and medical leave (Form 8994)	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6		68

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	26-413851739
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2	39
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6	39

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	82-3636012152
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2	152
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6	152

Name(s) shown on return
Bon Secours Mercy Health Inc

Identifying number

52-1301088

Part III **General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A** ☐ General Business Credit From a Non-Passive Activity
- E** ☐ Reserved
- B** ☒ General Business Credit From a Passive Activity
- F** ☐ Reserved
- C** ☐ General Business Credit Carryforwards
- G** ☐ Eligible Small Business Credit Carryforwards
- D** ☐ General Business Credit Carrybacks
- H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	98-147344315
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (carryforward only)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other. Oil and gas production from marginal wells and certain other credits (carryforward only) (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . .	2	15
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . .	6	15

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Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
901101

Identifying number
52-1301088

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
INTANGIBLE DRILLING	01-01-2020	516,805	263(c)	60	103,361
43 Amortization of costs that began before your 2020 tax year				43	1,221,017
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,324,378

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93393315022101

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
44

Identifying number
52-1301088

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	26,314

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,314
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93393315022101

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
62

Identifying number
52-1301088

Part I

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	1,357

Part III

MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,357
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93393315022101

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
71

Identifying number
52-1301088

Part I

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	348

Part III

MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	348
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

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Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
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OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
53

Identifying number
52-1301088

Part I

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	801

Part III

MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	801
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93393315022101

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2020
Attachment
Sequence No. **179**

Name(s) shown on return
Bon Secours Mercy Health Inc

Business or activity to which this form relates
54

Identifying number
52-1301088

Part I

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	557

Part III

MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	557
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2020)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	No
39 Do you treat all use of vehicles by employees as personal use?	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

Additional Data

Software ID: 20012953

Software Version: 2020v1.1

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

Form 8949
Department of the
Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment
Sequence No. **12A**

Name(s) shown on return
Bon Secours Mercy Health Inc

Social security number or taxpayer identification number

52-1301088

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Form 6781, Part I			6,935	()		0	6,935
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			852,247	()		0	852,247
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). ►				859,182	(0)		0	859,182

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.

Bon Secours Mercy Health Inc

52-1301088

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).

☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Form 6781, Part I			10,402	()		0	10,402
	LONG-TERM GAIN/LOSS FROM INVESTMENTS			2,577,469	()		0	2,577,469
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract 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) ►				2,587,871	(0)		0	2,587,871

Form **8949** (2020)