efi	le GRAPHIC pri	nt - DO	NOT PROCESS As Filed Data -	DLN	: 93393315022101		
	990-T	E	xempt Organization Business Income Tax Return	n	OMB No. 1545-0047		
Form	39U-1		(and proxy tax under section 6033(e))		2020		
		For	calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-202	0	2020		
ъ			· · · · · · · · · · · · · · · · · · ·	_	Open to Public		
	rtment of the Treasury al Revenue Service	►Do	▶ Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Inspection for 501(c)(3) Organizations Only		
A [	Check box if address changed.		ployer identification number 01088				
	B Exempt under section or Type  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		
	] 408A		City or town, state or province, and ZIP or foreign postal code Cincinnati, OH 45237	F 🗆	Check box if an amended return.		
	. , , 🗀		k value of all assets at end of year 12,458,514,469				
	Check organization t			licable r	einsurance entity		
	Check if filing only to		☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439				
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u> ▶ ⊔</u>		
			d Schedules A (Form 990-T) 🕏				
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	0?	. ► Yes ✓ No		
	f "Yes," enter the na The books are in car		identifying number of the parent corporation ►	no num	ber ► (513) 952-5000		
L '	ne books are in car		701 Mercy Health Place	ne num	ber ► (513) 952-5000		
		С	incinnati, OH 45237				
Pa			d Business Taxable Income				
1	Total of unrelated instructions)		s taxable income computed from all unrelated trades or businesses (see	1	22,647,611		
2	Reserved .			2			
3	Add lines 1 and 2			3	22,647,611		
4			see instructions for limitation rules)	4	2,087,063		
5			axable income before net operating losses. Subtract line 4 from line 3	5	20,560,548		
6			ng loss. See instructions 🕏	6	1,776,985		
7	Total of unrelated Subtract line 6 from		s taxable income before specific deduction and section 199A deduction.	7	18,783,563		
8			ally \$1,000, but see instructions for exceptions)	8	1,000		
9	•		uction. See instructions	9			
10	Total deduction	ı <b>s.</b> Add li	nes 8 and 9	10	1,000		
11	Unrelated busin	iess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter				
				11	18,782,563		
Pa	rt II Tax Com	•					
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,944,338		
2	Part I, line 11 fro	ım: 🔲 -	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or ☐ Schedule D (Form 1041)	2			
3	Proxy tax. See in			3			
4	Other tax amount			4			
5	Alternative minim			5			
6			ncility income. See instructions	6			
7			n 6 to line 1 or 2, whichever applies	7	3,944,338 Form <b>990-T</b> (2020)		
LOI F	-aperwork Reduction	I ACLINOTI	ce, see instructions. Cat. No. 11291J		FORM <b>990-1</b> (2020)		

Form S	990-T (2020	,	Payments								Page <b>2</b>
				orm 1118; trusts attach Form 1116)	1a						
		•	•		1b	on 1	0				
				00 (see instructions)	1c 1d	<b>*</b> 5	27,637	1			
			d lines 1a through 1d					1e		:	27,637
2 3			rom Part II, line 7			 1		2		3,9	16,701
3	Otner taxes	. Cnec	ck if from:	255 ☐ Form 8611 ☐ Form 869 attach statement) · · · · ·	, <sub>-</sub>	J Form 8866 · · · · ·		3			0
				ctions). $\square$ Check if includes tax previ	iously d	deferred unde	r				
			er the tax amount here	 n 965-A or Form 965-B, Part II, colum	ın (k)	line 4	<del>-</del>	5		3,9	16,701
				l to 2020	6a		487,510				
				section 643(g) election applies ▶	6b		3,700,000	-			
	•			eld at source (see instructions)	6c 6d		2,000,000 0				
е	Backup with	nholdir	ng (see instructions) .		6e		0				
				ce premiums (attach Form 8941) . ts:	6f						
					6g		0				
7 8			_	og				7 8		6,1	87,510 0
9				al of lines 4, 5, and 8, enter amount of				9			
10			=	e total of lines 4, 5, and 8, enter amo	ount ov	•		10		2,2	70,809
11 Part			·	redited to 2021 estimated tax▶ tain Activities and Other Info	rmati	2,270,809 <b>R</b> on (see inst		11			0
1	At any time	during	g the 2020 calendar ye	ar, did the organization have an inter	est in c	or a signature	or other aut			Yes	No
	Report of Fo	oreign	Bank and Financial Acc	ner) in a foreign country? If "Yes," the counts. If "Yes," enter the name of the	foreig	ın country ĥer	e ▶		•		
			BD BR CA CJ CI CH CO RS SN SF SP SW SZ TV	EZ DA EG FI FR GM GR GK HK HU IN V TH TU AE UK					NZ NO PE	Yes	
	During the t	tax ye	ar, did the organization	receive a distribution from, or was it					gn trust?		No
	· ·			the organization may have to file. received or accrued during the tax ye	ear		<b>▶</b> \$ 0				
4a	Did the orga	anizati	on change its method o	of accounting? (see instructions) .							No
4b Par			the organization descr	ibed the change on Form 990, 990-E2	z, 990-	PF, or Form 1	128? If "No,	" expla	in in Part V		
Provid	e the explar	nation	required by Part IV, lin	e 4b. Also provide any other addtiona	linforr	mation. See in	structions.				
				Ехр					Ar	nount	
For	m 990-T, Pa	ırt I	Line 6	BON SECOURS MERCY HEALTH, INC CINCINNATI, OH 45237 EIN: 52-13				ı, Inc.	is	17	776985
				MEDICAL CENETR LLC, EIN 54-1820 IMMACULATE HOSPITAL LLC, EIN 54-0506463, an INC., EIN 61-1356023. Effective Jar SECOURS - DEPAUL MEDICAL CENE IMMACULATE HOSPITAL LLC, BON S and OUR LADY OF BELLEFONTE HOS SINGLE MEMBER LIMITED LIABILIT BON SECOURS MERCY HEALTH, INC Section 332 treatment as a complet corporation. Therefore, Bon Secours carryforwards generated by non-pro-	4-0548 and OUR and OUR TR LLC SECOUF SPITAL Y COMF C. The r se liquic s Mercy	200, BON SEC LADY OF BEL , 2020 MERC' , BON SECOU RS - MARYVIE , INC. WERE ( PANIES WHOS restructuring of dation of a sul Health, Inc.	COURS - MAI LEFONTE HO Y HEALTH, B RS - MARY W HOSPITAL CONVERTED SE SOLE MEM qualifies for I psidiary into may utilize t	OSPITA ON LLC, INTO 1BER IS IRC a pare he NOI	L, S nt		
For	n 990-T, Pa	rt V	ELECTION	dissolution.  BON SECOURS MERCY HEALTH, INC CINCINNATI, OH 45237 EIN: 52-13 MINIMIS SAFE HARBOR ELECTION F 2020, BON SECOURS MERCY HEALT	01088 FOR TH H, INC	SECTION 1.20 E YEAR ENDE . IS MAKING	53(A)-1(F) D D DECEMBEI THE DE MINI	R 31,			0
Form	n 990-T, Pa	rt V	ELECTION	SAFE HARBOR ELECTION UNDER REBON SECOURS MERCY HEALTH, INC	. 1701	MERCY HEAL	TH PLACE				0
				CINCINNATI, OH 45237 EIN: 52-13( YEAR ENDED DECEMBER 31, 2020, HEREBY ELECTS ON BEHALF OF ITS MAINTENANCE COSTS UNDER TREA COSTS WERE INCURRED DURING T TAXPAYER'S TRADE OR BUSINESS A SUCH COSTS AS CAPITAL EXPENDI	BON S ELF TO S. REG HE TAX AND TH	ECOURS MER CAPITALIZE S. SECTION 1. (ABLE YEAR II SE ELECTING	CY HEALTH, REPAIR AND 263(A)3(N). N THE ELECT FAXPAYER TR	INC. THE ING REATS			
Forr	n 990-T, Pa	rt V	ELECTION	BON SECOURS MERCY HEALTH, INC CINCINNATI, OH 45237 EIN: 52-131 1.59-1(B) FOR THE YEAR ENDING D MERCY HEALTH, INC. IS MAKING TH AMORTIZE INTANGIBLE DRILLING A INCURRED OVER A FIVE YEAR PERIO OF WELLS PURSUANT TO IRC SEC. AMOUNT THE TAXPAYER ELECTS TO	01088 ECEME HE ELECAND DE OD IN 263(C)	IRC SEC. 263 BER 31, 2020 CTION TO CAF EVELOPMENT OF THE DRILLING AND REG. SE	(C) AND REC BON SECOU PITALIZE AN COSTS PAID G AND PREPA EC. 1.59-1(B	RS D OR ARATIC ). THE	PN .	13	324778
For	n 990-T, Pa	rt V	Business Activity Codes	FOR THE TAX YEAR IS \$1,324,778.  BON SECOURS MERCY HEALTH, INC CINCINNATI, OH 45237 EIN: 52-13(2020, Bon Secours Mercy Health, In Activity codes in accordance with th 512(a)(6). Bon Secours Mercy Health each activity generating unrelated b 2-digit NAICS code in classifying each This represents a change from the 6 Mercy Health, Inc. in prior years.	01088 ic. has e final th, Inc. ousines ch sepa	For tax year e updated its N regulations is identified the s income and arate unrelate	ending Decer AICS and Bu sued for IRC e NAICS code then utilized d trade or bu	isiness Section for the usiness	on s.		0
				have examined this return, including according according according to the contract of preparer (other than taxpayer)							ge and
Sig		.s a ue,	, 13 out, and complete. De	I		. s an inivilliat	.s or wither pr	Spui Ci	arry KilOWI	- ugu.	
Hei	1 k	borah	Bloomfield	2021-11-11 CFO				with th	ne IRS discuss ne preparer s <u>h</u> o	wn belg	ow
	Sig	<u> </u>	e of officer	Date Title				(see ir	nstructions)?		
D-:-			Type preparer's name IS L PATTON	Preparer's signature		Date 2021-11-11	Check   i	1.00	N 369623	_	
Paid Pred	l parer	Firm's	name ► PRICEWATERH	OUSECOOPERS LLP			self-employe Firm's EIN ►		08324		
-	Only	Firm's	s address ► 655 New York	Avenue NW STE 1100			Phone no. (2	12) 414	l-1000		
			WASHINGTON,	DC 20001			,	•			

Page 2

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101						
TY 2020 CostGoodSoldOtherCostSchedule								
Name:	Bon Secours Mercy Health Ir	oc						
EIN:	52-1301088							
Software ID:	20012953							
Software Version:	2020v1.1							

Description	Amount
Investment Module Other Costs	0

Total other costs: 0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101					
TV 2020 Deductions Comments de Martin and Cal							

## 2020 DeductionsConnectedRntiIncmScn

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

#### Deduction Directly Connected with Rental Income

reduction 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 L ROSS LOVE GROWTHBRIDGE FUND LLC	-766 18	0	-766
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	-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 MILLENNIUM USA LP	-8,273 298,398	0	-8,273
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 ADVENT INTERNATIONAL GPE IX	113,744	0	113,744
CINTRIFUSE SYNDICATE FUND II LLC	-03,464	0	-03,464
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 GSO ESOF II AIV-5 LP CO THE BLACKSTONE GROUP	-15,850 4,510	0	-15,850 -4,510
GSO ENERGY SELECT OPPORTUNITIES FUND II LP CO	-5,295	0	-5,295
THE BLACKSTONE GROUP	,		
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 GSO CREDIT ALPHA FUND II-C AIV-2 LP CO THE	177,750 13,679	0	177,750
BLACKSTONE GROUP	13,073		13,073
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	-26,740	0	-26,740
GROUP GSO CREDIT ALPHA FUND II AIV-6 LP CO THE	18,030	0	18,030
BLACKSTONE GROUP	·		
STEPSTONE PIONEER CAPITAL III LP	-21,345	0	-21,345
ACCEL-KKR GROWTH CAPITAL PARTNERS III LP  ACCEL-KKR CAPITAL PARTNERS VI LP	-3,558 -5,789	0	-3,558
PARTNERS GROUP REAL ESTATE SECONDARY 2009	-14,339	0	-14,339
(USD) A LP			,
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 INNOVATION INSTITUTE LLC DBA THE INSTITUTE	-63,076 496,722	0	-63,076 496,722
FOR INNOVATION LLC INNOVATION INSTITUTE LLC DBA THE INSTITUTE	94,385	0	94,385
FOR INNOVATION LLC	·		•
BAIN CAPITAL EUROPE FUND V SCSP	4,774	0	4,774
Cregon MOBILC	672,397	0	672,397
Oregon MOB LLC	21,119		21,119

**Total share of gross income:** 1,284,879

 $\begin{tabular}{ll} \textbf{Total share of deductions:} & 0 \end{tabular}$ 

**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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101				
TY 2020 Incomel ossPartnershinSCornSch						

**Name:** Bon Secours Mercy Health Inc

**EIN:** 52-1301088 **Software ID:** 20012953

**Software Version:** 2020v1.1

Total groce receipte

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	Incomel ossPartnershipSCorpSch	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Name:** Bon Secours Mercy Health Inc

DLN: 93393315022101

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

#### Total gross receipts

Total group 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** 

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T/ 2000 Taranal and Dallar ali	-666-1		
TV 2020 Incomel assPartnershinSCornSch			

**Name:** Bon Secours Mercy Health Inc

DLN: 9339331502210

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

### Total gross receipts

, com green 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

#### 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

DLN: 9339331502210

**Total share of gross income:** 21,017

Total share of deductions: 0

Total gain or loss: 21,017

DLN: 93393315022101

**Name:** Bon Secours Mercy Health Inc

As Filed Data -

**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

DLN: 9339331502210

**EIN:** 52-1301088

**Software ID:** 20012953

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 IncomeLossPartnersh	inSCornSch	

**Name:** Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953 **Software Version:** 2020v1.1

### Total gross receipts

. ota.: g. obb : ede.p.to			
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

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

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

A mortization 1,324,378

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

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

Software Version: 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

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

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

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount: Lobbying amount:

**Investment management** 

amount:

Advertising and promotion

amount:

Insurance amount:

Occupancy amount:

Travel amount:

Office expenses amount:

**Information technology amount:** 

Other type of deductionOther type deduction amountRent Expense3,434Supplies191,964Purchased Services699,566Utilities12,715Other Miscellaneous Expense9,192Lab testing direct and indirect expenses2,967,663

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

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	

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

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

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

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

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

**Software Version:** 2020v1.1

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Lobbying amount:

Accounting amount:

Investment management

amount:

Advertising and promotion

amount:

Insurance amount:

Occupancy amount:

Travel amount:

Office expenses amount:

**Information technology amount:** 

Other type of deductionOther type deduction amountRent Expense4,803Supplies1,014Purchased Services84,664Utilities66Software Licenses218,640Tax Prep Fees112,843

efile GRAPHIC print - DO NOT PROCESS   As F	iled Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedule		

Name: Bon Secours Mercy Health Inc

**EIN:** 52-1301088

**Software ID:** 20012953

Software Version: 2020v1.1

	Soπware version: 2020V1.1				
Activity code	Schedule A reference number for this instance	Total number of Schedule 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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedu	le	
Name:	Bon Secours Mercy Health Inc	
EIN:	52-1301088	
Software ID:	20012953	
Software Version:	2020v1.1	

	Software Version: 2020v1.1					
	Activity code	Schedule A reference number for this instance	Total number of Schedule 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
4	14	2	11	7,674	7,674	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedu	ile	
Name:	Bon Secours Mercy Hea	alth Inc
EIN:	52-1301088	
Software ID:	20012953	
Software Version:	2020v1.1	

	Software Version: 2020v1.1				
Activity code	Schedule A reference number for this instance	Total number of Schedule 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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedu	ıle	
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 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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedu	ıle	
Name:	Bon Secours Mercy Health Inc	
EIN:	52-1301088	
Software ID:	20012953	
Software Version:	2020v1.1	

Software Version: 2020v1.1										
Activity code	Schedule A reference number for this instance	Total number of Schedule 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					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101
TY 2020 Post2017NOLSchedu	ıle	
Name:	Bon Secours Mercy Health Inc	
EIN:	52-1301088	
Software ID:	20012953	
Coffee and Vousiers	2020/11	

Software Version: 2020v1.1										
Activity code	Schedule A reference number for this instance	Total number of Schedule 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					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101							
TY 2020 Post2017NOLSchedule									
Name:	Bon Secours Mercy Health Inc								
EIN:	52-1301088								
Software ID:	20012953								
Software Version	2020v1 1								

Software Version: 2020v1.1										
Activity code	Schedule A reference number for this instance	Total number of Schedule 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					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315022101				
TY 2020 Pre2018NOLScheduk	e					
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:						
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:**

efil	e GRAPHIC print	- DO NOT PROCESS As Filed I	Data	-				[	DLN:	93393315022101
SCI	HEDULE A	Unrelated Bu	sin	ess	Taxabl	e Inco	me			OMB No. 1545-0047
(Fo	orm 990-T)	From an Unre								2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990 ► Do not enter SSN numbers on this form							3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Name of the organization Bon Secours Mercy Health Inc  B Employer identification 52-1301088								ation	number	
<b>c</b> u	Jnrelated business ac	ctivity code (see instructions) ▶ 901101	D	Seque	ence:	1		of		11
<b>E</b> [	Describe the unrelate	d trade or business ▶ INVESTMENT ACTI	VITY							
Pa	rt I Unrelated	Trade or Business Income			(A) In	come	(В	) Expense	s	(C) Net
1a	Gross receipts or sa	ales <u>0</u>								
b	Less returns and allov	vances 0 <b>c</b> Baland	ce ▶	1c			0			
2	Cost of goods sold	(Part III, line 8)		2			0			
3		act line 2 from line 1c		3			0			0
4a		ome (attach Sch D (Form 1041 or Form tions)		4a			0			0
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see instructi	ons)	4b			0			0
c	Capital loss deducti	on for trusts		4c						
5	, ,	a partnership or an S corporation (attack		5	<b>%</b> J	1,284,87	9			1,284,879
6	Rent income (Part 1	IV)		6			0		0	0
7	Unrelated debt-fina	nced income (Part V)		7			0		0	0
8		royalties, and rents from a controlled		8			o		0	0
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)		9			0		0	0
10	Exploited exempt a	ctivity income (Part VIII)		10			0		0	0
11	Advertising income	(Part IX)		11			0		0	0
12	,	instructions; attach statement)		12			0			0
13	Total. Combine line	es 3 through 12		13		1,284,87	9		0	1,284,879
Pai		ns Not Taken Elsewhere (See inst with the unrelated business income		ons f	or limitation	ns on dec	luctions)	Deductio	ns m	ust be directly
1	Compensation of of	ficers, directors, and trustees (Part X) .							1	0
2	Salaries and wages								2	0
3	Repairs and mainte	nance							3	0
4	Bad debts								4	0
5		tement) (see instructions)							5	0
6	Taxes and licenses								6	0
7		, ,				7		0		
8	•	laimed in Part III and elsewhere on retur	า			8a		0	<del></del>	0
9	•								9	0
10		ferred compensation plans							10	0
11		rograms							11	0
12		enses (Part VIII)							12	0
13	Excess readership of	costs (Part IX)							13	0

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

14

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16

17

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Schedule A (Form 990-T) 2020

1,324,378

1,324,378

-39,499

-39,499

Other deductions (attach statement) 🛸

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . .

Unrelated business taxable income. Subtract line 17 from line 16

14

15 16

17

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Sche	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A)▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		l of specified nents made		5. Part of column that is included in the controlling organization gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	<b>7.</b> Taxable income	inc	et unrelated ome (loss) instructions)		Total of spe payments m		that contro	is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,,					,			
2	·	· —	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

Schedule A (Form 990-T) 2020

Sched	ule A (Form 990-1	-					Page <b>4</b>
Part	Advertis	sing Income					
1	Name(s) of period	dical(s). Check box if re	porting tw	o or more periodicals	on a consolidated b	asis.	
	A 🗌						
	в						
	c 🗆						
	D 🗆						
Enter	amounts for each	periodical listed above	in the corr	esponding column.			
				Α	В	С	D
2	Gross advertising	income	🗀				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (A)			0
3	Direct Advertising	costs by periodical	🗀				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (B)			0
4	line 2. For any co gain, complete lin column in line 4 s complete lines 5 t	loss). Subtract line 3 fr lumn in line 4 showing less 5 through 8. For any showing a loss or zero, o through 7, and enter ze	a / do not				
5	Readership costs		🗀				
6	Circulation income	e	: : <del> </del>				
7	Excess readership	costs. If line 6 is less	than				
_		ne 6 from line 5. If line	5 is				
8	deduction. For ea	o costs allowed as a ch column showing a ga esser of line 4 or line 7					
а	Add line 8, colum	ns A through D. Enter t	he greater	of the columns total	or zero here and on	Part II, line 13 ▶	0
Par	t X Compen	sation of Officers,	Director	s. and Trustees	(see instructions)		
T G	cx compen	1. Name	Director	<u> </u>	. Title	3. Percentage	4. Compensation
		I. Name			Title	of time devoted to business	attributable to unrelated business
(1)							
(2)							
(3)							
<u>(4)</u>							
		n Part II, line 1				<u> ▶</u>	0
Par	Supplem	nental Information	(see ins	tructions)			
	Part Number	Line Number			Explanation		Amount
. 31111	990-T, Schedule A, Part II	Line 17	returns f reported returns f reported returns f MEDICAL IMMACU HOSPITA INC., EIN SECOUR IMMACU and OUR SINGLE I BON SEC Section Corporat	g net operating losses or tax year ending Dowere generated in piled by MERCY HEALT.  LATE HOSPITAL LLC, LLC, EIN 54-05064  ME1-1356023. Effect SS - DEPAUL MEDICAL LLC, LATE HOSPITAL LLC, LADY OF BELLEFON MEMBER LIMITED LIAMEMBER	52-1301088 Bon Section its Form 990-T at the second its Form 990-T at the	cours Mercy Health, Inc. i and state income tax the net operating losses ted on the separate tax BON SECOURS - DEPAUL COURS - MARY DN SECOURS - MARYVIEW DF BELLEFONTE HOSPITAL MERCY HEALTH, BON	. / / - /
						Schedu	le A (Form 990-T) 2020

efil	efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93393315022101										
SC	HEDULE A	Unrela	ated Bu	sin	ess Ta	xable Ir	ncom	е			OMB No. 1545-0047
(Fo	rm 990-T)		an Unre								2020
	tment of the Treasury al Revenue Service	►Go to www.irs.ge ►Do not enter SSN number								3).	Open to Public Inspection for 501(c)(3) Organizations Only
A N Bon	lame of the organiza Secours Mercy Healt	h Inc					<b>B Emp</b> 52-130:		lentific	ation	number
<b>c</b> (	Inrelated business ac	ctivity code (see instructions	3) ▶ 44	D :	Sequence:		2		of		11
<b>E</b> [	Describe the unrelate	ed trade or business ▶ Retail	l Trade								
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income	•	(B) E	xpense	s	(C) Net
1a	Gross receipts or sa	ales <u>6,358,171</u>									
b	Less returns and allow	vances 0	<b>c</b> Balan	ce ►	1c	6,35	8,171				
2	Cost of goods sold	(Part III, line 8)	·		2	4,77	6,334				
3	Gross Profit. Subtra	act line 2 from line 1c			3	1,58	1,837				1,581,837
4a		come (attach Sch D (Form 10 ctions)			4a		0				0
b	Net gain (loss) (For	rm 4797) (attach Form 4797	') (see instructi	ons)	4b		0				0
С	Capital loss deducti	ion for trusts			4c						
5	, ,	a partnership or an S corpo	•		5		0				0
6	Rent income (Part 1	IV)			6		0			0	0
7	Unrelated debt-fina	nced income (Part V)			7		0			0	0
8		royalties, and rents from a VI)			8		0			0	0
9	Investment income organizations (Part	of section 501(c)(7), (9), o	r (17)		9		0			0	0
10	Exploited exempt a	ctivity income (Part VIII) .			10		0			0	0
11	Advertising income	(Part IX)			11		0			0	0
12	,	instructions; attach stateme	•		12		0				0
13	Total. Combine line	es 3 through 12			13	1,58	1,837			0	1,581,837
Pai		ns Not Taken Elsewher with the unrelated busin			ons for lin	nitations on	deduct	ions) D	eductio	ns m	ust be directly
1	Compensation of of	fficers, directors, and trustee	es (Part X) .							1	0
2	Salaries and wages									2	930,698
3	Repairs and mainte	enance								3	0
4	Bad debts									4	0
5	Interest (attach sta	tement) (see instructions)								5	0
6	Taxes and licenses									6	0
7		h Form 4562) (see instruction				7			26,314	4 1	
8	Less depreciation c	laimed in Part III and elsewh	nere on returi	n		8a			0	8b	26,314
9										9	0
10		ferred compensation plans .								10	0
11		rograms								11	199,298
12		enses (Part VIII)								12	0
13	Excess readership	costs (Part IX)								13	0

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

14

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Schedule A (Form 990-T) 2020

373,020

52,507

7,674

44,833

1,529,330

Other deductions (attach statement) 🛸

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . . .

Unrelated business taxable income. Subtract line 17 from line 16

14

15 16

17

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Sche	dule A (Form 990-T) 2020				Page <b>2</b>							
Par	Cost of Goods Sold Enter m	ethod of inventory va	luation ▶		_							
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	,			5	4 776 224							
6 7	<b>Total.</b> Add lines 1 through 5			6	4,776,334							
7 8	Cost of goods sold. Subtract line 7 from line 6				4,776,334							
9	_											
	9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)											
1	Description of property (property street address	-										
-	A	, city, state, ZIF code). (	Lileck II a dual-use (see	mstructions)								
	в 🗆											
	c 🗆											
	D 🗆											
		Α	В	С	D							
2	Rent received or accrued											
а	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 colu	mns 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	h D. Enter here and on F	Part I. line 6. column (B)		0							
	t V Unrelated Debt-Financed Incom											
1	Description of debt-financed property (property $\mathbf{A}$	street address, city, stat	e, ZIP code). Check if a	dual-use (see instructio	ins)							
	в											
	c 🗆											
	<b>D</b>											
		Α	В	С								
2	Gross income from or allocable to debt-											
	financed property											
3	Deductions directly connected with or allocable to debt-financed property											
а	Straight line depreciation (attach statement)											
b	Other deductions (attach statement)											
С	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	8 Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)											
9	Allocable deductions. Multiply line 3c by line 6											
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter he	ere and on Part I, line 7,	column (B) ▶	0							
11	Total dividends-received deductions include	d in line 10		<b>.</b>	0							
				-	A (Form 990-T) 2020							
					•							

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	n Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specifi payments made			5. Part of colum that is include in the controlli organization' gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganization	ıs				•
	inco		et unrelated ome (loss) instructions)	9. Total of payments			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)	ı										
(2)											
(3)	ı										
(4)											
		Investment Income of a Section 501 Description of income 2. Amount of			.(c)(7), (9), or (17) Orga						er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls	•	Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ı ıan ∆dver	tisina II	ncome	(see	instructions)		
1	Description of exploited ac	-	,,					,,,,,,			
2	·	· —	turde on busine	Cut		Daul T lin	- 10		(4)	2	
3	column (B)									3	(
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7									4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	enter more	than the	amount	on lir	ne 4. Enter		

Schedule A (Form 990-T) 2020

Schedule A (Form 990-1	Γ) 2020					Page <b>4</b>				
Part IX Advertis	ing Income									
1 Name(s) of period	dical(s). Check box if re	porting tw	o or more periodicals	on a consolidated b	pasis.					
<b>A</b> $\square$										
в 🗆 🔤										
c 🗆										
<b>р</b> 🗆										
Enter amounts for each	periodical listed above i	in the corr	esponding column.							
			Α	В	С	D				
2 Gross advertising	income									
a Add columns A th	rough D. Enter here and	d on Part I	[, line 11, column (A)			0				
	costs by periodical									
a Add columns A th	rough D. Enter here and	ـــــ d on Part I	. line 11, column (B			0				
line 2. For any co gain, complete lin column in line 4 s complete lines 5 t	loss). Subtract line 3 fr lumn in line 4 showing a les 5 through 8. For any showing a loss or zero, c through 7, and enter se	lo not ro on								
5 Readership costs										
6 Circulation incom	e									
7 Excess readership	costs. If line 6 is less t	han								
	ne 6 from line 5. If line	5 is								
deduction. For ea	o costs allowed as a ch column showing a ga esser of line 4 or line 7	ain on								
a Add line 8 colum	ns A through D. Enter t	he areater	of the columns total	or zero here and or	Part II, line 13 >	0				
					·					
Part X Compen	sation of Officers,	Director	s, and Trustees	(see instructions)						
	1. Name		2	2. Title	<ol> <li>Percentage of time devoted to business</li> </ol>	<b>4.</b> Compensation attributable to unrelated business				
(1)										
(2)										
(3)										
(4)										
Total. Enter here and o	n Part II, line 1					0				
Part XI Supplem	nental Information	(see inst	tructions)							
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 54-056463, 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.								
					Schedul	e A (Form 990-T) 2020				

efil	e GRAPHIC print	- DO NOT PROCESS	As Filed I	Data	-							DLN:	93393315022101
SCHEDULE A		Unre	Unrelated Business Taxable Income										OMB No. 1545-0047
(Form 990-T) From an Unrelate					ed 1	Γrac	de o	r Bu		2020			
		. C. t	/5000	T 5-		<b></b>			1-44				2020
	tment of the Treasury al Revenue Service	► Go to www.irs.g ► Do not enter SSN number										(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Name of the organiza	tion									er identific	ation	number
Bon	Secours Mercy Healt	h Inc							52-13	80108	8		
C Unrelated business activity code (see instructions) ► 62 D Sequence: 3 of											11		
E [	Describe the unrelate	d trade or business ▶ Hea	thcare Service	s									
Pa	rt I Unrelated	Trade or Business In	come			(A) Incom			•	(	B) Expense	:s	(C) Net
1a	Gross receipts or sa	ales13,211,94	1										
b	Less returns and allow	vances	<u>o</u> <b>c</b> Baland	ce ►	1c			13,21	1,941				
2	Cost of goods sold	(Part III, line 8)			2			7,83	4,360				
3		act line 2 from line 1c .			3			5,37	7,581				5,377,581
4a		ome (attach Sch D (Form i tions)			4a				0				0
b	Net gain (loss) (Fo	m 4797) (attach Form 479	7) (see instructi	ons)	4b				0				0
c	Capital loss deduct	on for trusts			4c								
5	` '	a partnership or an S corp	,		5	<b>9</b>		76	6,822				766,822
6	Rent income (Part	(V)			6				0			0	0
7	Unrelated debt-fina	nced income (Part V)			7				0			0	0
8		royalties, and rents from a			8				0			0	0
9	Investment income organizations (Part	of section 501(c)(7), (9), VII)	or (17)		9				0			0	0
10	Exploited exempt a	ctivity income (Part VIII)			10				0			0	0
11	Advertising income	(Part IX)			11				0			0	0
12	Other income (see	instructions; attach statem	ent)		12				0				0
13	Total. Combine line	es 3 through 12			13			6,14	4,403			0	6,144,403
Pai		ns Not Taken Elsewhe with the unrelated busi		ructi	ons f	or lim	nitatio	ns on	dedu	ction	s) Deductio	ns m	ust be directly
1	Compensation of o	ficers, directors, and truste	es (Part X) .									1	0
2	Salaries and wages											2	393,972
3	Repairs and mainte	nance										3	0
4	Bad debts											4	0
5	Interest (attach sta	tement) (see instructions)										5	0
6												6	0
7		h Form 4562) (see instruct						7			1,357		
8		laimed in Part III and elsev						8a			0		1,357
9	Depletion											9	0
10		ferred compensation plans										10	0
11	Employee benefit p	rograms										11	44,541

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

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Schedule A (Form 990-T) 2020

3,884,534

4,324,404

1,819,999

1,725,336

94,663

Excess exempt expenses (Part VIII)

Other deductions (attach statement) 🛸

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . .

Unrelated business taxable income. Subtract line 17 from line 16

Excess readership costs (Part IX)

12 13

14

15 16

17

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Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Part	Cost of Goods Sold Enter m	ethod of inventory va	luation <b>&gt;</b>		_
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	,			5	0
6	Total. Add lines 1 through 5			6	7,834,360
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6				7,834,360
9	Do the rules of section 263A (with respect to pro-	<u> </u>			Yes ✓ No
Par	`	-	<u> </u>		
1	Description of property (property street address	, city, state, ZIP code). (	Check if a dual-use (see	instructions)	
	<u>а</u>				
	c 🗆				
	p 🗆				
		Α	В	С	
2	Rent received or accrued			-	
а	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)				
С	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D.				
_	, ,			<i>c</i> 1 (0)	
3	Total rents received or accrued. Add line 2c colu	imns A through D. Enter	nere 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)				
_	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	l D 5-1	Doub T. 15 - C Louis (D)		
5	<b>Total deductions.</b> Add line 4 columns A throug	n D. Enter nere and on i	Part I, line 6, column (B)		0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			
1	Description of debt-financed property (property	street address, city, stat	e, ZIP code). Check if a	dual-use (see instruction	ns)
	A 🔲				
	в 🗌				
	c ∐				
	D L				
2	Grass income from an allegable to debt-	Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
	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 th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter he	ere and on Part I, line 7,	column (B) ▶	0
11	Total dividends-received deductions include	d in line 10			0
				Schedule	A (Form 990-T) 2020

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)			of specified nts made that is inclined in the control organization gross income.		ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	inco (see i		et unrelated ome (loss) instructions)			otal of specified lyments made		is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7			5 from line 6,	but do not							

Sche	dule A (Form 990-T	7) 2020					Page <b>4</b>
Par	t IX Advertis	ing Income					
1	Name(s) of period	lical(s). Check box if re	porting tw	o or more periodicals	on a consolidated b	asis.	
	<b>A</b> $\square$						
	в 🗆 🔤						
	c 🗆						
	D 🗆						
Enter	amounts for each	periodical listed above	in the corr	esponding column.			
				Α	В	С	D
2	Gross advertising	income					
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (A)			0
3	Direct Advertising	costs by periodical	🗀				
a	-	rough D. Enter here an	ــــــ d on Part 1	I, line 11, column (B)			0
						1	
4	line 2. For any col	loss). Subtract line 3 fr lumn in line 4 showing	om a				
	gain, complete lin	es 5 through 8. For any	/				
		howing a loss or zero, o hrough 7, and enter ze					
5	Readership costs						
6	Circulation income	e	–				
7		costs. If line 6 is less t	han				
	line 5, subtract lir	ne 6 from line 5. If line	5 is				
	less than line 6, e		• •				
8	deduction. For ea	o costs allowed as a ch column showing a ga esser of line 4 or line 7					
		,	·				
а	Add line 8, colum	ns A through D. Enter t	he greater	of the columns total	or zero here and on	Part II, line 13 ▶	0
Pa	t X Compen	sation of Officers,	Director	s and Trustees	(see instructions)		
	CAT	1. Name	Director		. Title	3. Percentage	4. Compensation
		1. Name		<b>'</b>	. Tide	of time devoted to business	attributable to unrelated business
(1)							
(2)							
(3)							
<u>(4)</u>							
		n Part II, line 1			<del></del>		0
Par	t XI Supplem	nental Information	(see inst	tructions)			
	Part Number	Line Number			Explanation		Amount
Forn	990-T, Schedule	Line 17		COURS MERCY HEALT			94663
	A, Part II					cours Mercy Health, Inc. is and state income tax	5
				, , ,		he net operating losses	
						ed on the separate tax	
				IIEG BY MERCY HEAL - CENETR LLC, EIN 5		. BON SECOURS - DEPAUL COURS - MARY	
			II.	,		ON SECOURS - MARYVIEW	,
						OF BELLEFONTE HOSPITAL	-,
				N 61-1356023. Effect S - DEPAUL MEDICAL		MERCY HEALTH, BON SECOURS - MARY	
						RYVIEW HOSPITAL LLC,	
						VERE CONVERTED INTO	
						WHOSE SOLE MEMBER IS uring qualifies for IRC	
			Section 3	332 treatment as a c	omplete liquidation o	f a subsidiary into a parer	
						, Inc. may utilize the NOL	
					on-profit corporation	ns prior to conversion or	
			dissolution	on.			

efile GRAPHIC print - DO NOT PROCESS										
SCI	HEDULE A	Unrelated Bus	siness	Taxable I	ncom	ne		OMB No. 1545-0047		
(Fo	rm 990-T)	From an Unrel	ated 1	Trade or Bu	ısine	ess		2020		
	ment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990 ► Do not enter SSN numbers on this form					3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A N Bon	lame of the organiza Secours Mercy Healt	tion h Inc			<b>B Em</b> 52-130	ployer identifica 1088	ation	number		
c u	Inrelated business ac	ctivity code (see instructions) ► 71	<b>D</b> Seque	ence:	4	of		11		
<b>E</b> [	Describe the unrelate	d trade or business ▶ Fitness Dues								
Pa	rt I Unrelated	Trade or Business Income		(A) Income	e	(B) Expense	S	(C) Net		
1a	Gross receipts or sa	ales <u>56,485</u>								
b	Less returns and allow	vances0 c Balanc	e <b>▶ 1</b> c	5	6,485					
2	Cost of goods sold	(Part III, line 8)	. 2		0					
3	Gross Profit. Subtra	act line 2 from line 1c	. 3	5	6,485			56,485		
4a		ome (attach Sch D (Form 1041 or Form tions)	. 4a		0			0		
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons) 4b		0			0		
c	Capital loss deducti	on for trusts	4c							
5	, ,	a partnership or an S corporation (attach								
6	·	· · · · · · · · · · · · · · · · · · ·			0		0	0		
7		Inced income (Part V)			0		0	0		
8	Interest, annuities,	royalties, and rents from a controlled /I)			0		0	0		
9	Investment income	of section 501(c)(7), (9), or (17) VII)			0		0	0		
10	Exploited exempt a	ctivity income (Part VIII)	. 10		0		0	0		
11	Advertising income	(Part IX)	. 11		0		0	0		
12	,	instructions; attach statement)			0			0		
13		es 3 through 12	. 13	5	6,485		0	56,485		
Pai		ns Not Taken Elsewhere (See instr with the unrelated business income	uctions fo	or limitations on	deduc	tions) Deductio	ns m	ust be directly		
1	Compensation of of	ficers, directors, and trustees (Part X)					1	0		
2	Salaries and wages						2	21,176		
3	Repairs and mainte	nance					3	0		
4	Bad debts						4	0		
5	•	tement) (see instructions)					5	0		
6							6	0		
7		h Form 4562) (see instructions) 🕏		7	-	348				
8		laimed in Part III and elsewhere on returr		8a		0		348		
9	Depletion	ferred compensation plans					9	0		
10 11		rograms					10	1,588		
		enses (Part VIII)					12	1,388		

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

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Schedule A (Form 990-T) 2020

6,658

29,770

26,715

26,715

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15 16

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Excess readership costs (Part IX)

Other deductions (attach statement) 🛸

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . . .

Unrelated business taxable income. Subtract line 17 from line 16

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)			of specified nts made that is inclined in the control organization gross income.		ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	inco (see i		et unrelated ome (loss) instructions)			otal of specified lyments made		is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7			5 from line 6,	but do not							

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	- DO NOT PROCESS	s Filed D	ata	- [				[	DLN:	93393315022101
SCI	HEDULE A	Unrelat	ed Bus	sino	ess	Та	xable In	icon	<u></u>		OMB No. 1545-0047
(Fo	rm 990-T)	From an	Unrel	ate	ed 1	Γra	de or Bu	sine	ess		2020
											2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov, ► Do not enter SSN numbers o								3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Name of the organiza	tion							ployer identific	ation	number
Bon	Secours Mercy Healt	n Inc						52-130	01088		
<u>c</u> .	Jnrelated business ac	ctivity code (see instructions)	· 53	D S	Seque	ence:		5	of		11
<b>E</b> 0	Describe the unrelate	d trade or business ▶ Rental I	ncome								
						I	<b>/ / / / / / / / / /</b>	T	(5) 5		(0) 11 .
		Trade or Business Incon	1e				(A) Income		(B) Expense	s 	(C) Net
1a	Gross receipts or sa	ales <u>227,358</u>									
b			<b>c</b> Balanc		1c		227	7,358			
2		(Part III, line 8)			2			0			
3		act line 2 from line 1c		•	3	-	227	7,358			227,358
4a		ome (attach Sch D (Form 1041 tions)			4a			o			0
b		m 4797) (attach Form 4797) (s			4b			0			0
c	Capital loss deducti	on for trusts		,	4c						
5	, ,	a partnership or an S corporat	•								
_	•				5	<b>199</b> 3		5,084			45,084
6		(V)			6 7	1	1,593	0	1,449	9,959 0	<del>'</del>
7 8		nced income (Part V) royalties, and rents from a cor		•		1		- 0		- 0	0
Ü		/I)			8			0		0	0
9	Investment income	of section 501(c)(7), (9), or (3	L7)								
		VII)			9	-		0		0	
10		ctivity income (Part VIII)			10	-		0		0	<u> </u>
11		(Part IX)			11 12	-		0		0	0
12 13	•	instructions; attach statement) es 3 through 12			13	1	1 866	5,330	1,449	959	
		ns Not Taken Elsewhere				or lin					<u> </u>
		with the unrelated busines		uccic	,,,,	01 1111	intations on	acaac	icions) Deductio	113 11	idst be directly
1	Compensation of of	ficers, directors, and trustees (	Part X) .							1	0
2	Salaries and wages									2	255,587
3	Repairs and mainte	nance								3	0
4										4	0
5		tement) (see instructions)								5	0
6										6	0
7 8		h Form 4562) (see instructions laimed in Part III and elsewher			•		7 8a		801	8b	801
9							<u>oa</u>			9	0
10		ferred compensation plans								10	0
11		rograms								11	50,964
12	Excess exempt exp	enses (Part VIII)								12	0
13		costs (Part IX)								13	0
14	Other deductions (a	attach statement) 🐒 🕠 .								14	116,090

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

15

16

17

18

Schedule A (Form 990-T) 2020

423,442

-7,071

-7,071

**Unrelated business taxable income.** Subtract line 17 from line 16 18 For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . . .

15 16

	die A (101111 990-1) 2020				Page Z
Part	Cost of Goods Sold Enter m	nethod of inventory va	aluation <b>&gt;</b>		
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	t)		4	
5	Other costs (attach statement)			5	0
6	<b>Total.</b> Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6		·		0
9	Do the rules of section 263A (with respect to pr	· · · · · · · · · · · · · · · · · · ·	, , , ,		☐ Yes ☐ No
Par	TIV Rent Income (From Real Proper	ty and Personal Pro	perty Leased with	Real Property)	
1	Description of property (property street address  A BSB HEALTH/MOB LTD PARTNERSHIP NO 500 N Hurstbourne Pkwy Ste 200 Louisville, KY 40222  B SHANNON MOB - RENTAL PROPERTIES 500 N Hurstbourne Pkwy Ste 200 Louisville, KY 40222  C   C		Check if a dual-use (see	instructions)	
	D □				
		Α	В	С	D
2	Rent received or accrued		5		
_	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		
С	Total rents received or accrued by property.	264 200	4 222 600		
	Add lines 2a and 2b, columns A through D .	261,208	1,332,680		
3	Total rents received or accrued. Add line 2c colu	umns 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	<b>9</b> 1,224,458		
5	Total deductions. Add line 4 columns A through	gh D. Enter here and on	Part I, line 6, column (B	) <b>.</b>	1,449,959
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (property	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	ons)
	A 📙				
	в 🗆				
	c				
	D L			_	
_	Current in second forms on all seconds to debt	Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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 th	rough D). Enter here an	d on Part I, line 7, colum	ın (A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	nns A through D. Enter h	ere and on Part I, line 7,	column (B) ▶	0
11	Total dividends-received deductions include	ed in line 10			0

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)			of specified nts made that is inclined in the control organization gross income.		ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	inco (see i		et unrelated ome (loss) instructions)			otal of specified lyments made		is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,,					,			
2	·	·	turale en busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7			5 from line 6,	but do not							

Scheo	dule A (Form 990-1						Page <b>4</b>
Par	t IX Advertis	ing Income					
1	Name(s) of period	dical(s). Check box if re	porting tw	o or more periodicals	on a consolidated b	asis.	
	<b>A</b> $\square$						
	в						
	c 🗆						
	D 🗆						
Enter	amounts for each	periodical listed above	in the corr	esponding column.			
				Α	В	С	D
2	Gross advertising	income	🗀				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (A)			0
3	Direct Advertising	costs by periodical	$ abla$				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (B)			0
4	line 2. For any co gain, complete lin column in line 4 s complete lines 5 t	loss). Subtract line 3 fr lumn in line 4 showing les 5 through 8. For any howing a loss or zero, through 7, and enter ze	a / do not				
5	Readership costs		🗀				
6	Circulation income	e	🗀				
7	Excess readership	costs. If line 6 is less	than				
	line 5, subtract lir less than line 6, e	ne 6 from line 5. If line enter zero					
8	deduction. For ea	o costs allowed as a ch column showing a ga esser of line 4 or line 7					
а	Add line 8, colum	ns A through D. Enter t	he greater	of the columns total	or zero here and on	Part II, line 13 ▶	0
Da.	t V Compon	cation of Officers	Diroctor	s and Trustons	(coo instructions)		
Par	t X Compen	sation of Officers,	Director	<u> </u>	<u> </u>	1 - 5 .	1 40
		1. Name			2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)							
(2)							
(3)							
<u>(4)</u>							
		n Part II, line 1			<del></del>	<u> ▶</u>	0
Par	t XI Supplem	nental Information	(see ins	tructions)			
	Part Number	Line Number			Explanation		Amount
. 3111	n 990-T, Schedule A, Part II	Line 17	returns f reported returns f reDICAL IMMACU HOSPITA INC., EIN SECOUR IMMACU and OUR SINGLE I BON SEC Section Corporat	g net operating losses or tax year ending Dowere generated in piled by MERCY HEALT.  LATE HOSPITAL LLC, LLC, EIN 54-05064  ME1-1356023. Effect SS - DEPAUL MEDICAL LLC, LATE HOSPITAL LLC, LADY OF BELLEFON MEMBER LIMITED LIAMEMBER	52-1301088 Bon Seis on its Form 990-T a ecember 31, 2020. Trior years and report IH, EIN 31-1161086, 4-1820093, BON SEC EIN 54-0548200, BON SEC January 1, 2020. CENETR LLC, BON SECOURS - MATE HOSPITAL, INC. VABILITY COMPANIES H, INC. The restruct complete liquidation of secours Mercy Health	cours Mercy Health, Inc. i and state income tax The net operating losses led on the separate tax BON SECOURS - DEPAUL COURS - MARY DN SECOURS - MARYVIEW DF BELLEFONTE HOSPITAL MERCY HEALTH, BON	- // - // - // - // - // - // - // - /
						Schedu	le A (Form 990-T) 2020

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SCI	HEDULE A	Unre	elated Bu	sin	ess	Ta	xable In	ıcon	ne				OMB No. 1545-0047		
(Fo	orm 990-T)	From	an Unre	late	ed 1	Γrac	de or Bu	sine	ess				2020		
	tment of the Treasury al Revenue Service	► Go to www.irs ► Do not enter SSN num										(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A N Bon	Name of the organiza Secours Mercy Healt	tion h Inc						<b>B Em</b> 52-13			ntific	ation	number		
c ı	Jnrelated business ac	ctivity code (see instruction	ons) ▶ 54	D	Seque	ence:	·	6			of		11		
<b>E</b> [	Describe the unrelate	d trade or business ▶ Pro	ofessional and T	echni	cal Se	rvice	S								
Pa	rt I Unrelated	Trade or Business I	ncome				(A) Income	:	(E	3) Exp	ense	:s	(C) Net		
1a	Gross receipts or sa	ales213,0	85												
b	Less returns and allow	vances	0 <b>c</b> Balan	ce ►	1c		213	3,085							
2	Cost of goods sold	(Part III, line 8)	<del>-</del>		2			0							
3	Gross Profit. Subtra	act line 2 from line 1c .			3		213	3,085					213,085		
4a		ome (attach Sch D (Form tions)			4a			0					0		
b	Net gain (loss) (For	m 4797) (attach Form 47	97) (see instructi	ions)	4b			0					0		
C	Capital loss deducti	on for trusts			4c										
5	, ,	a partnership or an S cor			5	<b>%</b> J	20,463	3,145					20,463,145		
6	Rent income (Part 1	(V)			6			0				0	0		
7	Unrelated debt-fina	nced income (Part V) .			7			0				0	0		
8		royalties, and rents from /I)			8			0				0	0		
9	Investment income organizations (Part	of section $501(c)(7)$ , (9) VII)	, or (17)		9			0				0	0		
10		ctivity income (Part VIII)			10			0				0	0		
11	Advertising income	(Part IX)			11			0				0	0		
12	•	instructions; attach state	•		12			0					0		
13		es 3 through 12			13		20,676					0	20,676,230		
Pai		ns Not Taken Elsewh with the unrelated bu			ons f	or lin	nitations on	deduc	tions	) Dec	ductio	ns m	ust be directly		
1	Compensation of of	ficers, directors, and trus	tees (Part X) .									1	0		
2	Salaries and wages											2	182,477		
3	Repairs and mainte	nance										3	0		
4				•								4	0		
5		tement) (see instructions		-		-						5	0		
6											•	6	931,401		
7 8		h Form 4562) (see instrud laimed in Part III and else			• :		7 8a				557 0	-1	557		
9	•											9	0		
10		ferred compensation plan										10	0		
11		rograms										11	6,668		
12		enses (Part VIII)										12	0		
13		costs (Part IX)										13	0		
14	Other deductions (a	attach statement) 🐒 🕠		•								14	422,030		

Unrelated business taxable income. Subtract line 17 from line 16 18 18,896,912 Cat. No. 740360 Schedule A (Form 990-T) 2020

15

16

17

1,543,133

236,185

19,133,097

Deduction for net operating loss (see instructions) . . . . . .

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Total deductions. Add lines 1 through 14

15

16

17

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		of specit ents mad		5. Part of colu that is inclu in the contro organizatio gross incor	ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	<b>7.</b> Taxable income	inc	et unrelated ome (loss) instructions)		Total of spe payments m		that contro	is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

Schec	ule A (Form 990-1						Page <b>4</b>
Par	Advertis	ing Income					
1	Name(s) of period	dical(s). Check box if re	porting tw	o or more periodicals	on a consolidated b	asis.	
	A 🗌						
	в						
	c 🗆						
	D 🗆						
Enter	amounts for each	periodical listed above	in the corr	esponding column.			
				Α	В	С	D
2	Gross advertising	income	🗀				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (A)			0
3	Direct Advertising	costs by periodical	🗀				
а	Add columns A th	rough D. Enter here an	d on Part 1	I, line 11, column (B)			0
4	line 2. For any co gain, complete lin column in line 4 s complete lines 5 t	loss). Subtract line 3 fr lumn in line 4 showing les 5 through 8. For any howing a loss or zero, o chrough 7, and enter ze	a / do not				
5	Readership costs		· · ⊢				
6	Circulation income	 e	⊢				
7		costs. If line 6 is less	than —				
,		ne 6 from line 5. If line	5 is				
8	deduction. For ea	o costs allowed as a ch column showing a ga esser of line 4 or line 7					
а	Add line 8, colum	ns A through D. Enter t	he greater	of the columns total	or zero here and on	Part II, line 13 ▶	0
Par	t Y Compen	sation of Officers,	Director	e and Trustees	(see instructions)		
Fai	Compen	1. Name	Director	<u> </u>	. Title	2 Davasartana	A Commonosticu
		I. Name			. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)							
(2)							
(3)							
(4)							
		n Part II, line 1			<del></del>	<u> </u>	0
Par	Supplem	nental Information	(see ins	tructions)			
	Part Number	Line Number			Explanation		Amount
. 3111	990-T, Schedule A, Part II	Line 17	returns f reported returns f reDICAL IMMACU HOSPITA INC., EIN SECOUR IMMACU and OUR SINGLE I BON SEC Section Corporat	g net operating losses or tax year ending Down were generated in piled by MERCY HEALT LLC, LATE HOSPITAL LLC, AL LLC, EIN 54-05064 N 61-1356023. Effect S - DEPAUL MEDICAL LATE HOSPITAL LLC, LADY OF BELLEFON MEMBER LIMITED LIAMEDICAL SAME MERCY HEALT COURS MERCY HEALT SAZ treatment as a coion. Therefore, Bon Swards generated by new reas a generated by new series and series and series series series series and series	52-1301088 Bon Seis on its Form 990-T a ecember 31, 2020. Trior years and report IH, EIN 31-1161086, 4-1820093, BON SEC EIN 54-0548200, BON SEC January 1, 2020. CENETR LLC, BON SECOURS - MATE HOSPITAL, INC. VABILITY COMPANIES H, INC. The restruct complete liquidation of secours Mercy Health	cours Mercy Health, Inc. is and state income tax The net operating losses sed on the separate tax BON SECOURS - DEPAUL COURS - MARY ON SECOURS - MARYVIEW OF BELLEFONTE HOSPITAL MERCY HEALTH, BON	. / / - /
						Schedu	le A (Form 990-T) 2020

efil	e GRAPHIC print	- DO NOT PROCESS	As Filed I	Data	-T								DLN:	93393315	022101
SC	HEDULE A	Unrel	ated Bu	sine	ess	Taxa	ble Ir	ncon	1e					OMB No. 154	15-0047
(Fo	rm 990-T)	From .	an Unre	late	d T	rade	or Bu	sine	ess	;				202	20
		►Go to <i>www.irs.g</i>	ov/Form990	T for	instı	ructions	and the	latest	info	rma	tio	١.			
	tment of the Treasury al Revenue Service	▶ Do not enter SSN numbe											3).	Open to Public In 501(c)(3) Organiz	spection for ations Only
A N	Name of the organiza Secours Mercy Healt	ition						<b>B</b> Em			der	tific	ation	number	
	Secouls Mercy Mean	ii iiic			32 1361666										
<b>c</b> (	Jnrelated business ac	ctivity code (see instruction	s) ▶ 23	<b>D</b> S	eque	nce:		7				of		11	
E (	Describe the unrelate	ed trade or business <b>&gt;</b> Cons	truction Inves	tment	s										
Pa	rt I Unrelated	Trade or Business Inc	come			(A)	Income	.	(	(B) E	хр	ense	s	(C) N	let
1a	Gross receipts or sa	ales (	<u>)</u>												
b	Less returns and allov	vances(	c Baland	ce ▶	<b>1</b> c			0							
2	Cost of goods sold	(Part III, line 8)		. [	2			0							
3	Gross Profit. Subtra	act line 2 from line 1c		. [	3			0							0
4a		come (attach Sch D (Form 1 tions)		.	4a			0							0
b	Net gain (loss) (For	rm 4797) (attach Form 479)	7) (see instructi	ons)	4b			0							0
С	Capital loss deducti	ion for trusts			4c										
5	, ,	a partnership or an S corpo	•		5	<b>%</b> J	1.476	6,641							1,476,641
6		IV)			6		_,	0					0		0
7		nced income (Part V)			7			0					0		0
8		royalties, and rents from a			8			0					0		0
9	Investment income organizations (Part	of section 501(c)(7), (9), o	or (17)	.	9			0					0		0
10		ctivity income (Part VIII)			10			0					0		0
11	Advertising income	(Part IX)		. [	11			0					0		0
12	Other income (see	instructions; attach stateme	ent)	. [	12			0							0
13	Total. Combine line	es 3 through 12			13		1,47	6,641					0		1,476,641
Pai		ns Not Taken Elsewhe with the unrelated busir		ructio	ns fo	or limitat	tions on	deduc	tion	s) D	ed	uctio	ns m	ust be direc	tly
1	Compensation of of	fficers, directors, and truste	es (Part X) .								_		1		0
2	Salaries and wages												2		0
3	Repairs and mainte	enance											3		0
4	Bad debts												4		0
5	Interest (attach sta	tement) (see instructions)											5		0
6	Taxes and licenses												6		0
7		h Form 4562) (see instructi					. 7					0			
8	•	laimed in Part III and elsew			•		. 8a					0	8b		0
9	Depletion				•				•		٠	•	9		0
10		ferred compensation plans											10		0
11		rograms										•	11		0
12	LACESS EXEMBLE EXD	CHOCO (Fait VIII)											1 12	ı	U

13

14

15 16

17

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Excess readership costs (Part IX)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . . .

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Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Unrelated business taxable income. Subtract line 17 from line 16 18 Schedule A (Form 990-T) 2020

0

0

0

1,476,641

1,476,641

13

14

15

16

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		of specit ents mad		5. Part of colu that is inclu in the contro organizatio gross incor	ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	<b>7.</b> Taxable income	inc	et unrelated ome (loss) instructions)		Total of spe payments m		that contro	is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

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SCI	HEDULE A	Unrel	ated Bus	sine	ess	Ta	xable In	ncon	ne				OMB No. 154	5-0047
(Fo	orm 990-T)	From a	an Unrel	late	ed 1	Γra	de or Bu		202	<b>0</b>				
	tment of the Treasury al Revenue Service	►Go to www.irs.g ►Do not enter SSN number										3).	Open to Public Ins 501(c)(3) Organiza	pection for ations Only
A N Bon	Name of the organiza Secours Mercy Healtl	tion h Inc						<b>B En</b> 52-13			ntific	ation	number	
<b>c</b> (	Jnrelated business ac	ctivity code (see instructions	s) <b>&gt;</b> 42	D 9	Seque	ence:		8			of		11	
<b>E</b> [	Describe the unrelate	d trade or business ▶ Whol	esale Trade In	vestr	nents	5							Г	
Pa	rt I Unrelated	Trade or Business Inc	ome				(A) Income	:	(B	) Exp	ense	s	(C) N	et
1a	Gross receipts or sa	ales <u> </u>												
b	Less returns and allov	vances	<b>c</b> Balanc	e ►	1c			0						
2	Cost of goods sold	(Part III, line 8)			2			0						
3	Gross Profit. Subtra	act line 2 from line 1c			3			0						0
4a		ome (attach Sch D (Form 10 tions)			4a			0						0
b	Net gain (loss) (For	m 4797) (attach Form 4797	<sup>7</sup> ) (see instruction	ons)	4b			0						0
С	Capital loss deducti	on for trusts			4c									
5	, ,	a partnership or an S corpo			5	ارج	2:	1,017						21,017
6	Rent income (Part I	(V)			6			0				0		0
7	Unrelated debt-fina	nced income (Part V)			7			0				0		0
8		royalties, and rents from a /I)			8			0				0		0
9	Investment income	of section 501(c)(7), (9), o	r (17)		_							_		
4.0		VII)			9			0				0		0
10		ctivity income (Part VIII) .			10	<del> </del>		0				0		0
11 12		(Part IX) instructions; attach stateme			12	1		0						0
13	,	es 3 through 12	•		13	1		1,017				0		21,017
						<u> </u>			<b>.</b>	\ Das				
- 4		ns Not Taken Elsewher with the unrelated busin		uctic	ons r	OF III	nitations on	aeauc	tions	) Dec	iuctic	ins m	lust be alrect	.iy
1	Compensation of of	ficers, directors, and trustee	es (Part X) .									1		0
2	Salaries and wages				•							2		0
3	Repairs and mainte	nance			•						•	3		0
4	Bad debts				•						•	4		0
5		tement) (see instructions)			•						•	5		0
6				•	•	٠.						6		0
7		h Form 4562) (see instruction	•		•		7				0			•
8 9	•	laimed in Part III and elsewl			•		8a				- 0	8b 9		0
10		ferred compensation plans .									•	10		0
11		rerred compensation plans . rograms									•	11		0
12		enses (Part VIII)									•	12		
13		costs (Part IX)										13		0
14	•	attach statement)										14		

Total deductions. Add lines 1 through 14

15 16

17

18

0

21,017

15

16

17

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		of specit ents mad		5. Part of colu that is inclu in the contro organizatio gross incor	ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	<b>7.</b> Taxable income	inc	et unrelated ome (loss) instructions)		Total of spe payments m		that contro	is inc Iling	of column 9 cluded in the organization's income		Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	Expenses attributable to in	come entere	ed on line 5 .							6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile	GRAPHIC print	- DO NOT PROCES	S As Filed I	Data	ı -								DLN	9339	3315022101		
SCH	IEDULE A	Uni	related Bu	sin	ess	Taxa	ble Ir	cor	ne	}				OMB No. 1545-0047			
(Fo	rm 990-T)	Froi	m an Unre	late	ed T	rade	or Bu	sin	ess	S				2	2020		
	ment of the Treasury l Revenue Service	►Go to www.i. ►Do not enter SSN nur	rs.gov/Form990 mbers on this form										(3).	Open to 501(c)(3	Public Inspection for ) Organizations Only		
A N Bon S	ame of the organiza Secours Mercy Healt	tion 1 Inc						<b>B En</b> 52-13			ide	ntifi	catio	numb	per		
<b>c</b> U	nrelated business ac	ctivity code (see instruct	tions) ► 45	D	Seque	nce:		9				of			11		
<b>E</b> D	escribe the unrelate	d trade or business ▶ R	Retail Trade Invest	tment	ts	ı											
Par	tI Unrelated	Trade or Business	Income			(A)	) Income			(B)	Ex	ense	es		(C) Net		
1a	Gross receipts or sa	ales	0														
b	Less returns and allow	/ances	0 c Baland	ce ►	1c			0									
2	Cost of goods sold	(Part III, line 8)	<del></del>		2			0									
3	Gross Profit. Subtra	ct line 2 from line 1c			3			0							0		
4a		ome (attach Sch D (For tions)			4a			0							0		
b	Net gain (loss) (For	m 4797) (attach Form	4797) (see instructi	ons)	4b			0							0		
C	Capital loss deducti	on for trusts			4c												
5	, ,	a partnership or an S c			5	<b>⊛</b> j	-66	5,742							-66,742		
6	Rent income (Part 1	(V)			6			0					(		0		
7	Unrelated debt-fina	nced income (Part V)			7			0					(		0		
8		royalties, and rents from			8			0					(	1	0		
9	Investment income organizations (Part	of section 501(c)(7), (9	9), or (17) • • • • • •		9			0					(		0		
10		ctivity income (Part VIII	•		10			0					(		0		
		(Part IX)			11			0					(		0		
	•	instructions; attach stat	•		12			0						<u> </u>	0		
		es 3 through 12			13			5,742					(	<u> </u>	-66,742		
Par		ns Not Taken Elsew with the unrelated b			ons fo	or limita	tions on	dedu	ctio	ns)	Dec	ducti	ons r	nust b	e directly		
1	Compensation of of	ficers, directors, and tru	ustees (Part X) .										1		0		
2	Salaries and wages												2		0		
3	Repairs and mainte	nance											3		0		
4	Bad debts												4		0		
5	•	tement) (see instruction	•	•									5		0		
				•						•			6	1	0		
7		h Form 4562) (see instr	•	•			. 7						-		_		
8	•	aimed in Part III and el			•		. 8a					(		-	0		
9	Depletion							• •	•	•		•	9	-	0		
10 11		ferred compensation pla							•	•		•	10	+	0		
12		rograms enses (Part VIII) .											12	1	0		
	Everage evenibr exh	(1 MIC VIII)		•					•	•			1	1	U		

Deduction for net operating loss (see instructions) . . . . . .

Excess readership costs (Part IX)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

13

14

15

16

17

18

Unrelated business taxable income. Subtract line 17 from line 16

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

18 -66,742 Schedule A (Form 990-T) 2020

13

14

15

16

17

0

0

0

-66,742

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		of specit ents mad		5. Part of colu that is inclu in the contro organizatio gross incor	ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	inco		et unrelated ome (loss) instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income				Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	( <b>9), or (1</b> 7 <b>3.</b> Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	6 Expenses attributable to income entered on lin			5						6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile GRAPHIC print - DO NOT PROCESS						DLN:	933933	15022101						
SCI	HEDULE A	Unrel	ated Bu	sin	ess	Taxa	ble In	com	e				OMB No.	1545-0047
(Fo	orm 990-T)		an Unre										20	20
	tment of the Treasury al Revenue Service	►Go to <i>www.irs.g</i> ►Do not enter SSN number										3).	Open to Publi 501(c)(3) Org	ic Inspection for anizations Only
<b>A</b> N Bon	Name of the organiza Secours Mercy Healtl	tion h Inc						<b>B Em</b> 52-130		· ide	ntific	ation	number	
<b>c</b> (	Jnrelated business ac	ctivity code (see instructions	s) <b>&gt;</b> 55	D :	Seque	ence:		10			of		11	
<b>E</b> [	Describe the unrelate	d trade or business ▶ Mana	agement Inves	stmer	nts									
Pa	rt I Unrelated	Trade or Business Inc	ome			(A)	Income		(B)	Exp	ense	s	(0	) Net
1a	Gross receipts or sa	ales C	<u>)</u>											
b	Less returns and allov	vances 0	c Baland	ce ▶	1c			o						
2	Cost of goods sold	(Part III, line 8)	- 		2			0						
3					3			0						0
4a	<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)				4a			0						0
b	<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				4b			0						0
C	Capital loss deducti	on for trusts			4c									
5	5 Income (loss) from a partnership or an S corporation (attach statement)				5	<b>9</b> €3	-17:	1,123						-171,123
6	Rent income (Part 1	me (Part IV)			6			0				0		0
7	Unrelated debt-fina	nced income (Part V)			7			0				0		0
8		royalties, and rents from a /I)			8			0				0		0
9	Investment income organizations (Part	of section 501(c)(7), (9), o	or (17)		9			0				0		0
10	Exploited exempt a	ctivity income (Part VIII) .			10			0				0		0
11	Advertising income	(Part IX)			11			0				0		0
12	,	instructions; attach stateme	•		12			0						0
13	Total. Combine line	es 3 through 12			13		-17	1,123				0		-171,123
Pai		ns Not Taken Elsewher with the unrelated busir			ons fo	or limitat	ions on	deduct	ions)	Dec	luctic	ns m	ust be di	rectly
1	Compensation of of	ficers, directors, and truste	es (Part X) .									1		0
2	Salaries and wages											2		0
3	Repairs and mainte	nance										3		0
4	Bad debts											4		0
5	Interest (attach sta	tement) (see instructions)										5		0
6	Taxes and licenses											6		0
7	Depreciation (attac	h Form 4562) (see instruction	ons)				. 7				0			
8							. 8a				0	8b		0
9	· ·										•	9		0
10	LO Contributions to deferred compensation plans										10		0	
11	, , , , ,											11		0
12		enses (Part VIII)										12		0
13	Excess readership of	costs (Part IX)										13		0

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Cat. No. 740360

Other deductions (attach statement)

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . . .

Unrelated business taxable income. Subtract line 17 from line 16

14

15 16

17

18

0

-171,123

-171,123

14

15

16

17

18

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A)▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020										Page :
Par	t VI Interest, Annui	ties, Roya	alties, and R	ents fro	m Control	led Orga	anizatio	ons	(see instructi	ons)	
						Exe	empt Cor	itrolle	ed Organization	s	
	1. Name of controlled orga	nization	2. Employer identification number	incom	unrelated ne (loss) structions)		of specit ents mad		5. Part of colu that is inclu in the contro organizatio gross incor	ded Iling n's	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
			Nor	nexempt C	ontrolled Or	ganizatior	ıs				•
	inco		et unrelated ome (loss) instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income				Deductions directly connected with ncome in column 10
(1)	ı										
(2)											
(3)	ı										
(4)											
	Is	come of a		(c)(7), (	(9), or (1) 3. Deduc		line nizatio	e 8, c n (se 4	and on Part I, column (A)  ee instructions Set-asides ach statement)	s)	er here and on Part I, line 8, column (B)  5. Total deductions and set-asides
					(attach	statement	t)			(	(add columns 3 and 4)
(1)											
(2)											
(3)											
(4)	ls		Add amounts in Enter here and line 9, colum	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	t VIII Exploited Exe		ity Income.	Other Th	ıan Adver	tisina I	ncome	(see	instructions)		
1	Description of exploited ac	-	.,					,			
2	·	·	turde on busine	Cut	haua aud au	Davit T lin	- 10		(4)	2	
3	Gross unrelated business i Expenses directly connected										•
3	column (B)									3	(
4	Net income (loss) from un lines 5 through 7		or business. S			e 2. If a g	ain, com	plete • •		4	(
5	Gross income from activity	that is not	unrelated busin	ess incom	e					5	
6	6 Expenses attributable to income entered on lin			5						6	
7	Excess exempt expenses.	Subtract line	5 from line 6,	but do not	t enter more	than the	amount	on lir	ne 4. Enter		

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile GRAPHIC print - DO NOT PROCESS									DLN:	933933:	L5022101			
SCI	HEDULE A	Unrel	ated Bu	sine	ess	Taxal	ole In	com	е				OMB No.	1545-0047
(Fo	orm 990-T)		an Unre										20	20
	tment of the Treasury al Revenue Service	►Go to <i>www.irs.g</i> ►Do not enter SSN number										3).	Open to Publi 501(c)(3) Orga	c Inspection for inizations Only
<b>A</b> N Bon	Name of the organiza Secours Mercy Healtl	tion h Inc						<b>B Em</b> 52-130		ide	ntific	ation	number	
<b>c</b> (	Jnrelated business ac	ctivity code (see instructions	s) <b>&gt;</b> 81	D S	Seque	ence:		11			of		11	
<b>E</b> [	Describe the unrelate	d trade or business ▶ Othe	r Services Inv	estme	ents									
Pa	rt I Unrelated	Trade or Business Inc	ome			(A)	Income		(B)	Exp	ense	s	(C	) Net
1a	Gross receipts or sa	ales C	)											
b	Less returns and allov	vances 0	- ) <b>c</b> Baland	ce ►	1c			o						
2		(Part III, line 8)			2			0						
3					3			0						0
4a	<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)				4a			0						0
b	<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				4b			0						0
c	c Capital loss deduction for trusts				4c									
5	5 Income (loss) from a partnership or an S corporation (attach statement)				5	<b>%</b> j	456	5,157						456,157
6	Rent income (Part IV)			(Part IV)				0				0		0
7	Unrelated debt-fina	nced income (Part V)			7			0				0		0
8		royalties, and rents from a /I)			8			0				0		0
9	Investment income organizations (Part	of section 501(c)(7), (9), o	or (17)		9			0				0		0
10		ctivity income (Part VIII) .			10			0				0		0
11		(Part IX)			11			0				0		0
12	,	instructions; attach stateme	•		12			0						0
13 Dat		es 3 through 12 ns Not Taken Elsewhe			13	 		5,157	ions\	Doc	luctio	0	ust be dir	456,157
·		with the unrelated busin		uctio	יו כווכ	Ji illillicat	10115 011	deduct	.10115)	Dec	iuctic	1115 111	ust be un	ectry
1	Compensation of of	ficers, directors, and trustee	es (Part X) .									1		0
2	Salaries and wages											2		0
3	Repairs and mainte	nance										3		0
4	Bad debts											4		0
5	Interest (attach sta	tement) (see instructions)										5		0
6	Taxes and licenses											6		0
7	Depreciation (attac	h Form 4562) (see instruction	ons)				. 7				0			
8							. 8a				0			0
9	'											9		0
10	LO Contributions to deferred compensation plans											10		0
11	1 / 1 3										•	11		0
12		enses (Part VIII)										12		0
13	Excess readership of	costs (Part IX)										13		0

Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions) . . . . .

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15 16

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18

456,157 Schedule A (Form 990-T) 2020

14

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456,157

Sched	dule A (Form 990-T) 2020				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
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				0
9	Do the rules of section 263A (with respect to pr	<u> </u>			∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with F	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L			T	
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ▶	0
	Balance de la companya de la company	<u>-</u>			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	<b>Total deductions.</b> Add line 4 columns A through	In D. Enter here and on Pa	t I, line 6, column (B)	· · · · · · · · · · · ·	0
Pai	t V Unrelated Debt-Financed Incom	<b>e</b> (see instructions)			_
1	Description of debt-financed property (property	street address, city, state,	ZIP code). Check if a	dual-use (see instructio	ns)
	A 🗆				
	в 🔲				
	с <u> </u>				
	D L				
_		Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	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)	0/	0/	0/	0/
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 th	rough D). Enter here and c	n Part I, line 7, columr	ı(A)▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
11	Total dividends-received deductions include	d in line 10			0
				-	

	dule A (Form 990-T) 2020									Page :
Par	t VI Interest, Annuit	ties, Roya	Ities, and R	ents fro	m Control			•		
						Exe	empt Contro	lled Organization	S	
	1. Name of controlled organ	nization	<b>2.</b> Employer identification number	incom	unrelated ne (loss) structions)		of specified ents made	5. Part of column that is included in the control organization gross incompanies.	ded lling n's	<b>6.</b> Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
			Nor	nexempt C	ontrolled Or	ganization	ıs			
	inco		et unrelated ome (loss) instructions)	I .		otal of specified ayments made		t of column 9 ncluded in the g organization's ss income		Deductions directly connected with acome in column 10
(1)	ı									
(2)										
_(3)										
(4)	1									
Par	t VII Investment Income	ome of a			3. Deduction	. ► 7) Organitions directed statement	nization (s	column (A) 0 see instructions 4. Set-asides tach statement)	5)	5. Total deductions and set-asides add columns 3 and 4)
<u>(1)</u>										
(2)									_	
(3)										
(4)	ls	•	Add amounts in Enter here and line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Par	t VIIII Exploited Exen		tv Income,	Other Th	nan Adver	tisina II	ncome (se	e instructions)		
1	Description of exploited act	-				<u> </u>	(	1		
2	Gross unrelated business in	·	trade or busine	ess Enter	here and on	Part I lin	e 10. colum	n (A)	2	(
3	Expenses directly connected column (B)	d with produ	uction of unrela	ted busine	ess income.	Enter here	and on Par	t I, line 10,	3	
4	Net income (loss) from unr	elated trade		ubtract lin	e 3 from line	e 2. If a g	ain, complet	, t	4	(
5	Gross income from activity								5	(
6	Expenses attributable to inc	come entere	ed on line 5 .						6	(
7	Excess exempt expenses. S here and on Part II, line 12								7	

	dule A (Form 990-T) 2020				Page <b>4</b>
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC pri	nt - DO NOT PROCESS   As Filed Data -	DLN	: 93393315022101
	3800	General Business Credit		OMB No. 1545-0895
Form	3000	General Business Credit		2020
	ment of the Treasury al Revenue Service	<ul> <li>▶ Go to www.irs.gov/Form3800 for instructions and the latest information.</li> <li>▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.</li> </ul>		Attachment Sequence No. <b>22</b>
	e(s) shown on retu		Ide	entifying number
Bon S	Secours Mercy Hea	ith Inc	1 52-	1301088
Pa		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) tructions 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 o	redits from line 2 of all Parts III with box B checked 27,637		
3	• •	ble passive activity credits allowed for 2020. See instructions	3	27,637
4	checked. See ins	general business credit to 2020. Enter the amount from line 2 of Part III with box C tructions for statement to attach	4	0
	Check this box if	the carryforward was changed or revised from the original reported amount	٠.	🕨 🔲
5		eral business credit from 2021. Enter the amount from line 2 of Part III with box D	_	•
6	checked. See ins	tructions	5 6	<u>0</u> 27,637
		able Credit		27,037
7	<ul><li>16, and Schee</li><li>Corporations.</li><li>applicable line</li><li>Estates and tr</li></ul>	re credits: nter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line dule 2 (Form 1040), line 2	7	3,944,338
8	<ul> <li>Corporations.</li> </ul>	num tax:  nter the amount from Form 6251, line 11	8	0
9	Add lines 7 and 8	3	9	3,944,338
10a	Foreign tax credi	t   10a		
b	Certain allowable	credits (see instructions)		
c	Add lines 10a an	d 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) o	f the excess, if any, of line 12 over \$25,000. See instructions 13 979,834		
14	<ul> <li>Corporations.</li> </ul>	nter the amount from Form 6251, line 9 Enter -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		er of line 6 or line 16	17	27,637
For F		ction Act Notice, see separate instructions. Cat. No. 12392F		Form <b>3800</b> (2020)

Add lines 22 and 24

Add lines 17 and 26

See instructions

Add lines 30, 33, 34, and 35

Enter the smaller of line 29 or line 36

Credit allowed for the current year. Add lines 28 and 37.

Corporations. Form 1120, Schedule J, Part I, line 5c . Estates and trusts. Form 1041, Schedule G, line 2b

Individuals. Schedule 3 (Form 1040), line 6

instructions) as indicated below or on the applicable line of your return:

Subtract line 19 from line 11. If zero or less, enter -0-

Subtract line 17 from line 20. If zero or less, enter -0-

Subtract line 13 from line 11. If zero or less, enter -0-

Subtract line 28 from line 27. If zero or less, enter -0-

Combine the amounts from line 3 of all Parts III with box A, C, or D checked

Enter the applicable passive activity credit allowed for 2020. See instructions

Enter the general business credit from line 5 of all Parts III with box A checked

Enter the applicable passive activity credits allowed for 2020. See instructions

and line 6 of Part III with box G checked. See instructions for statement to attach

Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked

Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked

Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see

Check this box if the carryforward was changed or revised from the original reported amount

Passive activity credits from line 5 of all Parts III with box B checked

Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25

Passive activity credit from line 3 of all Parts III with box B checked

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Page 2

2,964,504

2,936,867

n

0

0

27,637

Form 3800 (2020)

2,964,504

2,936,867

27,637

Part	ш		Allo	)W
Note:	If	vou	are	not

24

26

28

30

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33

36

37

Part II		Allo	wab	le Cre	dit	(Contin	ued	)															
Note: If	you	are	not r	equired	to	report	any	amo	unts (	on lir	nes	22 or	24	below,	skip	lines	18	through	25	and	enter	-0-	on line

18	Multiply line 14 by 75% (0.75). See instructions										18		
												I	

18	Multiply line 14 by 75% (0.75). See instructions										18	

23

32

Form 3800 (2020) Page 3 Name(s) shown on return Identifying number Bon Secours Mercy Health Inc 52-1301088 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks 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 ▶ 🗸 (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved 1b . . . . . . . . . . . Increasing research activities (Form 6765) **1**c 27,637 **d** Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e 0 Renewable electricity, refined coal, and Indian coal production (Form 8835) 0 1f Indian employment (Form 8845) 0 **1**g Orphan drug (Form 8820) 0 1h New markets (Form 8874) 1i 0 Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . . 0 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 0 Low sulfur diesel fuel production (Form 8896) 0 1m Distilled spirits (Form 8906) 0 1n Nonconventional source fuel (carryforward only) 0 10 Energy efficient home (Form 8908) 0 **1**p 0 Energy efficient appliance (carryforward only) 0 Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 0 15 Enhanced oil recovery credit (carryforward only) 1t 0 Mine rescue team training (Form 8923) 1u 0 Agricultural chemicals security (carryforward only) 0 1ν Employer differential wage payments (Form 8932) 0 1w Carbon dioxide sequestration (Form 8933) 1x 0 Qualified plug-in electric drive motor vehicle (Form 8936) 1у 0 0 Qualified plug-in electric vehicle (carryforward only) . 1z aa Employee retention (Form 5884-A) 0 1aa 0 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) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 27,637 Enter the amount from Form 8844 here and on the applicable line of Part II 3 0

	3800 (2020)			Page <b>3</b>
	e(s) shown on return Secours Mercy Health Inc		Identifying number 52-1301088	
Par	General Business Credits or Eligible Small Business Credits (	see in		
Comp	olete a separate Part III for each box checked below (see instructions).			
<b>A</b>	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F 🔲 Reserved			
<b>C</b>	General Business Credit Carryforwards G 🔲 Eligible Sma	all Bus	iness Credit Carryforward	s
D	☐ General Business Credit Carrybacks <b>H</b> ☐ Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fir all Parts III with box A or B checked. Check here if this is the consolidated Part III . $$ .	rst an	additional Part III combin	ing amounts from
	(a) Description of credit	• •	(b)	···· ► □ (c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III		Enter the appropriate
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Circlety circuit circ Eliv	
b	Reserved	<b>1</b> b		
С	Increasing research activities (Form 6765)	1c	98-1479716	1,051
d	Low-income housing (Form 8586, Part I only)	1d		
е	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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	<b>1</b> p		
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		1w		
X	,	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	General credits from an electing large partnership (carryforward only)	1aa 1bb		
	to Other. Oil and gas production from marginal wells and certain other credits  (carryforward only) (see instructions)			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		1,051
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		1,031
4а	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

	3800 (2020)			Page <b>3</b>
	e(s) shown on return Secours Mercy Health Inc		Identifying number 52-1301088	
Par	General Business Credits or Eligible Small Business Credits (	see in		
Comp	elete a separate Part III for each box checked below (see instructions).			
Α [	General Business Credit From a Non-Passive Activity E Reserved			
_	General Business Credit From a Passive Activity  F  Reserved			
	¬	all Bus	iness Credit Carryforward	s
D [	☐ General Business Credit Carrybacks ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
I 1	if you are filing more than one Part III with box A or B checked, complete and attach fi Ill Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,,	
b	Reserved	<b>1</b> b		
	Increasing research activities (Form 6765)	1c	98-1482878	19,719
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
† 	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
	New markets (Form 8874)	1h 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		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
P	Energy efficient home (Form 8908)	<b>1</b> p		
q	Energy efficient appliance (carryforward only)	<b>1</b> q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (carryforward only)	1t		
	Mine rescue team training (Form 8923)	1u		
v w	Agricultural chemicals security (carryforward only)	1v 1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
у	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 C	Biofuel producer (Form 6478)	4c		
d e	- · · · · · · · · · · · · · · · · · · ·	4d 4e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	46 4f		
g	Qualified railroad track maintenance (Form 8900)	41 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

orn	n 3800 (2020)			Page <b>3</b>
	e(s) shown on return Secours Mercy Health Inc		Identifying number	
Par	t III General Business Credits or Eligible Small Business Credits (	see in	52-1301088 structions)	
Com	plete a separate Part III for each box checked below (see instructions).		,	
A	General Business Credit From a Non-Passive Activity  E Reserved			
В	✓ General Business Credit From a Passive Activity <b>F</b> □ Reserved			
С	·	all Ruc	iness Credit Carryforward	•
D	General Business Credit Carrybacks  H Reserved	all Dus	mess credit carryrorward	•
	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combin	ing 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)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	t III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Cherry Chicar and Eliv	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	81-3371945	6,593
d	Low-income housing (Form 8586, Part I only)	1d		
е	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		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	<b>1</b> p		
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		1u		
v	Agricultural chemicals security (carryforward only)	1v		
v		1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
b	<b>b</b> General credits from an electing large partnership (carryforward only)	1bb		
z	z 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		4a		
b		4b		
C	Biofuel producer (Form 6478)	4c		
d		4d		
e		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
q	, , , , , , , , , , , , , , , , , , ,	4f		
y h		4g 4h		
i i	Increasing research activities (Form 6765)	4n 4i		
i	Employer credit for paid family and medical leave (Form 8994)	41 4j		
J Z	Other	4) 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
•	read miles 2, 3, and 3 and enter here and on the applicable line of fait II	י י	i	1 0,393

Form 3800 (2020) Page 3 Name(s) shown on return Identifying number Bon Secours Mercy Health Inc 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). General Business Credit From a Non-Passive Activity E Reserved В  $\overline{\mathbf{V}}$ F Reserved General Business Credit From a Passive Activity C Eligible Small Business Credit Carryforwards General Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks 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 (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved **1**b . . . . . . . . . . c Increasing research activities (Form 6765) **1**c 26-0668106 68 **d** Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1 p Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (carryforward only) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1ν Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у 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) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 68 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) Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c C Low-income housing (Form 8586, Part II) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 68

	3800 (2020)			Page <b>3</b>
	e(s) shown on return Secours Mercy Health Inc		Identifying number 52-1301088	
Par	t III General Business Credits or Eligible Small Business Credits (	see in		
_	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity  F  Reserved			
C	_	all Bus	iness Credit Carryforward	S
D -	General Business Credit Carrybacks			
1	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rstan i	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
b	Reserved	<b>1</b> b		
С	Increasing research activities (Form 6765)	1c	26-4138517	39
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 h	Indian employment (Form 8845)	1g		
 i	New markets (Form 8874)	1h 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		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	· · · · · · · · · · · · · · · · · · ·	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	<b>1</b> p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	<b>1</b> r		
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 w	Agricultural chemicals security (carryforward only)	1v 1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (carryforward only)	1bb		
Z	z 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 c	Work opportunity (Form 5884)	4b		
d	Low-income housing (Form 8586, Part II)	4c 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

Form 3800 (2020) Page 3 Name(s) shown on return Identifying number Bon Secours Mercy Health Inc 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). General Business Credit From a Non-Passive Activity E Reserved В  $\overline{\mathbf{V}}$ F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks 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 (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved **1**b . . . . . . . . . . c Increasing research activities (Form 6765) **1**c 82-3636012 152 **d** Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1 p Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (carryforward only) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1ν Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у 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) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 152 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) Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c C Low-income housing (Form 8586, Part II) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 152 Form 3800 (2020) Page 3 Name(s) shown on return Identifying number Bon Secours Mercy Health Inc 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). General Business Credit From a Non-Passive Activity E Reserved В  $\overline{\mathbf{V}}$ F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks 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 (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved **1**b . . . . . . . . . . c Increasing research activities (Form 6765) **1**c 98-1473443 15 **d** Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1 p Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (carryforward only) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1ν Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у 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) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 15 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) Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c C Low-income housing (Form 8586, Part II) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 15

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93393315022101 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number Bon Secours Mercy Health Inc 52-1301088 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 1,040,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,040,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .4 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only-see instructions) 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 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ММ 39 yrs. S/L i Nonresidential real MM S/L property 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 ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

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

**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.

24a, 2	24b, columr	ıs (a) through	(c) of Section	A, all of Se	ection B	, and	Secti	on C if	applic	able.					
ection A—Depr	eciation a	nd Other Info	ormation (Cau	ution: See	the ins	truction	ons fo	r limit	s for p	assen	ger a	utom	<u>obile</u>	s. <b>)</b>	
4a Do you have evi	dence to suppo	rt the business/inv	estment use claime	ed? 🗌 Yes 🛭	✓ No	24b	If "Yes	s," is th	e evide	nce wr	itten?	Y	es 🗌	□No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for (business				f) very iod	<b>(g</b> Meth Conve	od/		(h) preciation eduction		(i Elec section cos	ted n 179
5 Special deprec		nce for qualified	listed property p iness use. See ins		vice duri	-			l						
5 Property used m		·		30 000013.				•	25				0		
		%													
		%													
' Property used 50	1% or less in	% aualified busin	Seconde:												
Froperty used 50	70 Of less III	%	less use.					S	/L -						
		%							/L -						
		%							/L - T						
Add amounts i	. ,	-						28			T ==	<u> </u>			
Add amounts in	column (ı), l				• •				<u> </u>	•	29				ı
anlata this sastis	n for vobieles		Section B—Inf						ralatad	norcon	TF \( \( \)	u pro	بنطمط	vobiele	a +a
			proprietor, partn ction C to see if y											venicie	S to
i cimpio y cesy in s	or anomer the	944556566				T	_		_				_	Ι,	
					a) icle 1		o) cle 2		<b>c)</b> icle 3		d) cle 4	Vehi	e) cle 5	Vehi	f) cle 6
Total business/ (don't include		niles driven duri niles)					0,0 2								0,0
. Total commutin	ng miles drive	n during the ye	ar												
! Total other pers	sonal(noncom	nmuting) miles o	driven	. —											
Total miles driv			30												
• Was the vehicle				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty		•		. —											
Was the vehicle															
owner or relate	•			• ⊨								├─	<u> </u>		
Is another vehi		<u> </u>													
swer these questi ners or related pe	ons to detern	nine if you meet	or Employers an exception to										more	than 5	%
Do vou mainta	in a written p	olicv statement	that prohibits all	personal us	se of veh	icles. i	ncludii	na com	mutina	. bv vo	ur		Ye	es	No
employees?															No
Do you mainta	in a written p	olicy statement	that prohibits pe	rsonal use o	of vehicle	es, exc	ept co	mmutir	ng, by y	our en	nploye	es?			110
See the instru	ctions for veh	icles used by co	rporate officers,	directors, or	1% or ı	nore o	wners		• •						No
Do you treat a	II use of vehic	cles by employe	es as personal us	e?											No
		ive vehicles to y rmation receive	our employees, o	obtain inforn	nation fr	om you	ur emp	oloyees • •	about	the use	of th	e •			No
. Do you meet t	he requireme	nts concerning	qualified automob	oile demonst	ration u	se? Se	e instr	uctions							No
Note: If your	answer to 37	, 38, 39, 40, or	41 is "Yes," don'	t complete 9	Section E	3 for th	e cove	ered ve	hicles.						
	nortization														
<b>.</b>		(b)	(-)			(4)			(e)						
(a)		Date	<b>(c)</b> Amortizabl	le		(d) Code			Amortiz	ation		Amor	<b>(f)</b> tizatio	on for	
Description of	costs	amortization begins	amount			section			period percent				nis ye		
Amortization of	costs that be		ır 2020 tax year (	I (see instruct	ions):			L	Percelli	uage					
FANGIBLE DRILLI		01-01-2020	<u> </u>	16,805 26				6	0	Т				10	3,36
					· (=)				-						-,
Amortization of	costs that be	egan before you	r 2020 tax year						43					1,22	21,0:

**44 Total.** Add amounts in column (f). See the instructions for where to report . . . . .

1,324,378

**Software ID:** 20012953

Software Version: 2020v1.1

**EIN:** 52-1301088

Line 12 - Section 179 Expense Deduction Note: SUMMARY

Name: Bon Secours Mercy Health Inc

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93393315022101 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number Bon Secours Mercy Health Inc 52-1301088 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 1,040,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,040,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .4 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 16 26,314 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · 17 If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only-see instructions) 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 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ММ 39 yrs. S/L i Nonresidential real S/L property MM 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 ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 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 . . . . . . . . Cat. No. 12906N For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2020)

**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.

Sec	24a, 24	TD, COIGITII		(-)	7		, una		011 0 1	чррс	Jubic.					
	tion A—Depre	ciation a	nd Other Inf	ormation (Cau	ıtion: See	the ins	truction	ons fo	or limi	ts for p	assen	iger a	utom	obile	s. <b>)</b>	
24;	Do you have evide	ence to suppo	ort the business/in	vestment use claime	ed? 🗌 Yes 🛭	✓ No	24b	If "Ye:	s," is th	ne evide	ence wr	itten?	· 🗆 у	es [	No	
	(a) e of property (list l vehicles first)	<b>(b)</b> Date placed ir service	(c) Business/ n investment use percentage	(d) Cost or other basis	Basis for (business	(e) depreciat s/investme e only)		Reco	f) overy riod	<b>(g</b> Meth Conve	iod/		(h) preciation eduction		(i Election section cos	ted n 179
25			nce for qualified	listed property pl iness use. See ins		/ice duri	-	•								
6 [	Property used mo		•		structions.	• •	• •		• •	25				0		
	l l		%													
			%													
7 [	Property used 50%	% or less in	a qualified busin	Jecc fice;												
	Toperty used 50%	70 OI 1655 III	% qualified busin	less use.					9	5/L -		Π				
			%						-	6/L -						
_		1 (1)	%			24			$\overline{}$	5/L - T			٠.			
		. ,	•	gh 27. Enter here					28			T 20	0			
<u> </u>	Add amounts in	column (1),		ere and on line 7,		!!-					•	29				
om	nlete this section	for vehicles		Section B—Inf proprietor, partne						related	nerson	. If v	ou prov	vided	vehicle	s to
				ction C to see if y											Vernere	.5 .0
			•		,	a)	(1	o)		(c)	1	d)	1	e)		f)
						icle 1	Vehi			icle 3		icle 4		cle 5		cle 6
30	Total business/ir (don't include co															
31	Total commuting	g miles drive	en during the ye	ar												
32	Total other perso	onal(noncon	nmuting) miles	driven												
33	Total miles drive through 32			30												
34	Was the vehicle				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty h															
35	Was the vehicle owner or related		rily by a more th	ian 5%												
36	Is another vehicl	-														
	9	Section C-	-Ouestions 1	or Employers	Who Pro	vide V	ehicle	s for	Use	by The	ir Em	volar	ees			
	ver these questio	ns to deterr	mine if you mee	an exception to										more	than 5	%
wn	ers or related per	rsons. See ir	nstructions.											_		
37		n a written p	policy statement	that prohibits all	personal us	se of veh	icles, i	ncludi	ng com	muting	, by yo	ur		Ye	es	No
	employees?												•			No
38				that prohibits pe								nploye	ees?			N
			•	rporate officers, o	,								•	-	_	No
	•			es as personal us								٠.	•			No
40	Do you provide vehicles, and re			our employees, c d?	btain inforn	nation fr	om you	ur em	oloyees	about • •	the use	of th	• •			No
	Do you meet th	e requireme	ents concerning	qualified automob	ile demonst	ration u	se? Se	e instr	uctions	5						No
41	<b>Note:</b> If your a	answer to 37	7, 38, 39, 40, or	41 is "Yes," don't	t complete S	Section E	3 for th	e cove	ered ve	hicles.						
41	rt VI Am	ortizatior	1													
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			(b)	(c)	I .		(4)									
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**44 Total.** Add amounts in column (f). See the instructions for where to report . . .

**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 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number Bon Secours Mercy Health Inc 52-1301088 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 1,040,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,040,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .4 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 16 1,357 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · 17 If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only-see instructions) 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 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ММ 39 yrs. S/L i Nonresidential real S/L property MM 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 ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 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 . . . . . . . . Cat. No. 12906N For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2020)

**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.

Sec	24a, 24	TD, COIGITII		(-)	7		, una		011 0 1	чррс	Jubic.					
	tion A—Depre	ciation a	nd Other Inf	ormation (Cau	ıtion: See	the ins	truction	ons fo	or limi	ts for p	assen	iger a	utom	obile	s. <b>)</b>	
24;	Do you have evide	ence to suppo	ort the business/in	vestment use claime	ed? 🗌 Yes 🛭	✓ No	24b	If "Ye:	s," is th	ne evide	ence wr	itten?	· 🗆 у	es [	No	
	(a) e of property (list l vehicles first)	<b>(b)</b> Date placed ir service	(c) Business/ n investment use percentage	(d) Cost or other basis	Basis for (business	(e) depreciat s/investme e only)		Reco	f) overy riod	<b>(g</b> Meth Conve	iod/		(h) preciation eduction		(i Election section cos	ted n 179
25			nce for qualified	listed property pl iness use. See ins		/ice duri	-	•								
6 [	Property used mo		•		structions.	• •	• •		• •	25				0		
	l l		%													
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7 [	Property used 50%	% or less in	a qualified busin	Jecc fice;												
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				ction C to see if y											Vernere	.5 .0
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30	Total business/ir (don't include co															
31	Total commuting	g miles drive	en during the ye	ar												
32	Total other perso	onal(noncon	nmuting) miles	driven												
33	Total miles drive through 32			30												
34	Was the vehicle				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty h															
35	Was the vehicle owner or related		rily by a more th	ian 5%												
36	Is another vehicl	-														
	9	Section C-	-Ouestions 1	or Employers	Who Pro	vide V	ehicle	s for	Use	by The	ir Em	volar	ees			
	ver these questio	ns to deterr	mine if you mee	an exception to										more	than 5	%
wn	ers or related per	rsons. See ir	nstructions.											_		
37		n a written p	policy statement	that prohibits all	personal us	se of veh	icles, i	ncludi	ng com	muting	, by yo	ur		Ye	es	No
	employees?												•			No
38				that prohibits pe								nploye	ees?			N
			•	rporate officers, o	,								•	-	_	No
	•			es as personal us								٠.	•			No
40	Do you provide vehicles, and re			our employees, c d?	btain inforn	nation fr	om you	ur em	oloyees	about • •	the use	of th	• •			No
	Do you meet th	e requireme	ents concerning	qualified automob	ile demonst	ration u	se? Se	e instr	uctions	5						No
41	<b>Note:</b> If your a	answer to 37	7, 38, 39, 40, or	41 is "Yes," don't	t complete S	Section E	3 for th	e cove	ered ve	hicles.						
41	rt VI Am	ortizatior	1													
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**44 Total.** Add amounts in column (f). See the instructions for where to report . . .

**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 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number Bon Secours Mercy Health Inc 52-1301088 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 1,040,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,040,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .4 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 16 348 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only-see instructions) 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 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ММ 39 yrs. S/L i Nonresidential real S/L property MM 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 ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . Cat. No. 12906N For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2020)

**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.

Sec	24a, 24	TD, COIGITII		(-)	7		, una		011 0 1	чррс	Jubic.					
	tion A—Depre	ciation a	nd Other Inf	ormation (Cau	ıtion: See	the ins	truction	ons fo	or limi	ts for p	assen	iger a	utom	obile	s. <b>)</b>	
24;	Do you have evide	ence to suppo	ort the business/in	vestment use claime	ed? 🗌 Yes 🛭	✓ No	24b	If "Ye:	s," is th	ne evide	ence wr	itten?	· 🗆 у	es [	No	
	(a) e of property (list l vehicles first)	<b>(b)</b> Date placed ir service	(c) Business/ n investment use percentage	(d) Cost or other basis	Basis for (business	(e) depreciat s/investme e only)		Reco	f) overy riod	<b>(g</b> Meth Conve	iod/		(h) preciation eduction		(i Election section cos	ted n 179
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om	nlete this section	for vehicles		Section B—Inf proprietor, partne						related	nerson	. If v	ou prov	vided	vehicle	s to
				ction C to see if y											Vernere	.5 .0
			•		,	a)	(1	o)		(c)	1	d)	1	e)		f)
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30	Total business/ir (don't include co															
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32	Total other perso	onal(noncon	nmuting) miles	driven												
33	Total miles drive through 32			30												
34	Was the vehicle				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty h															
35	Was the vehicle owner or related		rily by a more th	ian 5%												
36	Is another vehicl	-														
	9	Section C-	-Ouestions 1	or Employers	Who Pro	vide V	ehicle	s for	Use	by The	ir Em	volar	ees			
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37		n a written p	policy statement	that prohibits all	personal us	se of veh	icles, i	ncludi	ng com	muting	, by yo	ur		Ye	es	No
	employees?												•			No
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			•	rporate officers, o	,								•	-	_	No
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40	Do you provide vehicles, and re			our employees, c d?	btain inforn	nation fr	om you	ur em	oloyees	about • •	the use	of th	• •			No
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41	<b>Note:</b> If your a	answer to 37	7, 38, 39, 40, or	41 is "Yes," don't	t complete S	Section E	3 for th	e cove	ered ve	hicles.						
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**44 Total.** Add amounts in column (f). See the instructions for where to report . . .

**Software ID:** 20012953

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**EIN:** 52-1301088

Name: Bon Secours Mercy Health Inc

Line 12 - Section 179 Expense Deduction Note: SUMMARY

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**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.

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tion A—Depr	eciation a	nd Other Inf	ormation (Cau	ıtion: See	the ins	tructio	ons fo	or limi	ts for p	oassen	iger a	utom	obile	s. <b>)</b>		
Do you have evid	lence to suppo	ort the business/in	vestment use claime	ed? 🗌 Yes 🛭	✓ No	24b	If "Yes	s," is th	ne evide	ence wr	itten?	· 🗆 у	es [	No		
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			ıan 5%													
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Description of o		amortization begins														
Description of o		amortization begins	amount													
	(a) e of property (list vehicles first)  Special depreciand used more roperty used more roperty used more roperty used solution in the section employees, first through 32.  Was the vehicle during off-duty Was the vehicle during off-duty Was the vehicle owner or related Is another vehicle sers or related per poyou maintal employees?  Do you maintal employees, and red poyou provide vehicles, and red poyou meet the Note: If your	(a) (b) e of property (list vehicles first)  Special depreciation allowa and used more than 50% in roperty used more than 50% or less in a column (h).  Add amounts in column (h).  Add amounts in column (i),  plete this section for vehicles employees, first answer the column (h).  Total business/investment in (don't include commuting in the commuting miles drived through 32	(a) (b) Business/investment use percentage  Special depreciation allowance for qualified and used more than 50% in a qualified business/ websides first)  Special depreciation allowance for qualified and used more than 50% in a qualified business/ used by some service  Special depreciation allowance for qualified and used more than 50% in a qualified business/ used by some service with the service of the serv	(a) (b) Date placed in service percentage pe	Do you have evidence to support the business/investment use claimed?    (a)  (b)  (c)  Business/ ivehicles first)  Date placed in service    Special depreciation allowance for qualified listed property placed in servand used more than 50% in a qualified business use. See instructions. Toperty used more than 50% in a qualified business use. See instructions. Toperty used more than 50% in a qualified business use:	Lo you have evidence to support the business/investment use claimed?	(a) (b) Date placed in service business/investment use daimed?   (c) Business/ investment percentage   (d) Cost or other basis   (e) Basis for depreciation (business/investment use only)  Special depreciation allowance for qualified business use. See instructions.  Poperty used more than 50% in a qualified business use. See instructions.  Poperty used more than 50% in a qualified business use.  Poperty used more than 50% in a qualified business use.  Poperty used 50% or less in a qualified business use:  Poperty used 50% or less in a qualified business us	Do you have evidence to support the business/investment use claimed?    (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Do you have evidence to support the business/investment use claimed?	Do you have evidence to support the business/investment use claimed?    (a) (b) (b) Business/ (cot or other which investment use should be properly (list which is first) business/ (neverthent use only)  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.  Special depreciation allowance for qualified business uses. See instructions.  Special depreciation allowance for qualified business uses. See instructions.  Special depreciation allowance for qualified business uses. See instructions.  Special depreciation allowance for qualified business uses. See instructions.  Special depreciation allowance for qualified business uses. See instructions.  Special depreciation allowance for qualified business uses.  Special depreciation depreciation and used for the special part of the specia	Do you have evidence to support the business/investment use claimed?	Do you have evidence to support the business/investment use claimed?    (a) (a) (b) (b) (b) (b) (b) (c) (d) (a) (b) (b) (c) (d) (b) (b) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Do you have evidence to support the business/investment use claimed?	Do you have evidence to support the business/investment use daimed?	(a) (b) Date piaced in without provided investment (a) Date piaced in weathern the percentage with control of the percentage with control of the percentage with control of the percentage of the percentage with control of the percentage of the per	

**44 Total.** Add amounts in column (f). See the instructions for where to report . . .

**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 OMB No. 1545-0172 Form 4562 Depreciation and Amortization (Including Information on Listed Property) ► Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number Bon Secours Mercy Health Inc 52-1301088 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 1,040,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,040,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) Listed property. Enter the amount from line 29. . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562. · · · · 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .4 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 16 557 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2020 · · · · · · · · · 17 If you are electing to group any assets placed in service during the tax year into one or more general asset Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only-see instructions) 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 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/L ММ 39 yrs. S/L i Nonresidential real S/L property MM 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 ММ S/L c 30-year 30 yrs. MM d 40-year 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . Cat. No. 12906N For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2020)

**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.

,	,	( )	(c) or Section 7	<u>,                                      </u>		•									
ection A—Depr	eciation ar	nd Other Inf	ormation (Cau	ıtion: See	e the ins	tructi	ons fo	or limi	ts for p	asser	ger a	utom	ıobile	s.)	
.4a Do you have evi	dence to suppo	rt the business/in	vestment use claime	d? 🗆 Yes	☑ No	24b	If "Ye	s," is th	ne evide	nce wi	itten?	- 🗆 ұ	es [	JNo	
(a) Type of property (list vehicles first)	(b)	(c) Business/	(d) Cost or other basis	Basis for (busines	(e) r depreciat ss/investm se only)		Reco	<b>f)</b> overy riod				epreciation/ Ele teduction section		(i Elec section co	ted n 179
5 Special deprec	iation allowar than 50% in	nce for qualified	listed property pl iness use. See ins	aced in ser structions.	vice duri	ng the	tax ye	ear	25				0		
<b>5</b> Property used m	ore than 50%	· ·	ousiness use:												
		% %													
		%													
<b>7</b> Property used 50	0% or less in		ness use:												
		% %							5/L - 5/L -						
		%						$\overline{}$	5/L -						
8 Add amounts i	n column (h),	, lines 25 throug	gh 27. Enter here	and on line	21, pag	e 1		28				0			
.9 Add amounts in	n column (i), l	ine 26. Enter he	ere and on line 7,	page 1							29				ı
			Section B—Inf												
omplete this sectio our employees, firs														vehicle	es to
idi employees, ilis	st allswer tile	questions in Se	ection C to see if y										_	Τ.	
					(a) nicle 1		<b>b)</b> cle 2		( <b>c)</b> icle 3		d) cle 4		<b>e)</b> icle 5		<b>f)</b> icle 6
Total business/ (don't include					iicie 1	Veill	CIE Z	Ven	iicie J	Veill	CIE T	Veri	icle 3	Veill	icie c
1 Total commutin	ng miles drive	n during the ye	ar												
2 Total other pers	sonal(noncom	nmuting) miles	driven											<b>†</b>	
Total miles driv	en during the	year. Add lines	s 30												
4 Was the vehicle during off-duty		personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5 Was the vehicle owner or relate	e used primar														
<b>6</b> Is another vehi	cle available 1	for personal use													
nswer these questi vners or related pe	ons to detern	nine if you mee	for Employers t an exception to o										more	than !	5%
	you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your						Y	es	No						
. , <b>8</b> Do you mainta									ng, by y	our en	· · nploye	• es?			<u>No</u> No
9 Do you treat a		•	erporate officers, o es as personal us				wileis					:		+	
O Do you provide	e more than f	, , ,	our employees, o			om yo	ur em	ployees	about	the use	of th	е			No No
1 Do you meet t				· · · · ·	tration	 دې د د	e inst	 ructions				•	$\vdash$	+	
•	•	_	· 41 is "Yes," don't								•	•	$\vdash$		No
	nortization		TIIS 165, GOIL	complete	Section E	יוטו נו	ie covi	ereu ve	incles.						
(a)	iioi tization	(b) Date	(c)			(d)			(e) Amortiz				(f)		
Description of	costs	amortization begins	Amortizable amount	e	:	Code section			perioc percen	lor			rtizati his ye	on for ar	
2 Amortization of	costs that be	egins during you	ır 2020 tax year (	see instruc	tions):										
			- `												
3 Amortization of	costs that be	egan before vou	r 2020 tax year .						43						
4 Total. Add amo			•		ort				44						
								-	1						

**Software ID:** 20012953

Software Version: 2020v1.1

**EIN:** 52-1301088

Line 12 - Section 179 Expense Deduction Note: SUMMARY

Name: Bon Secours Mercy Health Inc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93393315022101

OMB No. 1545-0074

Department of the

Internal Revenue Service

Treasury

# Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Bon Secours Mercy Health Inc				Social security nu	imper or t	axpayer identifi	cation number				
Boll Secouls Mercy Health Inc		52-1301088									
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which I	ation as Form 1										
Part I Short-Term. Transact long-term transactions		capital asset	s you held 1 ye	ar or less are ger	nerally sh	ort term (see in	structions). For				
Note: You may aggreg and for which no adjus to report these transac	ate all short- tments or coo	des are requir	ed. Enter the to								
You must check Box A, B, or C be Form 8949, page 1, for each applicat complete as many forms with the sar	low. Check on ole box. If you h	ly one box. If have more shor	more than one bo								
(A) Short-term transactions rep (B) Short-term transactions rep	•	•				oove)					
(C) Short-term transactions not	reported to yo	u on Form 1099	9-В								
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i>	If you enter a enter a	, if any, to gain or loss. in amount in column (g), code in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d)				
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	and combine the result with column (g)				
Form 6781, Part I			6,93	* '		0	-,				
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			852,24	7 ()		0	852,247				
2 Totals. Add the amounts in column (subtract negative amounts). Ente include on your Schedule D, line 1 checked), line 2 (if Box B above i Box C above is checked).	r each total her l <b>b</b> (if <b>Box A</b> ab s checked), or	re and ove is <b>line 3</b> (if	859,18	2 (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.

Form 8949 (2020)				Att	achment Se	equence No. <b>12</b>	Page <b>2</b>
Name(s) shown on return. Name and SSN or tax Bon Secours Mercy Health Inc				Social security number	52-	1301088	
Before you check Box D, E, or F belo statement will have the same inform broker and may even tell you which i	ation as Form 1	you received a 099-B. Either v	ny Form(s) 1099-E vill show whether y	3 or substitute stat your basis (usually	ement(s) fr your cost)	om your broker. was reported to t	A substitute the IRS by your
Part III Long-Term. Transacti			you held more	than 1 year are	generally	long term (see	instructions).
For short-term transac <b>Note:</b> You may aggreg			ons reported on	Form(s) 1000-R	showing	hasis was reno	rted to the IRS
and for which no adjus	tments or coo	les are requir	ed. Enter the tot				
to report these transac You must check Box D, E, or F be				annlies for your lo	na-term tr	ansactions comm	olete a separate
Form 8949, page 2, for each applical complete as many forms with the sai	ble box. If you h	nave more long					
(D) Long-term transactions repo	orted on Form(s	s) 1099-B show	ing basis was repo	rted to the IRS (se	e <b>Note</b> abo	ove)	
(E) Long-term transactions repo	•	•	-	eported to the IRS			
✓ (F) Long-term transactions not	reported to you	ı on Form 1099	-B	ı			T
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter ar enter a c	if any, to gain or loss. In amount in column (g), ode in column (f). Parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d)
(Example: 100 sh. XÝZ Có.)	(Mo., day, yr.)		(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	and combine the result with column (g)
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 colum (subtract negative amounts). Ente include on your Schedule D, line 8 checked), line 9 (if Box E above i	er each total her Bb (if Box D ab	e and ove is					
<b>Box F</b> above is checked) <b>Note:</b> If you checked Box D above b		<b>`</b> ►	2,587,871 S was incorrect, er	(0) hter in column (e) t	the basis as	o reported to the	2,587,871 IRS. and enter an
adjustment in column (g) to correct							
						F	rm <b>8949</b> (2020)