Form	990-T	Ex	empt Organization (and proxy tax							OMB No 1545-0687
1 01111		Ear asia	dand proxy tax ndar year 2018 or other tax year begin							୬⋒ <b></b> 40
D		roi calei	-						ا	<u> </u>
	ent of the Treasury Revenue Service	► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public if 501(c)(3) organization is a 501(c)(3).								
A	Check box if	7 50			me changed and			···		yer identification number
ш	address changed		· -		·			,	(Employ	yees' trust, see instructions )
B Exem	pt under section	ĺ	MERCY MCMAHON TERRA	CE						
X 50	01(C)( <b>O</b> B)	Print	Number, street, and room or suite no	f a P O	box, see instruc	tions		-	68-01	117340
	08(e) 220(e)	or								ated business activity code
	08A 530(a)	Type	185 BERRY STREET, S	UITE	300				(See ins	structions )
	29(a)		City or town, state or province, country	y, and a	ZIP or foreign pos	tal cod	е			
C Book	value of all assets		SAN FRANCISCO, CA 9	4107				د		
at end	d of year	F Gro	up exemption number (See instruct	ions )	<b>&gt;</b>					
24	,671,360.	G Che	ck organization type ► X 501	(c) co	rporation		501(c	) trust	401(a)	trust Other trust
H Ente	er the number of	the orga	nization's unrelated trades or busine	sses	<b>1</b>			Describe	the only	(or first) unrelated
trade	e or business her	e ► A'	rch 1			If onl	y one,	complete Parts I-	V If more	than one, describe the
fırst	in the blank spa	ce at the	end of the previous sentence, cor	mplete	Parts I and II,	comple	ete a S	chedule M for eac	h addition	al '
trade	e or business, the	en comple	ete Parts III-V							
I Duri	ng the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a paren	t-subs	idiary g	controlled group?		▶ X Yes No
			identifying number of the parent co			CH 2		IGN	9	4-1194203
J The	books are in care	of ▶LA	RA CARTOSCELLI, FINAN	ICE	DEPT	Те	lephor	e number 🕨 91	6-631-	3334
Part	Unrelated	Trade o	or Business Income		(A) Inc	come		(B) Expens	ses	(C) Net
1a G	Pross receipts or s	sales								
<b>b</b> Le	ess returns and allowa	nces	c Balance ▶	1c						
2 C	cost of goods sol	d (Schedi	ule A, line 7)	2					•	1
	•		2 from line 1c	3						
4a C	apital gain net ir	ncome (a	ttach Schedule D)	4a			<del>- 01</del>	CEIVED		
			Part II, line 17) (attach Form 4797)	4b		١.	\ \   		그었	
c C	apital loss dedu	ction for t	rusts	4c		<del> </del> ₩	- 11		<u> 161</u>	
			an S corporation (attach statement)	5		<del>-1001</del>	<u></u>	JL 20 2020	RS	
				6		10			<del>=== </del>	
			come (Schedule E)	7	<del></del>	+	<del>-</del> 0	GDEN, U		
			nts from a controlled organization (Schedule F)			<u> </u>				
	,		(c)(7), (9), or (17) organization (Schedule G)	10						
		-	ule J)	11						
			tions; attach schedule)	12	,					<del></del>
	•		ough 12				0.			
			Taken Elsewhere (See instr			ations	on d	eductions.) (E	xcept fo	or contributions.
			be directly connected with t							, , , , , , , , , , , , , , , , , , , ,
14 C			directors, and trustees (Schedule K)						. 14	
			· · · · · · · · · · · · · · · · · · ·							
17 B	ad debts								. 17	
18 lr	nterest (attach so	chedule) (	see instructions),						. 18	
19 T	axes and licenses	s							. 19	
<b>20</b> C	haritable contrib	utions (S	see instructions for limitation rules)			<i>.</i>			. 20	
			4562)					<u> </u>	_	
<b>22</b> Le	ess depreciation	claimed	on Schedule A and elsewhere on re	eturn		22a			22b	
24 C	ontributions to d	leferred o	compensation plans						. 24	
25 E	mployee benefit	programs							. 25	
	·		Schedule I)							
	-	-	chedule J)							
			chedule)							<del> </del>
			s 14 through 28						-	
			le income before net operating							
			g loss arising in tax years beginning	-	•		•			1
			otice see instructions	30 .	<del></del>	• • •	<del></del>	<del> </del>	. 32	Form 990-T (2018)

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Form	990-T (2018)			P	age 2
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions),	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only).				
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	П			
	Other credits (see instructions)	1	ı		
	General business credit. Attach Form 3800 (see instructions)	1	ı		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	ı		
		45e	ı		
	Total credits. Add lines 45a through 45d	<del></del>			
46	Subtract line 45e from line 44				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				0.
48	Total tax. Add lines 46 and 47 (see instructions)				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,	49			
50 a	Payments A 2017 overpayment credited to 2018	-			
	2018 estimated tax payments				
	Tax deposited with Form 8868	.			
	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	]			
g	Other credits, adjustments, and payments Form 2439	1 1			
	Form 4136 Other Total ▶ <b>50g</b>				
51	Total payments. Add lines 50a through 50g	5 1		5	500.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	9/	54		5	500.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded Refunded	55		5	500.
Par		<del></del>			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	_	authority	Yes	No
••	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		- h		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	1		
	here >				Х
	· · · · · · · · · · · · · · · · · · ·				<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trus	٠,	+	
	If "Yes," see instructions for other forms the organization may have to file.				
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	act of -	ny knowledge :	and hate	· · ·
<u> </u>	true correct, and complete. Deglarate of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	est of m	iy knowledge a	Delle	я, и в 
Sigr	Ma	y the	IRS discuss	this re	etum
Here	CFO with	h the	preparer sh	own be	
		e instructi	ions)? X Ye	s	No
D-1-1	Print/Type preparer's name Preparer's signature Date Check	к 🔲 ī	f PTIN		
Paid	LISA M MEKER, MANAGER / // // // 07/03/2020   selfe	mployed	P0149	90170	<b>o</b>
Prep	Firm's name PAPIG LLP				
use			15-963 <b>-</b> 5	100	

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Total dividends-received deductions included in column 8,

organization   samification number   S. Net turnelated income (loss) (see instructions)   4 Total of specified payments made   specified in the controlling gardsation's gross income   countered with norm of column 5   10 Part of column 5   11 Description of income   S. Net uncellated income	Schedule F-Interest, Anni	<u>, , , , , , , , , , , , , , , , , , , </u>		pt Controlled Or							
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income (loss) (see instructions) (1) (2) (3) (4) (4)  Totals  Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (1) (2) (3) (4)  Totals  Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (1) (2) (3) (4)  Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of mome 2. Amount of mome (intach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Fortals  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3. Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  5. Totals (4)  Enter here and on page 1, Part I, line 9, column (A)  Fortal income (see instructions)  5. Total deductions and the schedule of the schedule			#			,		ed included in the controlling		6. Deductions directly connected with income in column 5	
(4)  Nonexempt Controlled Organizations  7. Taxable Income  (5)  (6)  10 Part of column 9 that is included in the controlled organization gross income column 10  (1)  (2)  (3)  (4)  Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8)  Fortals  Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 8, column (A)  Fortals  Column 10  Enter here and on page 1, Part I, line 8, column (B)  Fortals  Column 10  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Fortals  Column 10  Add columns 5 and 10 Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (B)  Fortals  Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  2. Column (B)  Enter here and on page 1, Part I, line 8, column (A)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter here and on page 1, Part I, line 8, column (B)  Enter	(1)				ļ		_				
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Enter here and on page 1, Part I, line 9, column (A)  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  1. Description of exploited activity  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (A)  Enter here and on	(3)			_							
Totals	(4)										
1. Description of exploited activity unrelated business income from trade or business (column 5 minus column 5, but no re than column 4)  Enter here and on page 1, Part 1, line 10, col (B)  Enter here and on page 1, Part 1, line 10, col (B)  Enter here and on page 1, Part 1, line 10, col (B)  Enter here and on page 1, Part 1, line 10, col (B)  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here and on page 1, Part 1, line 26  Enter here an	Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co	lumn (A)	er Than Advert	ising Ir	ncome	(see instru	ctions)		Part I, line 9, column (B)	
(1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals		2. Gross unrelated business income from trade or	3. Expense directly connected production unrelated	4. Net incomprome unrelated or business 2 minus configurations of the color 5	ne (loss) ted trade (column lumn 3) ompute	5. Gre from a	5. Gross income from activity that is not unrelated		able to	(column 6 minus column 5, but not more than	
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals	(1)						-	•			
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals											
Enter here and on page 1, Part I, line 10, col (A)  Totals											
Enter here and on page 1, Part I, line 10, col (A)  Totals											
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising costs  3. Direct advertising costs  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶		page 1, Part I,	page 1, Par	rt I,		<u> </u>	•			on page 1,	
Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income  3. Direct advertising costs  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶		come (see instri	ictions)								
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5)) ▶				nsolidated Ba	eie					-	
1. Name of periodical advertising costs advertising costs 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5)) ▶	nicome From Fer	iodicais Reporte	eu on a co							7. Excess readership	
(2) (3) (4)  Totals (carry to Part II, line (5)) ▶	1. Name of periodical	advertising		costs 2 minus c	ol 3) If mpute					minus column 5, but not more than	
(2) (3) (4)  Totals (carry to Part II, line (5)) ▶	(1)										
(3) (4)  Totals (carry to Part II, line (5)) ▶			-								
Totals (carry to Part II, line (5)) ▶		· · · · · · · · · · · · · · · · · · ·								7	
Totals (carry to Part II, line (5)) ▶							-			7	
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	Totals (carry to Part II, line (5))									Form <b>990-T</b> (2018	

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¹Part II	Income From	Periodicals	Reported	on a Separate	Basis	(For ea	ch periodical	listed in	Part I	l, fill	in colu	ımns
	2 through 7 o	n a line-by-lir	ne basis.)			•	-					

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_		
(2)						
(3)				-		
(4)			_			
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				•		
Schedule K - Compensatio	n of Officers D	irectors, and Tr	ustees (see instr	uctions)		

1. Name	2 Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	<del>"</del>
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			`

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