



EXTENDED TO MAY 17, 2021
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(8).

Open to Public Inspection for 501(c)(2) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employer's trust, see instructions.)

B Exempt under section:
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

MERCY MCMAHON TERRACE
Number, street, and room or suite no. If a P.O. box, see instructions.
185 BERRY STREET SUITE 200
City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94107

68-0117340

E Unrelated business activity code (See instructions.)

C Book value of all assets at end of year
25,954,845.

F Group exemption number (See instructions.)

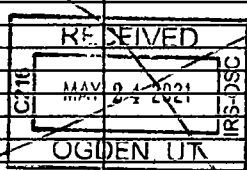
G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here: N/A
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of: LARA CARTOSCELLI, ACCOUNTING DEPT Telephone number: 916-631-3334

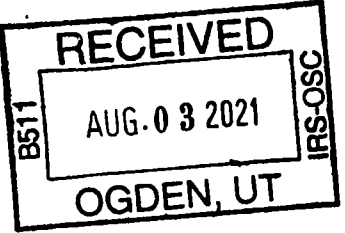
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b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



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

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

SCANNED OCT 29 2021



G4

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 46-58 for tax and payments.

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

Table with 3 columns: Question number, Question text, Yes/No. Includes questions 57-59 regarding foreign accounts and tax-exempt interest.

Sign Here section containing signature of Angela Noel, date 05/12/2021, title CFO, and preparer information for COMMONSPIRIT HEALTH.

MERCY MCMAHON TERRACE

68-0117340

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

DIGNITY HEALTH

94-1196203

08180505 145560 96761P

3 STATEMENT(S) 1
2019.05094 MERCY MCMAHON TERRACE 96761P_1