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* /	EXTENDED TO M	. v	17 (2021	'All	Ų				
7	990-1 Exempt Organization Bus	ino	se Incomo 7	av Petum	- 1	OMB No. 1545-0047			
form	(and proxy tax und			ax netuiii	·	OMB (tot 1545-454)			
_ \			, ,,	20 2020		2019			
. /	For catendar year 2019 or other tax year beginning JUL 1, 20		and ending JUL		- {	ZU 13			
Dopa	rement of the Treasury all Revenue Service  Do not enter SSN numbers on this form as it may				- 1	Open to Public Inspection for 501(c)(3) Organizations Only			
- C				ation is a so itches.		501(c)(3) Organizations Only over identification number			
A L	Check box if Name of organization ( Check box if name of address changed	nange	d and see instructions.)		(Empl	loyees' trust, see ctions.)			
_			•						
_			68-0117340 rted business activity code						
X	Tuna   Melitar, succe, and reconstruction in a reconstruction	(Sec la	nstructions.)						
<b>-</b>									
⊢	408A 530(a) City or town, state or province, country, and ZIP o	r TOTEL	gn postal code						
		_			٠				
C at	end of year	Demotio		101(0)		Other trust			
U F.	25,954,845. S Check organization type \(\bigsize \textbf{X}\) 501(c) context the number of the organization's unrelated trades or businesses.	1		401(a)		C Joulet dast . /			
		•		the only (or first) un		****			
	ide or business here N/A	- <b>-</b>		, complete Parts I-V					
	scribe the first in the blank space at the end of the previous sentence, complete Pa	الةند	w w combien a seucome	. w in cari sonitore	u u 408	UI			
	siness, then complete Parts III-V.  Inno the tax year, was the corporation a subsidiary in an affiliated group or a parer	tente	entraliad arous?	STATE 1	X Ye	s 🗆 No			
	ring the tax year, was the corporation a substituty in an anniated group or a paren "Yes," enter the name and identifying number of the parent corporation.	ic suus	warm's countries floods.		18 نــــــ	۳۰ ــــ			
	is books are in care of LARA CARTOSCELLI ACCOUNTING DEPT	-	Telenh	one number 🕨 91	6-63	1-3334			
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Wet			
_	Gross receipts or sales	Γ.		(2,22		(-)			
	Less returns and allowances c Batance	10	1	ŀ		ţ			
~ <u>`</u>	Cost of goods sold (Schedule A, line 7)	2	1						
8	Gross profit. Subtract line 2 from line 1c	8	<del> </del>		$\neg$				
4.	Capital gain net income (attach Schedule D)	48				<del></del>			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	40	t		$\leq$				
-	Capital loss deduction for trusts	4c			KF.	XIVED			
5	Income (loss) from a partnership or an S corporation (attach statement)	5				70			
8	Rent Income (Schedule C)	6		12	MAAV	0 42021 8			
7	Unrelated debt-financed income (Schedule E)	7		ि।	···"	الله الله			
8	Interest, annuities, royalties, and rents from a controlled organization (Schodule F)	8		<u> </u>	2	<u></u>			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			)GI	DEN UK			
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	18	0.	•		\			
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)									
	(Deductions must be directly connected with the unrelated busin	eấa ju	come.)						
14	Compensation of officers, directors, and trustees (Schedule K)	\	<b>.</b> .		14				
15	Salaries and wages .			. 1	15				
16	Repairs and maintenance		<b>\</b> .		16				
17	Bad debts .		. <b>.</b> .		17				
18	Interest (attach schedule) (see instructions)		. \		18				
19	Taxes and licenses				19	· <del></del>			
20	Depreciation (attach Form 4562)		20						
21	Less depreciation claimed on Schedule A and elsewhere on return		. 21a		21b				
22	Depletion		,	.\. ·	22	<del></del>			
23	Contributions to deferred compensation plans		ť .	<b>\</b> .	28				
24	Employee benefit programs .	•		· 🔪 📗	24	<del></del>			
25	Excess exempt expenses (Schedule I)		•	·· \ \	25				
26	Excess readership costs (Schedule J)			· 🔪	26				
27	Other deductions (attach schedule)	,		. \	27				
5 <sup>28</sup>	Total deductions. Add lines 14 through 27				28	0.			
) <sup>28</sup>	29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13					<del></del>			
80	Deduction for net operating loss arising in tax years beginning on or after Januar	y 1, 20	J 18	i	_	`			
0.4	(see instructions)				30	0.			
81	Unrelated business taxable Income. Subtract line 30 from line 29				31				
92370	1 01-27-20 LHA For Paperwork Reduction Act Notice, see Instructions.					form <b>990-T</b> (2019)			

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Form 8	NO-T (2019) MERCY MCMAHON TERRACE	68-011734	0 Pige 2				
Pär	tili Total Unrelated Business Taxable Income	4	•				
82	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	82.	0.				
85	Amounts gaid for disallowed tringes	83					
34	Charitable contributions (see instructions for limitation rules)	34	٥.				
85	Total unrelated business taxable income before pro-2018 NOLs and specific deduction Subtract tire 34 from the sum of lines 32 and 33	34	<u>-</u>				
38	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	86					
87	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 000				
88	Specific deduction (Generally \$1,000, but see line 38 Instructions for exceptions)	38 1	1,000.				
39	Uarelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	1 H					
(A)	enter the smaller of zero or line 37	1 89 1	0.				
	IN Tax Computation						
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0,21)	40	0.				
41	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 39 from:	<b>30%</b>					
	Tax rate schedule or Schedule D (Form 1041)	41					
42	Proxy tax. See Instructions	42					
48	Alternative minimum tax (trusts only)	48					
44	Tax on Noncompliant Facility Income See instructions	44					
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.				
Pari							
46.	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 482	1888 E					
	Other credits (see instructions) 48b						
-	General business credit. Attach Form 3800 48c						
ď	• • •	10003851					
		1864					
	Total credits. Add lines 46a through 46d	460					
47	Subtract line 45e from line 45	47	0.				
48	Other taxes. Check If from, Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schoolule)	48					
49	Total tax. Add lines 47 and 48 (see instructions)	48	0.				
60	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.				
	Payments: A 2018 overpayment credited to 2019						
	2019 estimated tax payments 500.						
¢	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or withheld at source (see instructions) 61d						
	Backup withholding (see instructions) 51e						
1	Credit for small employer health insurance premiums (attach Form 8941) 611						
	Other credits, adjustments, and payments    Form 2439						
	Form 4136 Other Total 51g						
52	Total payments. Add lines 51a through 51g	52	500.				
58	Estimated tax penalty (see instructions) Check if Form 2220 is attached	58					
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54					
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	500,				
58	Enter the amount of line 55 you want: Credited to 2020 estimated tax	58	500.				
	VI: Statements Regarding Certain Activities and Other Information (see instructions)	1 90 1					
67	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	· · · · · · · · · · · · · · · · · · ·	Yes No				
٠,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1	4554 SLAS				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	į.	<b>100</b>				
	hare	P.	A COLUMN				
58		——}	- <del>x</del>				
00	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	la la	SCAN ASSAULT				
	If "Yes," see instructions for other forms the organization may have to file	Įį	数學家				
59	Enter the amount of tax-exempt interest received or accrued during the tax year	4 4	PAR PAGE				
Sign	Under penalties of persury 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct and complete Declaration of preparer (other than texpayor) is based on all information of which properer has any knowledge.	ige and beset, it is true,					
Here	Bonnie Jenkins   05/12/2021 cro	y the IRS discuss this n	etarn with				
	the the	preparer shown below					
	<del></del>	rtructions)? X Yes	No				
1	Print/Type preparer's name Preparer's signature Date Check I if	PTIN					
Paid							
Prep		P01051055					
Use		47-061737	73				
	198 INVERNESS DRIVE WEST						
	Firm's address RIGLEWOOD, CO 80112 Phone no. 303-298-9100						
023711 0	1.27.96	c 00	O-T mosto				

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

STATEMENT(S) 1 3 STATEMENT(S) 1 2019.05094 MERCY MCMAHON TERRACE 96761P\_1

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