Form 990-T	E	xempt Organization	Bus	siness Income	Tax Retui	rn	OMB No 1545-0687
Form JJU-1		and proxy tax (and proxy tax) and ar year 2018 or other tax year begin		der section 6033(
	For cale	Indar year 2018 or other tax year begin ► Go to www.irs.gov/Form990					
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers on this form a			•	c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if				me changed and see instruction		D Empl	oyer identification number oyees' trust, see instructions)
address chang	ea					(211121	byces trast, see monuclions ;
B Exempt under section	i	DIGNITY HEALTH MEDIC	_			60 0	220214
X 501(C)() (3.)	Print	Number, street, and room or suite no	taPO	box, see instructions			220314 lated business activity code
408(e) 220 408A 530	INDE	185 BERRY STREET, SU	ידי	300			nstructions)
408A530 529(a)	(a)	City or town, state or province, country					
C Book value of all asse	ts	SAN FRANCISCO, CA 9	4107				
at end of year	F Gro	oup exemption number (See instruction	ons)				
329,811,583	- G Ch	eck organization type X 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
H Enter the number	of the orga	anization's unrelated trades or busine	sses	<u>1</u>	Describe	the only	y (or first) unrelated
trade or business				·			e than one, describe the
		e end of the previous sentence, cor	nplete	Parts I and II, complete a S	cnedule M for ea	ch additio	nal
trade or business,		lete Parts III-V corporation a subsidiary in an affili	atod a	roup or a parent subsidies:	controlled group?		▶ X Yes No
		corporation a subsidiary in an attili identifying number of the parent co				1-6	500 1 TO 1
J The books are in o			porau	Telephor	ne number ▶ 91	6-631	-3369
		or Business Income		(A) Income	(B) Exper		(C) Net
1a Gross receipts	or sales						
b Less returns and all	owances	c Balance ▶	1 c				
2 Cost of goods	sold (Sched	dule A, line 7)	2				
·		2 from line 1c	3				
		attach Schedule D)	4a				-
		, Part II, line 17) (attach Form 4797)	4b				
		trusts	4c 5				
• •		or an S corporation (attach statement)	6				
•	,	ncome (Schedule E)	7				
		ents from a controlled organization (Schedule F)	8				
9 Investment income	of a section 5	01(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exem	pt activity	ıncome (Schedule I)	10				
		dule J)	11				
		ctions, attach schedule)	12	0.			
		rough 12		L	loductions) /	Event	for contributions
		t be directly connected with t				Except	ioi contributions,
		, directors, and trustees (Schedule K)				. 14	<u> </u>
,					VED	15	
				 		16	
17 Bad debts		/coo instructions)			. anan . IOI	17	_
16 Interest (attach	i scriedule)	(see instructions)) ~ 	12. 1	18	
19 Taxes and licer	nses	See instructions for limitation rules)		···· OCDEN	1.1.1.	19	
					4,. O.1	20	
		n 4562)				226	-
*		on Schedule A and eisewhere on re					
		compensation plans				• •	
		is					-
		(Schedule I)					
27 Excess readers	ship costs (S	Schedule J)				27	
	•	schedule)					
		es 14 through 28					
		ble income before net operating					1
	•	ng loss arising in tax years beginning	-	•			
		le income Subtract line 31 from line Notice, see instructions.	JU .	<u> </u>	· · · · · · · · · · · · · · · · · · ·	32	Form 990-T (2018)

DIGNITY HEALTH MEDICAL FOUNDATION

68-0220314

_	350-1 (2								Page 2
Pai	rt III	Total Unrelated Business Taxab							
33		of unrelated business taxable income co							
		lions)					33		
34		ts paid for disallowed fringes					34		
35		ion for net operating loss arising in							
		tions),					35		
36	Total	of unrelated business taxable income befo	re specific deducti	on Subtract	line 35 from the	sum	}		
	of lines	33 and 34			<i></i>		36		
37	Specifi	c deduction (Generally \$1,000, but see line 37	nstructions for excer	otions)		[37		
38		ed business taxable income. Subtract line							
	enter ti	ne smaller of zero or line 36					38		0.
Par		Tax Computation					1		
39		zations Taxable as Corporations. Multiply line	38 by 21% (0.21)				39		
40	Trusts				ion Income tax		38		
		ount on line 38 from Tax rate schedule				Г	40		
41	_	ax. See instructions				· · · · -	41		
42		tive minimum tax (trusts only)				· -	42		
43		Noncompliant Facility Income. See instruction				_	43		
44		dd lines 41, 42, and 43 to line 39 or 40, which	never applies	• • • • • •		• • •	44		
Par	t V	Tax and Payments			!				
45 a	Foreign	tax credit (corporations attach Form 1118, tru	ists attach Form 1116	i) <u>4</u>	5a				
b	Other o	redits (see instructions)		49	5b		N I		
С	Genera	I business credit Attach Form 3800 (see instru-	ctions)	4	5c				
d	Credit f	or prior year minimum tax (attach Form 8801 c	or 8827)	4!	5d				
е	Total c	edits. Add lines 45a through 45d		<i>T.</i>			45e		
46		t line 45e from line 44					46		•
47	Other ta	kes Check if from Form 4255 Form 861	1 Form 8697	Form 8866	Other (attach scher	tule)	47		
48		x. Add lines 46 and 47 (see instructions)				_	48		0.
49		et 965 tax liability paid from Form 965-A or Fo					49		
						 	43		
ova L	2049 a	ats A 2017 overpayment credited to 2018 stimated tax payments		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	va 3	200.	l i		
						200.			
		osited with Form 8868		- 11-					
		organizations Tax paid or withheld at source (•						
		withholding (see instructions)		 					
		or small employer health insurance premiums (Df		1		
g		edits, adjustments, and payments Form 2					1		
							!		
51		syments. Add lines 50a through 50g					51	3	,200.
52		ed tax penalty (see instructions) Check if Form					52		
53	Tax due	. If line 51 is less than the total of lines 48, 49), and 52, enter amour	nt owed		▶[53		
54		yment. If line 51 is larger than the total of line:				<u>ر</u> خ.	54	3	,200.
55	Enter the	amount of line 54 you want Credited to 2019 est	imated tax		Refunde	d 🗲 🕠	55	3	,200.
Par	t VI	Statements Regarding Certain A	ctivities and O	ther Inforr	nation (see instru	ictions)	Ī		
56	At any	time during the 2018 calendar year, did						thority Ye	s No
		financial account (bank, securities, or oth							
		Form 114, Report of Foreign Bank and							İ
	here 🕨	•					3		x
57	•	he tax year, did the organization receive a dist	tribution from or was	ut the eventer	e of an transferonta		. tm.nt2		X
٠.				s it the grantor	r or, or transferor to, a	a loreigr	ı uustr.	• • • • • • • • • • • • • • • • • • • •	+
58		see instructions for other forms the organization		• •					
		e amount of tax-exempt interest received or ac der penalties of penury, i declare that I have examined			les and statements and to	the her	t of my b	owledge and t	belief it is
Sign	try	der penalties of penury, i declare that I have examined e, correct, and comprete Declaration of preparer (other than to			reparer has any knowledge	1005	. U. 7117 KI		II Id
		Theresa Hylen	pul 15, 20։	200		May	the IRS	discuss this	retum
Here		जावार्ग्य भारतीहरू १४२५	Deta	CFO		_ with	the pre	parer shown	
			Date Date	Title	<u></u>	n 993)	nstructions)	X Yes	No
Paid		Print/Type preparer's name	Prepare s brignatura	11.	Date	Check	ıf	PTIN	
Prep		LISA M MEYER , MANAGER	L ONE!	1 JUL	07/03/2020	self-em		P014901	
Use		Firm's name ► KPMG LLP	· `	`		Firm's E		3-556520	
	~···,	Firm's address ▶ 55 SECOND STREET SU	ITE 1400, SAN	FRANCISCO	CA 94105	Phone n		-963-510	
JSA								Form 990-	T (2018)

Form 990-T (2018)							Page 3	
Schedule A - Cost of Go	ods Sold. Er	nter method	of invent	ory valuation	-		<u> </u>	
1 Inventory at beginning of y						ar	6	
2 Purchases	_					ld. Subtract line		
3 Cost of labor	• • • • • • • • • • • • • • • • • • • •			6 from	line 5 En	ter here and in		
4a Additional section 263A co	1 "	• .		Part I, line	2		7	
(attach schedule)	1 1					section 263A (v	vith respect to Yes No	
b Other costs (attach schedu	L I					or acquired for		
5 Total. Add lines 1 through	· · · · · · · · · · · · · · · · · · ·					<u>.</u>		
Schedule C - Rent Income		roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)	
(see instructions)	•					-		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accrue	ed				.	
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	age of rent fo	personal property or personal property s based on profit or	exceeds		rectly connected with the income (a) and 2(b) (attach schedule)	
(1)			-					
(2)		_						
(3)			-					
(4)								
Total		Total						
(c) Total income. Add totals of co	olumns 2(a) and 2	(b). Enter				(b) Total deduction Enter here and or		
here and on page 1, Part I, line 6						Part I, line 6, colui		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruct	ions)				
	-		2. Gross	income from or	3 [nnected with or allocable to ced property	
1 Description of deb	t-financed property		1	to debt-financed	(a) Straigh	nt line depreciation	(b) Other deductions	
			property		(attach schedule)		(attach schedule)	
(1)								
(2)								
(3)								
(4)			_					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		•		%				
(2)				%				
(3)				%				
(4)		<u> </u>	 	%				
					Enter her Part I, lin	e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		olumn 8			<u></u> .			

Schedule F—Interest, Anni	and of Noyanies		pt Controlled O			410110 (000		110)		
Name of controlled organization	2. Employer identification numb	er	t unrelated income) (see instructions)			included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)	<u> </u>								• •	
Nonexempt Controlled Organiz	· -				10	Part of column	O that is	11	. Deductions directly	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made						nected with income in column 10	
(1)										
(2)	<u> </u>									
(3)										
(4)				-	Ac	ld columns 5 a	nd 10	hA	d columns 6 and 11	
Totals				▶ 7) Orga	Pa	er here and on rt I, line 8, colui	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount of	_	3. Dedi directly c (attach s	uctions onnected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									<u> </u>	
(2)										
(3)										
(4)	F.4								Enter here and on page 1	
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, or	olumn (A)	or Than Adver	ticina la	ocome	(see instru	ctions)		Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business inc	4. Net incomplete from unrel or busines 2 minus of 1 f a gain, cols 5 th	ome (loss) ated trade s (column olumn 3) compute	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,						Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J-Advertising Ir	l l	untions)	L							
			nsolidated Ra	eie		_	.			
Part I Income From Per	lodicais Report	eu on a co	insolidated ba	1515			_		<u></u>	
1 Name of periodical	2. Gross advertising income	3. Direct advertising o	2	oss) (col col 3) If compute	1	Circulation income	6. Reade costs	-	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)									_	
Totals (carry to Part II, line (5))										
									Form 990-T (2018)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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 readersh costs (column 6 minus column 5, be 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 - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name			Title	3. Percent of time devoted to business	4 Compensation	
(1)				%		
(2)				%	·	
(3)				%		
(4)				%		

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFIT

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

DIGNITY COMMUNITY CARE 81-5009488