2939319800103

	0-T(2019) DIGNITY HEALTH MEDICAL FOUNDATION	00-0220314 Pa	age 2
Parl	Total Unrelated Business Taxable Income	···	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,00	0.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,		
03	enter the smaller of zero or line 37	39	0.
Pari	IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from.		<u> </u>
41		1 1	
40	Tax rate schedule or Schedule D (Form 1041)	41	—
42	Proxy tax See instructions	42	
43	Alternative minimum tax (trusts only)	43	
7 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.
Par			
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a		
р	Other credits (see instructions)	3. 1	
	General business credit Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments A 2018 overpayment credited to 2019	'	
b	2019 estimated tax payments		
C	Tax deposited with Form 8868 51c	,	
d	Foreign organizations Tax paid or withheld at source (see instructions)  51d	] `	
е	Backup withholding (see instructions) 51e	0 0	
f	Credit for small employer health insurance premiums (attach Form 8941) 511		
g	Other credits, adjustments, and payments Form 2439		
	☐ Form 4136 Other Total ▶ 51g		
52	Total payments Add lines 51a through 51g	52 1,00	0.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
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 1,00	0.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	56 1,00	0.
Part		1	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1	, i
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	_ 0	
	here <b>&gt;</b>		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	<del></del>	-1
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of persury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ige and belief, it is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  CHIEF FINANCIAL	100 4	
Here		ay the IRS discuss this return with e preparer shown below (see	'
			No
	Print/Type preparer's name Preparer's signature Date Check		
Paid			
	Darer JAMES LANCASTER 05/07/21	P00742579	
	SUPPLIES TO SUPPLI	13-5565207	—
058	Only Firm's name FRANG LLP 55 SECOND STREET SUITE 1400		
		15-963-5100	
923711	01-27-20	Form <b>990-T</b> (2)	019\
		. 5, 500 - (2)	,

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'S NAME							IDENTIFYING NO
DIGNITY COMMUNITY CARE							81-5009488