

2006

EXTENDED TO MAY 17, 2021

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

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

2019

Department of the Treasury Internal 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 Inspection for 501(c)(3) Organizations Only

Section A: Name of organization (DIGNITY HEALTH MEDICAL FOUNDATION), address (185 BERRY STREET SUITE 200, SAN FRANCISCO, CA 94107), and identification number (68-0220314).

Section C: Book value of all assets at end of year (477,201,605) and Section F: Group exemption number and organization type (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (N/A).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes).

Section J: The books are in care of (MSO SERVICE CENTER, KIM FROST) Telephone number (916-631-3369).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales, Cost of goods sold, Net gain, etc. Total income is 0.

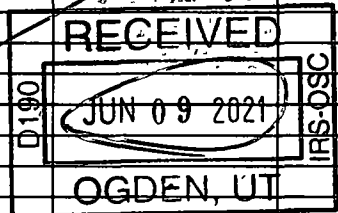


Table for Part II: Deductions Not Taken Elsewhere. Includes rows for Compensation of officers, Salaries and wages, Repairs and maintenance, etc. Total deductions are 0.

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SCANNED 2021

56 Received in Batching Ogden JUN 10 2021

Part III Total Unrelated Business Taxable Income

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

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 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions 57-59 regarding foreign accounts and distributions.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 5/12/21, Title: CHIEF FINANCIAL OFFICER.

Paid Preparer Use Only: Print/Type preparer's name: JAMES LANCASTER, Preparer's signature: [Signature], Date: 05/07/21, Check self-employed: [ ], PTIN: P00742579, Firm's name: KPMG LLP, Firm's EIN: 13-5565207, Firm's address: 55 SECOND STREET SUITE 1400 SAN FRANCISCO, CA 94105, Phone no.: 415-963-5100.

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

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CORPORATION'S NAME

IDENTIFYING NO

DIGNITY COMMUNITY CARE

81-5009488