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*** AMENDED RETURN - SECTION 512(A) (7) REPEAL ***

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.▶ 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).

2017Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D **Employer identification number**
(Employees' trust, see instructions)

B Exempt under section

ALBERT EINSTEIN HEALTHCARE NETWORK

23-2290323

☒ 501(c)(3) ☐ 501(c)(29)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)
Print
or
Type

Number, street, and room or suite no. If a P.O. box, see instructions

E **Unrelated business activity codes**
(See instructions)

5501 OLD YORK ROAD

523000

City or town, state or province, country, and ZIP or foreign postal code

PHILADELPHIA, PA 19141

C Book value of all assets
at end of year

F Group exemption number (See instructions) ▶

63,497,549.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity ▶ **ATTACHMENT 1**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 ▶ **STEVEN NEARING** Telephone number ▶ **215-456-6760****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 partnerships and S corporations (attach statement)	5	28,383.	28,383.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (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	28,383.	28,383.

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

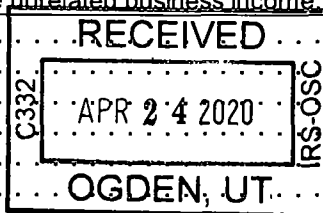
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	28,383.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	28,383.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	27,383.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)7X2740 2.000 JSA
182075-2129

V 17-7.10

SCANNED JUL 17 2020

DUPLICATE
JUL 22 2020
BY [illegible]

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$	(2) \$	(3) \$ 27,383.
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750).		\$
(2) Additional 3% tax (not more than \$100,000)		\$
c Income tax on the amount on line 34.		ATCH. 3.
		35c 7,544.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from. <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.		40 7,544.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).		41a	
b Other credits (see instructions).		41b	
c General business credit. Attach Form 3800 (see instructions).		41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).		41d	
e Total credits. Add lines 41a through 41d.		41e	
42 Subtract line 41e from line 40.		42	7,544.
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).		43	
44 Total tax. Add lines 42 and 43.		44	7,544.
45 a Payments. A 2016 overpayment credited to 2017.		45a	
b 2017 estimated tax payments.		45b	
c Tax deposited with Form 8868.		45c	22,500.
d Foreign organizations. Tax paid or withheld at source (see instructions).		45d	
e Backup withholding (see instructions).		45e	
f Credit for small employer health insurance premiums (Attach Form 8941).		45f	
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other		45g	
46 Total payments. Add lines 45a through 45g.		46	22,500.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/>		47	234.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed.		48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid.		49	14,722.
50 Enter the amount of line 49 you want. Credited to 2018 estimated tax <input checked="" type="checkbox"/> 14,722. Refunded <input type="checkbox"/>		50	

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here.	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year. \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Gerald Blang</i>	4/7/2020	CF		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ALBERT N ANTONELLI	<i>Albert N. Antonelli</i>	04/04/2020		P01496650
	Firm's name PRICEWATERHOUSECOOPERS LLP	Firm's EIN 13-4008324	Firm's address 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103	Phone no. 267-330-3000	

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ►				

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	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 and on page 1, Part I, line 10, col (B).			Enter here and on page 1, Part II, line 26.

Totals

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

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 readership costs (column 6 minus column 5, but 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2017)

Alternative Minimum Tax—Corporations

OMB No 1545-0123

2017

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

Name **ALBERT EINSTEIN HEALTHCARE NETWORK** Employer identification number **23-2290323**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	27,383
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	3	27,383
4	Adjusted current earnings (ACE) adjustment.		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	27,383
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions.	4b	0
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount.	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive).	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	27,383
6	Alternative tax net operating loss deduction. See instructions.	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	7	27,383
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	0
b	Multiply line 8a by 25% (0.25)	8b	0
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	27,383
10	Multiply line 9 by 20% (0.20)	10	5,477
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions.	11	
12	Tentative minimum tax. Subtract line 11 from line 10.	12	5,477
13	Regular tax liability before applying all credits except the foreign tax credit	13	7,544
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return.	14	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2017)

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

INVESTMENT IN A LIMITED PARTNERSHIP GENERATING UNRELATED BUSINESS
TAXABLE INCOME.

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS

28,383.

INCOME (LOSS) FROM PARTNERSHIPS

28,383.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	27,383.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....	9,310.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....	5,750.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....	1,713,040.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....	1,040,750.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	4,693.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	2,851.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....	7,544.

ALBERT EINSTEIN HEALTHCARE NETWORK
FEIN 23-2290323

FORM 990-T
AMENDED RETURN STATEMENT
FOR THE TAX YEAR ENDED JUNE 30, 2018

ALBERT EINSTEIN HEALTHCARE NETWORK ("TAXPAYER") IS FILING AN AMENDED FORM 990-T FOR THE TAX YEAR ENDED JUNE 30, 2018 PURSUANT TO THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7). AS A RESULT, TAXPAYER IS FILING AN AMENDED RETURN IN ORDER TO REMOVE THE AMOUNTS PREVIOUSLY REPORTED AS UNRELATED BUSINESS INCOME FROM THE PROVISION OF QUALIFIED TRANSPORTATION FRINGES.

PURSUANT TO SUCH REPEAL, TAXPAYER HAS REDUCED FORM 990-T, PART I, LINE 12 TO \$0, REDUCING THE TAXABLE INCOME AND TAX DUE WHICH WAS PREVIOUSLY REPORTED ON PART III, LINE 40 OF THE TAXPAYER'S ORIGINALLY FILED RETURN. AN INCREASE IN THE CARRYFORWARD AMOUNT IS RESPECTFULLY REQUESTED ON PART IV, LINE 50 OF THE ATTACHED AMENDED FORM 990-T.

THE CHANGES ARE BROKEN OUT AS FOLLOWS:

Form 990-T Breakout			
Comparison of Originally Filed to Amended Returns			
	Form 990-T	Form 990-T	
	Originally Filed	Amended Return	Difference
Part I - Unrelated Trade or Business Income			
Line 5 - Income (loss) from partnerships and S corporations	28,383	28,383	-
Line 12 - QTF UBTI Increase under IRC section 512(a)(7)	17,087	-	(17,087) *
Line 13 - Total	45,470	28,383	(17,087) *
Part II - Deductions Not Taken Elsewhere			
Line 30 - Unrelated business taxable income before net operating loss deduction	45,470	28,383	(17,087) *
Line 31 - Net operating loss deduction	-	-	-
Line 33 - Specific deduction	1,000	1,000	-
Line 34 - Unrelated Business Taxable Income	44,470	27,383	(17,087) *
Part III - Tax Computation			
Line 35c - Income tax	12,253	7,544	(4,709) *
Line 38 - Alternative minimum tax	-	-	-
Line 40 - Total	12,253	7,544	(4,709) *
Part IV - Tax and Payments			
Line 44 - Total tax	12,253	7,544	(4,709) *
Line 45c - Tax deposited with Form 8868	22,500	22,500	-
Line 45g - Other credits and payments	-	-	-
Line 47 - Estimated tax penalty	300	234	(66) *
Line 48 - Tax Due	-	-	-
Line 49 - Overpayment	9,947	14,722	4,775 *
Line 50 - Credited to 2018	9,947	14,722	4,775 *
Line 50 - Refunded	-	-	-
* The difference is due to the retroactive repeal of IRC section 512(a)(7).			