

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 OCT 1, 2017 and ending SEP 30, 2018**2017**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

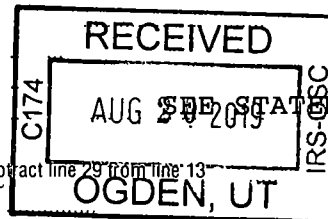
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PIH HEALTH HOSPITAL - WHITTIER</b>		<b>D</b> Employer identification number (Employees' trust, see instructions) <b>95-1934652</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions <b>12401 WASHINGTON BOULEVARD</b>		<b>E</b> Unrelated business activity codes (See instructions) <b>621990</b>	
<b>C</b> Book value of all assets at end of year <b>1,297,737,709.</b>		<b>F</b> Group exemption number (See instructions.) <b>▶</b>		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
<b>H</b> Describe the organization's primary unrelated business activity. <b>▶</b> <b>SEE STATEMENT 1</b>					
<b>I</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. <b>▶</b> <b>SEE STATEMENT 6</b> <b>PIH</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>J</b> The books are in care of <b>▶</b> <b>RICHARD WANG</b> Telephone number <b>▶</b> <b>562-698-0811</b>					

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	<b>c</b> Balance <b>▶</b>	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule) <b>STATEMENT 3</b>	<b>12</b>	<b>51,612.</b>	<b>51,612.</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>51,612.</b>	<b>51,612.</b>

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)	<b>14</b>	
15	Salaries and wages	<b>15</b>	
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules) <b>STATEMENT 7</b> <b>SEE STATEMENT 4</b>	<b>20</b>	<b>3,762.</b>
21	Depreciation (attach Form 4562)	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule)	<b>28</b>	<b>12,995.</b>
29	<b>Total deductions</b> Add lines 14 through 28	<b>29</b>	<b>16,757.</b>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<b>34,855.</b>
31	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>34,855.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
34	<b>Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>33,855.</b>



**Part III Tax Computation****35 Organizations Taxable as Corporations** See instructions for tax computationControlled group members (sections 1561 and 1563) check here ☒ See instructions and**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):(1) \$ 33,855. (2) \$                      (3) \$                     **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

SEE STATEMENT 8

35c 6,598.**36 Trusts Taxable at Trust Rates** See instructions for tax computation Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)36                     **37 Proxy tax** See instructions37                     **38 Alternative minimum tax**38                     **39 Tax on Non-Compliant Facility Income.** See instructions39                     **40 Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies40 6,598.**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)41a                     **b Other credits** (see instructions)41b                     **c General business credit** Attach Form 380041c                     **d Credit for prior year minimum tax** (attach Form 8801 or 8827)41d 373.**e Total credits** Add lines 41a through 41d41e 373.**42 Subtract line 41e from line 40**42 6,225.**43 Other taxes** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)43                     **44 Total tax** Add lines 42 and 4344 6,225.**45a Payments: A 2016 overpayment credited to 2017****b 2017 estimated tax payments**45b 1,160.**c Tax deposited with Form 8868**45c 4,400.**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:**☐ Form 2439                     ☐ Form 4136                      ☐ Other                     Total                      45g                     **46 Total payments** Add lines 45a through 45g46 5,560.**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐47 16.**48 Tax due** If line 46 is less than the total of lines 44 and 47, enter amount owed48 681.**49 Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid49                     **50 Enter the amount of line 49 you want: Credited to 2018 estimated tax**

Refunded

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  
☐ ☐  
☐ ☒  
☐ ☒**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 fileYes No  
☐ ☐  
☐ ☒**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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

Signature of officer [Signature]Date 8/1/19Title VP OF FINANCEMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

REBEKUH ELEY

Rebekuh Eley

8/1/2019

P01247672

Firm's name RSM US LLPFirm's EIN 42-0714325Firm's address 1 S. WACKER DRIVE, STE 800Phone no 312-634-3400Firm's address CHICAGO, IL 60606

Form 990-T (2017)

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

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					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					

**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	0.	Total 0.

**(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) **►**

0. 0.

**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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
<b>Total dividends-received deductions</b> included in column 8				0.

**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)						
<b>Nonexempt Controlled Organizations</b>						
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)	
<b>Totals</b>				<b>0.</b>	<b>0.</b>	

**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)	
<b>Totals</b>		<b>0.</b>	<b>0.</b>	

**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		
<b>Totals</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>		

**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)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) <b>0.</b>	Enter here and on page 1, Part I, line 11, col (B) <b>0.</b>				Enter here and on page 1, Part II, line 27 <b>0.</b>

**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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

## Alternative Minimum Tax - Corporations

OMB No 1545-0123

▶ Attach to the corporation's tax return

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.**2017**

Name

PIH HEALTH HOSPITAL - WHITTIER

Employer identification number

95-1934652

**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).

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	33,855.
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	<b>3</b>	33,855.
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	33,855.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>	0.
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	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 <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	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	<b>4e</b>	0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	33,855.
<b>6</b>	Alternative tax net operating loss deduction See instructions	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	33,855.
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	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-	<b>8a</b>	0.
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>8b</b>	0.
<b>c</b>	Exemption Subtract line 8b from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>	0.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	33,855.
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>10</b>	6,771.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) See instructions	<b>11</b>	
<b>12</b>	Tentative minimum tax Subtract line 11 from line 10	<b>12</b>	1,707.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	6,598.
<b>14</b>	<b>Alternative minimum tax.</b> 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	<b>14</b>	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

\* SEE ALSO

STATEMENT 9

## Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	33,855.
2 ACE depreciation adjustment:			
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (not affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	33,855.

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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PIH HEALTH HOSPITAL - WHITTIER'S UNRELATED BUSINESS GROSS ACTIVITIES  
CONSIST OF THE MARIPOSA BOUTIQUE AND AMOUNTS PAID FOR DISSALLOWED FRINGES

TO FORM 990-T, PAGE 1



## FOOTNOTES

## STATEMENT 2

PURSUANT TO THE SMALL BUSINESS EXCEPTION UNDER SECTION 10.11(6)9(B)(III) OF REV. PROC. 2015-14, THE TAXPAYER IS CHANGING TO ADOPT THE FINAL TANGIBLE PROPERTY REGULATIONS PROSPECTIVELY WITH ITS TAX YEAR

BEGINNING JANUARY 1, 2014 AND WITHOUT FILING A FORM 3115.

TAXPAYER HEREBY MAKE THE DE MINIMUS SAFE HARBOR ELECTION UNDER TREAS. REG. 1.263(A)-1(F) FOR ALL ELIGIBLE

AMOUNTS PAID OR INCURRED DURING THE TAXABLE YEAR.

TAXPAYER HEREBY ELECTS TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER TREAS. REG. 1.263(A)-3(N). THE COSTS WERE INCURRED DURING THE TAXABLE YEAR IN THE ELECTING TAXPAYER'S TRADE OR BUSINESS AND ELECTING TAXPAYER TREATES SUCH COSTS AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS.

FORM 990-T	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
MARIPOSA BOUTIQUE		25,991.
AMOUNTS PAID FOR DISSALLOWED FRINGES		25,621.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		51,612.

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	72,851.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		72,851.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
MARIPOSA BOUTIQUE EXPENSES		12,995.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		12,995.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 6
CORPORATION'S NAME		IDENTIFYING NO
PIH HEALTH, INC.		95-3619388

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 7

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

89,954

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

89,954

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

72,851

TOTAL CONTRIBUTIONS AVAILABLE

162,805

TAXABLE INCOME LIMITATION AS ADJUSTED

3,762

EXCESS 10% CONTRIBUTIONS

159,043

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

159,043

ALLOWABLE CONTRIBUTIONS DEDUCTION

3,762

TOTAL CONTRIBUTION DEDUCTION

3,762

FORM 990-T		LINE 35C TAX COMPUTATION	STATEMENT 8
1.	TAXABLE INCOME . . . . .	33,855	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	33,855	
3.	LINE 1 LESS LINE 2 . . . . .	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4 . . . . .	0	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	5,078	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	0	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		<u>5,078</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>7,110</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 92	1,280	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 273	<u>5,318</u>	
18.	TOTAL TAX PRORATED	<u>365</u>	<u>6,598</u>

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 9

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

72,851

TOTAL CONTRIBUTIONS

72,851

10% OF TAXABLE INCOME AS ADJUSTED

3,762

EXCESS CONTRIBUTIONS

69,089

ALLOWABLE CONTRIBUTIONS

3,762

AMT CHARITABLE DEDUCTION

3,762

REGULAR CONTRIBUTION DEDUCTION

3,762

AMT CONTRIBUTION ADJUSTMENT

0

## TENTATIVE MINIMUM TAX (TMT) PRORATION

## STATEMENT 10

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	6,771.	
TMT IN EFFECT BEFORE 01/01/2018 . . . . .	6,771.	
TMT IN EFFECT AFTER 12/31/2017 . . . . .	0.	
		DAYS
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 92	1,707.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 273	0.	
TMT PRORATED . . . . . 365		1,707.

Form **8827**Department of the Treasury  
Internal Revenue Service**Credit for Prior Year Minimum Tax - Corporations**

OMB No. 1545-0123

**2017**

▶ Attach to the corporation's tax return

▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

Name

**PIH HEALTH HOSPITAL - WHITTIER**

Employer identification number

**95-1934652****1** Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626**1** **373.****2** Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827**2****3** Enter any 2016 unallowed qualified electric vehicle credit (see instructions)**3****4** Add lines 1, 2, and 3**4** **373.****5** Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions)**5** **6,598.****6** Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)?• **Yes.** Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-• **No.** Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12**6** **1,707.****7a** Subtract line 6 from line 5. If zero or less, enter -0-**7a** **4,891.****b** For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)**7b****c** Add lines 7a and 7b**7c** **4,891.****8a** Enter the **smaller** of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions**8a** **373.****b** **Current year minimum tax credit.** Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c**8b** **373.****c** Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)**8c****9** **Minimum tax credit carryforward to 2018.** Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years**9**

PRIOR YEAR MINIMUM TAX CREDIT				STATEMENT 11
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
09/30/17	373.	0.	373.	373.
AVAILABLE FOR CREDIT			373.	373.