Form <b>990-T</b>	E	Exempt Orga	nization Bus	sine	ss lı	ncome T	ax Retu	yrn	ОМЕ	3 No 1545-0687
•			nd proxy tax und				1900	1	•	2040
	For cal	lendar year 2018 or other tax ye						2019	4	2018
Department of the Treasury Internal Revenue Service	▶	► Go to www Do not enter SSN number	irs.gov/Form990T for in irs on this form as it may					:)(3).	Open to 501(c)(3	Public Inspection for I) Organizations Only
'A X Check box if address changed		Name of organization (	Check box if name of	changed	and see	instructions)		(Em	oloyer ide ployees' ructions)	
B Exempt under section	Print	PIH Health	Physicians						95-3	942828
X 501(c/(3)	or	Number, street, and room		x, see II	nstructio	ns			elated bus instruction	siness activity code ons )
408(e) 220(e)	Туре	6557 Greenl						`		
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code Whittier, CA 90601								
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	<b></b>						
58,452,1	42.	G Check organization typ	e 🕨 🗓 501(c) corp	ooratioi	1 <u> </u>	501(c) trust	4	01(a) trust		Other trust
H Enter the number of the o	organiza	tion's unrelated trades or t	ousinesses.	1		Describe	the only (or firs	st) unrelate	d	
trade or business here	<u> </u>	<u>ee Statement</u>	. 1			If only one,	complete Parts	I-V. If moi	e than c	one,
describe the first in the bi	lank spa	ce at the end of the previo	us sentence, complete Pa	rts I an	d II, con	iplete a Schedule	M for each add	litional trad	e or	
business, then complete										
I During the tax year, was				ıt-subs	idiary co	ntrolled group?	ı	<b>▶</b>	′es L	X No
		ifying number of the parer	it corporation.					1566		00 0011
J The books are in care of Part Unrelated	Troc	Richard Wang	ama .		,		one number		<u>2) 6</u>	98-0811
<del></del>		le or business inc	one		(/	A) Income	(B) Expe	enses	+	(C) Net
1 a Gross receipts or sale			. D-1	١						
b Less returns and allow		A line 7)	c Balance	1c 2		· · · -	·		+-	
= :	oods sold (Schedule A, line 7) ofit. Subtract line 2 from line 1c					···			/	
•	oss profit. Subtract line 2 from line 1c 3 bital gain net income (attach Schedule D) 4							_/	<del>                                     </del>	
, ,	et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								<u> </u>	<del></del>
c Capital loss deduction									<u> </u>	
•		hip or an S corporation (at	ttach statement)	5						
6 Rent income (Schedul			,	6						
7 Unrelated debt-finance		ne (Schedule E)		7						
8 Interest, annuities, roy	alties, ar	nd rents from a controlled o	organization (Schedule F)	8						
9 Investment income of	a sectio	n 501(c)(7), (9), or (17) o	rganization (Schedule G)	9	_				ļ	
10 Exploited exempt activ	-	,		10						
11 Advertising income (S		•		11			<u> </u>		₩	
12 Other income (See ins				12 13		0.			<del> </del>	
Part M Deduction	Total Combine lines 3 through 12  rt   Deductions Not Taken Elsewhere (See Instructions for								J	
(Except for o	contribu	itions, deductions must	be directly connected	with t	he unre	lated business	income)			
	icers, dir	ectors, and trustees (Sche	dule K)			J 994 19		_14	<u> </u>	
15 Salaries and wages			REDE"	(20)	_ ' '_ '			15	<del> </del>	
16 Repairs and maintena	ance				4 202			16	<del> </del>	
17 Bad debts	dula) /aa	na unatrustiana)	JA	16 2	4 202	.0		17	<del> </del>	
<ul><li>18 Interest (attach sched</li><li>19 Taxes and licenses</li></ul>	oule) (se	e instructions)	IRS KA	NSA	S CIT	Y. MO		18 19	<del> </del>	
	nne /Saa	unstructions for limitation	IK2 W	IAÖV	<b>O O</b> 11	7,1110		20	<del> </del>	
21 Depreciation (attach l		,	10103)			21		-20	<del>                                     </del>	
		Schedule A and elsewher	e on return			22a		22b	•	
23 Depletion			• • • • • • • • • • • • • • • • • • • •					23		
24 Contributions to defe	rred con	npensation plans						24		
25 Employee benefit pro		•						25		
26 Excess exempt expen							26			
27 Excess leadership co	ship costs (Schedule J)						27			
28 Other deductions (att	tach sch	edule)						28	ļ .	
29 Total deductions. Ac	dd lines '	14 through 28						_29	ļ	0.
30 Unrolated business to	oxable in	come before net operating	loss deduction. Subtract	lino 29	from lir	nc 13		_30	ļ	0.
,	-	oss arising in tax years beg		y 1, 20	18 (sec i	nstructions)		<u> 31</u>	<u> </u>	
		come. Subtract line 31 fro						32	L	<u>0.</u>
823701 01-09-19 LHA Fo	r Paperv	work Reduction Act Notice	, see instructions.						Fori	m <b>990-T</b> (2018)

G7

Form 990-T	(2018) PIH Health Physicians 93-	-3942020	rago (
Part J	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8 29	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	epter the smaller of zero or line 36	88	0.
Part V	Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	<del>.</del>
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part X			<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1		· · · · · · · · · · · · · · · · · · ·
TJ A	Other credits (see instructions)		
	General business credit. Attach Form 3800		
ن د	Credit for prior year minimum tax (attach Form 8801 or 8827)		
a	Total credits. Add lines 45a through 45d	45e	
	Subtract line 45e from line 44	46	0.
46	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach se		
47	<del></del>	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)	49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	568.	
		000.	
		<del>700. </del>	
	Tax deposited with Form 8868	<del></del> i !	
	Foreign organizations: Tax paid or withheld at source (see instructions) . <u>\$0d</u>	<del> </del>  - -	
	Backup withholding (see instructions) . 50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <u>50g</u>	——  <u>,</u> ,	0 560
51	Total payments. Add lines 50a through 50g	51	9,568.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	√ 53	2 560
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>→</b>   54	9,568.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>4</b> ▶   55	9,568.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		· · · · · · · · · · · · · · · · · · ·
56	At any time during the 2018 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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	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 eccompanying schedules and statements, and to the best of m	y knowledge and bel	llef, it is true,
Sign	correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge.  Chief Financial	May the IDC	discuss this return with
Here	8/8/200 Officer		shown below (see
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid		iployed	
	Babakuh 81 ar   (Claud) (COU   8/12/2020		1247672
Prepa	DOW HO ITD		-0714325
Use C	1 S. WACKER DRIVE, STE 800		
		no. 312-6	34-3400
B23711 01-			Form 990-T (2018)
252111 0).	<del></del>		\2010

Schedule A - Cost of Good	ds Sold. Ente	r method of inve	ntory valuation N/A	<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar	6
2 Purchases	2		7 Cost of goods sold. S	Subtract line 6	
3 Cost of labor	3		from line 5 Enter here		[[
4 a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property I	_eased With Real Pro	operty)
1. Description of property					
(1)					
(2)					
(3)					<u> </u>
(4)		<del></del>			
	2. Rent receiv	ved or accrued			<del></del>
(a) From personal property (if the per rent for personal property is mon 10% but not more than 50%	re than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directions 2(a	ctly connected with the income in i) and 2(b) (attach schedule)
(1)					
(2)					
(3)			-		
(4)					
Total	0.	Total		0.	
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	nn (A)	<b>&gt;</b>		(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B)	
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)		
			Gross income from or allocable to debt-	to debt-fine	connected with or allocable anced property
1. Description of debt-t	financed property		financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			-		
(2)					<del></del>
(3)					
(4)					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h 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)	<del></del>		%	<del></del>	
(2)			%		
(3)			%		
(4)			%		
	,			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>.</b>		0. 0.
Total dividends-received deductions	ıncluded ın columr	ı 8		<u></u>	<b>▶</b> 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Enter here and on page 1, Part I,

line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

0.

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))	0.	0.				0.
						Form QQO-T (2010)

Enter here and on page 1, Part II, line 26

0.

(4)

**Totals** 

Part II.	Incom	ne From	Periodicals	Reported	on a	Separate	Basis	(For each per	riodical listed in	Part II, fill in
	column	s 2 through	h 7 on a line-by	·line basis )						

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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	<b>•</b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, cof (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)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

Form 990-T	Description of	Organization's Primary	Unrelated	Statement	1

N/A - No Unrelated Trade or Business Activities

To Form 990-T, Page 1