

Form **990-T**

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

OMB No. 1545-0687

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 08/01/17, and ending 07/31/18

Go 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

**A**  Check box if address changed

**B** Exempt under section:

501(c)(3)

408(e)

408A

529(a)

Name of organization (  Check box if name changed and see instructions.)

Proebe Sunter Medical Centers Inc.

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

126 Hwy 280 West

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

Americus GA 31719-8645

**D** Employer identification number (Employees' trust, see instructions.)

26-997185

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

900099

**C** Book value of all assets at end of year

117,903,093

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.

See Statement 1

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group?  Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of Brian Church Telephone number 229-312-4068

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>1c</b>	<b>c</b> Balance			
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Schedule D)			
<b>4b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>4c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule) <u>See Stmt 2</u>	9,850		9,850
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	9,850		9,850

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.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>
<b>15</b>	Salaries and wages		<b>15</b>
<b>16</b>	Repairs and maintenance		<b>16</b>
<b>17</b>	Bad debts		<b>17</b>
<b>18</b>	Interest (attach schedule)		<b>18</b>
<b>19</b>	Taxes and licenses		<b>19</b>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b> 0
<b>23</b>	Depletion		<b>23</b>
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>
<b>25</b>	Employee benefit programs		<b>25</b>
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>
<b>28</b>	Other deductions (attach schedule)		<b>28</b>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> 9,850
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b> 9,850
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b> 1,000
<b>34</b>	<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> 8,850

Part III Tax Computation

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled 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) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter on this line the 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 35c 1,637

**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 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** 1,637

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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 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** 1,637

**43** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. sch.) **43**

**44 Total tax.** Add lines 42 and 43 **44** 1,637

**45a** Payments: A 2016 overpayment credited to 2017 **45a**

**b** 2017 estimated tax payments **45b**

**c** Tax deposited with Form 8868 **45c**

**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 45g **46**

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **47** 62

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 1,699

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49**

**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 file.  Yes  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 \_\_\_\_\_ Date \_\_\_\_\_ Title CFO/Pst Bd Mbr 12/17

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name Jeffrey S. Wright Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN P00226270

Firm's name ▶ Draffin & Tucker LLP Firm's EIN ▶ 58-0914992

Firm's address ▶ PO Box 71309 Albany, GA 31708-1309 Phone no. 229-883-7878

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

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

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

(see instructions)

<b>1.</b> Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

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

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

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) N/A					
(2)					
(3)					
(4)					
<b>Totals</b>				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).

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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)				
<b>Totals</b>			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).

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) N/A				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (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) N/A						
(2)						
(3)						
(4)						
<b>Totals</b>		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.

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) N/A						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</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) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>	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.

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**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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

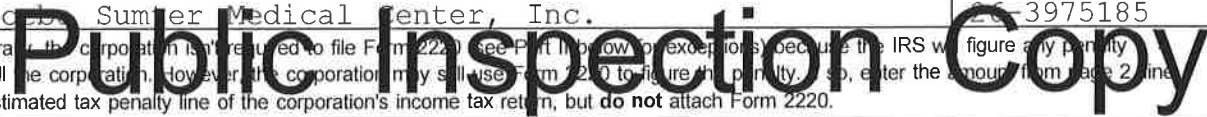
**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**  
▶ **Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**

Name Phoebus Sumner Medical Center, Inc. Employer identification number 25-3975185

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part I below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. Also, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.



**Part I Required Annual Payment**

1	Total tax (see instructions)	1	1,637
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	<b>Total.</b> Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty	3	1,637
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b>	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,637

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9	11/15/17	01/15/18	04/15/18	07/15/18
10	409	409	409	410
11				
12				
13				
14		409	818	1,227
15	0	0	0	0
16		409	818	
17	409	409	409	410
18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. See instructions.)				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	20			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	23			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 4\% (0.04)$	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 4\% (0.04)$	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	27			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
<b>38</b> Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33, or the comparable line for other income tax returns			<b>38</b> \$	62

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

2017

Form 2220

For calendar year 2017, or tax year beginning 08/01/17 and ending 07/31/18

Name \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Phoebe Sumter Medical Center, Inc.

26-3975185

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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	11/15/17	01/15/18	04/15/18	07/15/18
Amount of underpayment	409	409	409	410

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
1	11/15/17	3/31/18	409	136	4.00	6
1	3/31/18	12/16/18	409	260	5.00	15
2	1/15/18	3/31/18	409	75	4.00	3
2	3/31/18	12/16/18	409	260	5.00	15
3	4/15/18	12/16/18	409	245	5.00	14
4	7/15/18	12/16/18	410	154	5.00	9
Total Penalty						62



68203 Phoebe Sumter Medical Center, Inc.

26-3975185

## Federal Statements

FYE: 7/31/2018

Statement 1 - Form 990-T - Primary Unrelated Business Activity

# Public Inspection Copy

Reserved employee parking costs Section 512(a)(7); Tax  
Cuts and Jobs Act of 2017

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
Employee Parking	\$ 9,850
Total	\$ 9,850