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

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

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 601(c)(3) Organizations Only

Primary Business Activity:

Type

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

Albany, GA 31706-3770

561000 900099

F. Group exemption number (See instructions)

G. Check organization type

X 501(c) corporation

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-subsidiary controlled group?

No

J. The books are in care of

Brian Church, PPB CFO

Telephone number 229-312-4068

Part I  Unrelated Trade or Business Income

1a Gross receipts or sales

1b Less returns and allowances

1c Balance

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See instructions; attach schedule)

See Stmt 2

13 Total. Combine lines 3 through 12

Part II  Deductions Not Taken Elsewhere

See Statement 3

14 Compensation of officers, directors, and trustees (Schedule K)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach schedule)

19 Taxes and licenses

20 Charitable contributions (See instructions for limitation rules)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)

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

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2017)
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 $9,020,000 taxable income brackets (in that order):
      (1) $ □
      (2) $ □
      (3) $ □
   b) Enter organization's share of:
      (i) Additional 5% tax (not more than $11,750) □
      (ii) Excess passive income (Form 4720) □
   c) Income tax on non-taxable income □

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)

37 Proxy tax. See instructions

38 Alternative minimum tax

39 Tax on Non-Compliant Facility Income. See instructions

40 Total, Add lines 37, 38, and 39 to line 35 or 36, whichever applies

Part IV  Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) □
41b Other credits (see instructions)
41c General business credit, Form 3800 (see instructions)
41d Credit for prior year minimum tax (Form 8801 or 8827)
41e Total credits. Add lines 41a through 41d

42 Subtract line 41e from line 40

43 Other taxes. Check if from □ Form 4955 □ Form 8600 □ Form 8611 □ Form 8667 □ Form 8666 □ Other (att. sch.)

44 Total tax. Add lines 42 and 43

45a Payments: A 2016 overpayment credited to 2017
45b 2017 estimated tax payments
45c Tax deposited with Form 8886
45d Foreign organizations: Tax paid or withheld at source (see instructions)
45e Backup withholding (see Instructions)
45f Credit for small employer health insurance premiums (Attach Form 8941)
45g Other credits and payments: □ Form 2439
   □ Form 4136 □ Other Total □

46 Total payments. Add lines 45a through 45g

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

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

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

50 Enter the amount of line 49 or □ Credited to 2016 estimated tax □ Refunded □

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 □
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.

53 Enter the amount of tax-exempt interest received or accrued during the tax year □ $
### Schedule A - Cost of Goods Sold

1. **Inventory at beginning of year**
   - 1

2. **Purchases**
   - 2

3. **Cost of labor**
   - 3

4a. **Additional cost - 83A cost**
   - 4

4b. **Other cost**
   - 4

5. **Total, Add lines 1 through 4b**
   - 5

6. **Inventory at end of year**
   - 6

7. **Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.**
   - 7

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

1. **Description of property**
   - (1) N/A

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. **Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)**

   - (a) Line 1
   - (b) Line 2
   - (c) Line 3
   - (d) Line 4

4. **Total**
   - Total

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

### Schedule E - Unrelated Debt-Financed Income

1. **Description of debt-financed property**
   - (1) N/A

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)

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 6**

7. **Gross income reportable (column 2 x column 6)**

8. **Allocable deductions (column 7 x total of columns 3(a) and 3(b))**

   - Total dividends-received deductions included in column 8

   - Total dividends-received deductions

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Form 990-T (2017)
### Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

<table>
<thead>
<tr>
<th>Exempt Controlled Organizations</th>
<th>Nonexempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of controlled organization</td>
<td>7. Taxable Income</td>
</tr>
<tr>
<td>2. Employer identification number</td>
<td>8. Net unrelated income (loss) (see instructions)</td>
</tr>
<tr>
<td>3. Net unrelated income (loss) (see instructions)</td>
<td>9. Total of specified payments made</td>
</tr>
<tr>
<td>4. Total of specified payments made</td>
<td>10. Part of column 9 that is included in the controlling organization's gross income</td>
</tr>
<tr>
<td>5. Part of column 4 that is included in the controlling organization's gross income</td>
<td>11. Deductions directly connected with income in column 10</td>
</tr>
<tr>
<td>6. Deductions directly connected with income in column 5</td>
<td></td>
</tr>
</tbody>
</table>

#### Totals

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

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected with income from trade or business (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. N/A</td>
<td></td>
<td>Enter here and on page 1, Part I, line 9, column (A).</td>
<td>Enter here and on page 1, Part I, line 9, column (B).</td>
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</tbody>
</table>

#### Totals

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

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute costs, 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
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</thead>
<tbody>
<tr>
<td>1. N/A</td>
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</tbody>
</table>

#### Totals

**Schedule J – Advertising Income (see instructions)**

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute costs, 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. N/A</td>
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</tbody>
</table>

#### 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.)

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs (column 5 minus column 6)</th>
<th>7. Excess readership costs (column 5 minus column 6, but not more than column 4).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
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</tr>
<tr>
<td></td>
<td>Totals from Part I</td>
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</tr>
</tbody>
</table>

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 I, line 27.

### Schedule K – Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
<td></td>
<td>%</td>
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<tr>
<td></td>
<td>Total</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part II, line 14.
Statement 1 - Form 990-T - Primary Unrelated Business Activity

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserved Employee Parking</td>
<td>$3,051</td>
</tr>
<tr>
<td>Physician Billing</td>
<td>$59,483</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$62,534</strong></td>
</tr>
</tbody>
</table>

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies and other costs-Billing</td>
<td>$487</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>487</strong></td>
</tr>
</tbody>
</table>