

2939301101107 0
2949100406103 0



Form **990-T**

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

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20 _____

► 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
501(c)(3) Organizations Only

- A** ☐ Check box if address changed
- B** Exempt under section
- ☐ 501(c) **OB**
- ☐ 408(e) ☐ 220(e)
- ☐ 408A ☐ 530(a)
- ☐ 529(a)
- C** Book value of all assets at end of year

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
PRIORITY HEALTH CARE

Number, street, and room or suite no. If a P.O. box, see instructions
4700 WICKERS DRIVE

City or town, state or province, country, and ZIP or foreign postal code
MARKET LA 70072

D Employer identification number (Employees' trust, see instructions)
27-0846901

E Unrelated business activity code (See instructions)

F Group exemption number (See instructions.)

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

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

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 Telephone number

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 ►					
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)					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c	Capital loss deduction for trusts					
5	Income (loss) from a partnership or an S corporation (attach statement)					
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)					
8	Interest, annuities, royalties, and rents from a controlled organization (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)					
13	Total. Combine lines 3 through 12					

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) (see instructions)			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		
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31		
32	Unrelated business taxable income. Subtract line 31 from line 30			32		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form **990-T** (2018)

SCANNED JUN 03 2020

4

8

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	15,273.
34	Amounts paid for disallowed fringes	34	77.
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	15,350.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	14,350.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	3,014.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	3,014.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	3,014.
47	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)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	3,014.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	74.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 1	53	3,088.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI 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 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
57	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.		
58	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 *Amara Smith*Date *11/14/2019* Title *CEO*May 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 <input type="checkbox"/> if self-employed	PTIN
GINA RACHEL	<i>Gina Rachel OPA</i>	<i>11/14/19</i>		P01216293
Firm's name ▶ POSTLETHWAITE & NETTERVILLE			Firm's EIN ▶ 72-1202445	
ONE GALLERIA BLVD., STE 2100				
Firm's address ▶ METAIRIE, LA 70001			Phone no. (504) 837-5990	

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)
		STATEMENT 6	STATEMENT 7
(1) WICHES BUILDING	70,843.	13,507.	39,037.
(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)
(1) 2,972,073.	3,561,101.	83.46%	59,126.
(2)		%	
(3)		%	
(4)		%	
STATEMENT 4	STATEMENT 5	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		59,126.	43,853.
Total dividends-received deductions included in column 8			0.

Form 990-T (2018)

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)				
Totals			0.	0.

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)				
Totals		0.		0.

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)						
Totals		0.	0.			0.

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))		0.	0.			0.

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

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			0.

Form 990-T (2018)

FORM 990-T	INTEREST AND PENALTIES	STATEMENT	1
------------	------------------------	-----------	---

TAX FROM FORM 990-T, PART IV	3,014.
UNDERPAYMENT PENALTY	74.
LATE PAYMENT INTEREST	81.
LATE PAYMENT PENALTY	90.
TOTAL AMOUNT DUE	3,259.

FORM 990-T	LATE PAYMENT INTEREST	STATEMENT	2
------------	-----------------------	-----------	---

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/19	3,014.	3,014.	.0600	46	23.
INTEREST RATE CHANGE	06/30/19	0.	3,037.	.0500	138	58.
DATE FILED	11/15/19		3,095.			
TOTAL LATE PAYMENT INTEREST						81.

FORM 990-T	LATE PAYMENT PENALTY	STATEMENT	3
------------	----------------------	-----------	---

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/19	3,014.	3,014.	6	90.
DATE FILED	11/15/19		3,014.		
TOTAL LATE PAYMENT PENALTY					90.

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	STATEMENT	4
	AVERAGE ACQUISITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
WICHERS BUILDING	1	
BEGINNING FIRST MONTH		
BEGINNING SECOND MONTH		
BEGINNING THIRD MONTH		
BEGINNING FOURTH MONTH		
BEGINNING FIFTH MONTH		
BEGINNING SIXTH MONTH		
BEGINNING SEVENTH MONTH		
BEGINNING EIGHTH MONTH		
BEGINNING NINTH MONTH		
BEGINNING TENTH MONTH		3,000,000.
BEGINNING ELEVENTH MONTH		3,000,000.
BEGINNING TWELFTH MONTH		2,916,220.
TOTAL OF ALL MONTHS		8,916,220.
NUMBER OF MONTHS IN YEAR		3
AVERAGE AQUISITION DEBT		2,972,073.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS	STATEMENT	5
------------	---	-----------	---

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
WICHERS BUILDING	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		3,571,286.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		3,550,915.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		3,561,101.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT	6
------------	-------------------------------------	-----------	---

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		13,507.	
- SUBTOTAL -	1		13,507.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			13,507.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	7
------------	-------------------------------	-----------	---

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		16,058.	
MANAGEMENT FEES		797.	
MAINTENANCE		212.	
INSURANCE		19,970.	
DEPOSIT		2,000.	
- SUBTOTAL -	1		39,037.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			39,037.