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C&E

Form **990-T**

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

OMB No 1545-0687

## 2017

For calendar year 2017 or other tax year beginning SEP 1, 2017 and ending AUG 31, 2018

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

Department of the Treasury  
Internal Revenue Service

- A  Check box if address changed
- B Exempt under section  501(c)(3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**THE PRIMARY HEALTH NETWORK**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**100 SHENANGO AVE. P.O. BOX 716**

City or town, state or province, country, and ZIP or foreign postal code  
**SHARON, PA 16146**

D Employer identification number (Employees' trust, see instructions)  
**25-1381800**

E Unrelated business activity codes (See instructions)  
**531110**

C Book value of all assets at end of year  
**50,089,444.**

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. **RENTAL OF FACILITY SPACE TO UNRELATED PARTY**

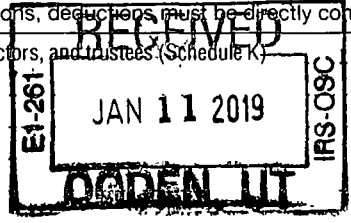
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **FINANCE DEPARTMENT** Telephone number **724-342-0126**

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 partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	251,783.	327,622.	-75,839.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. 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	<b>Total.</b> Combine lines 3 through 12	<b>251,783.</b>	<b>327,622.</b>	<b>-75,839.</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)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	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	22b
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	<b>Total deductions</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-75,839.
31	Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 1
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	-75,839.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
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	34	-75,839.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates... 37 Proxy tax... 38 Alternative minimum tax... 39 Tax on Non-Compliant Facility Income... 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 42 Subtract line 41e from line 40... 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other... 44 Total tax. Add lines 42 and 43... 45a Payments: A 2016 overpayment credited to 2017... 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 you want: Credited to 2018 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 \$

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: 12/21/18 Title: DIRECTOR OF FINANCE

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

Paid Preparer Use Only

Print/Type preparer's name: KELLY A. BROCIOS, CPA; Preparer's signature: Kelly A. Brocios, CPA; Date: 12/20/18; Check self-employed: [ ] if PTIN: P01254262; Firm's name: ARNETT CARBIS TOTHMAN LLP; Firm's EIN: 55-0486667; Firm's address: 5700 CORPORATE DRIVE, STE 650 PITTSBURGH, PA 15237; Phone no.: 412-635-6270

**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				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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) **0.** (b) Total deductions Enter here and on page 1, Part I, line 8, column (B) **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>STATEMENT 3</b>	(b) Other deductions (attach schedule) <b>STATEMENT 4</b>	
(1)				
(2)				
(3)				
(4) SEE STATEMENT 2				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) <b>STATEMENT 5</b>	5 Average adjusted basis of or allocable to debt-financed property (attach schedule) <b>STATEMENT 6</b>	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 8 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) <b>251,783.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>327,622.</b>
<b>Total dividends-received deductions included in column 8</b>				<b>0.</b>

**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)				
			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>			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)				
		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>		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)						
	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 28
<b>Totals</b>	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)						
<b>Totals (carry to Part II, line (5))</b>	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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				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)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
BUILDING - EAST STATE STREET	1	152,376.	34,775.	83,582.

4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
470,044.	622,338.	75.53	115,090.	89,395.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
BUILDING - PITT STREET	2	78,427.	13,644.	69,491.

4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
449,388.	411,648.	100.00	78,427.	83,135.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
BUILDING - PARK PLACE	3	118,989.	45,794.	54,940.

4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
101,488.	1,305,119.	7.78	9,257.	7,837.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
BUILDING - AUTUMN STREET	4	49,244.	18,724.	73,791.
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
528,969.	678,749.	77.93	38,376.	72,097.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
BUILDING - FOX CHASE	5	13,000.	41,577.	50,315.
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
699,968.	855,793.	81.79	10,633.	75,158.

TOTALS TO FORM 990-T, SCHEDULE E 251,783. 327,622.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		34,775.	
- SUBTOTAL -	1		34,775.
DEPRECIATION		13,644.	
- SUBTOTAL -	2		13,644.
DEPRECIATION		45,794.	
- SUBTOTAL -	3		45,794.
DEPRECIATION		18,724.	
- SUBTOTAL -	4		18,724.
DEPRECIATION		41,577.	
- SUBTOTAL -	5		41,577.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			154,514.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING & MAINTENANCE		17,270.	
INSURANCE		2,319.	
INTEREST		23,861.	
REPAIRS		11,212.	
TAXES		14,740.	
UTILITIES		7,985.	
OTHER EXPENSE		6,195.	
- SUBTOTAL -	1		83,582.
CLEANING & MAINTENANCE		9,300.	
INSURANCE		3,858.	
INTEREST		18,042.	
REPAIRS		2,692.	
TAXES		17,251.	
UTILITIES		17,808.	
OTHER EXPENSE		540.	
- SUBTOTAL -	2		69,491.
INSURANCE		6,158.	
INTEREST		4,169.	
REPAIRS		5,466.	
TAXES		22,551.	
UTILITIES		12,757.	
OTHER EXPENSE		3,839.	
- SUBTOTAL -	3		54,940.
INTEREST		25,033.	
REPAIRS		10,918.	
TAXES		26,663.	
UTILITIES		8,043.	
INSURANCE		3,134.	
- SUBTOTAL -	4		73,791.
INTEREST		30,520.	
TAXES		14,508.	
UTILITIES		1,204.	
INSURANCE		4,083.	
- SUBTOTAL -	5		50,315.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			332,119.



FORM 990-T                      AVERAGE ACQUISITION DEBT ON OR                      STATEMENT      5  
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		470,044.	
- SUBTOTAL -	1		470,044.
AVERAGE ACQUISITION DEBT		449,388.	
- SUBTOTAL -	2		449,388.
AVERAGE ACQUISITION DEBT		101,488.	
- SUBTOTAL -	3		101,488.
AVERAGE ACQUISITION DEBT		528,969.	
- SUBTOTAL -	4		528,969.
AVERAGE ACQUISITION DEBT		699,968.	
- SUBTOTAL -	5		699,968.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			2,249,857.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		622,338.	
- SUBTOTAL -	1		622,338.
AVERAGE ADJUSTED BASIS		411,648.	
- SUBTOTAL -	2		411,648.
AVERAGE ADJUSTED BASIS		1,305,119.	
- SUBTOTAL -	3		1,305,119.
AVERAGE ADJUSTED BASIS		678,749.	
- SUBTOTAL -	4		678,749.
AVERAGE ADJUSTED BASIS		855,793.	
- SUBTOTAL -	5		855,793.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			3,873,647.