()	Alvi	בואחבת ו	KETUKN		r	•		
) Form 5 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					OMB No 1545-0687		
*	, 2017, and endir	ng, 20	□	2017				
Department of the Treasury	► Go to www.irs.gov/Fo	m990T for in	structions and the latest	information.	<u> </u> _	On on to Dubble Inconstrop for		
ntemal Revenue Service	Do not enter SSN numbers on thi	s form as it ma	y be made public if your orga	nization is a 501(c		Open to Public Inspection for 501(c)(3) Organizations Only		
Check box if address changed	Name of organization (Check box if nam	ne changed and see instructions	s)		ver identification number ees' trust, see instructions)		
B Exempt under section	PEAK VISTA COMM	UNITY HEA	ALTH CENTERS					
X 501(C)(3)	Print Number, street, and room or si	84-06	84-0617567					
408(e) 220(e 408A 530(a	I TOOK IT ACADEMY		Unrelated business activity codes (See instructions)					
529(a)	City or town, state or province							
Book value of all assets	COLORADO SPRING				53112	531120		
at end of year	F Group exemption number (See							
78,392,914.	G Check organization type ►			trust	401(a) t	rust Other trust		
	zation's primary unrelated business ac							
	was the corporation a subsidiary in			controlled group?		Yes X No		
•	ame and identifying number of the pa			•				
	e of ▶ PEAK VISTA CHC		Telephon	e number ▶ 71	9-344-	6188		
	Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net		
1a Gross receipts or	sales		·					
b Less returns and allow	ancesc Ba	lance ▶ 1c						
2 Cost of goods so	id (Schedule A, line 7)	2						
3 Gross profit Su	stract line 2 from line 1c	3						
4a Capital gain net	ncome (attach Schedule D)	4a						
b Net gain (loss) (F	orm 4797, Part II, line 17) (attach Form 47	97) . 4b						
•	iction for trusts							
5 Income (loss) from	partnerships and S corporations (attach sta	tement) 5						
	nedule C)	6						
7 Unrelated debt-f	nanced income (Schedule E)	7	24,866.	10	0,456.	14,410.		
8 Interest, annuibes, roy	alties, and rents from controlled organizations (Sci	hedule F) 8						
—	a section 501(c)(7), (9) or (17) organization (Sch							
<i>)</i>	activity income (Schedule I)			-				
	ne (Schedule J)	_						
'	ee instructions, attach schedule)		24 066	1.0	0,456.	14,410.		
	nes 3 through 12		24,866.					
	ns Not Taken Elsewhere (Se					or contributions,		
	ns must be directly connected				į.			
,	officers, directors, and trustees (Sche							
	es							
						· · · ·		
	chedule)				l l			
10 Taura and hanna	-	•						
20 Charitable contr	butions (See instructions for limitation	rDESIZOF	Ale form many in the second					
21 Depreciation (at	ach Form 4562)	WECE	IVED 1					
22 Less depreciation	n claimed on Schedule A and elsewhe	ere on return	Q22a		22b			
23 Depletion		NOV. 14	2018		. 23			
24 Contributions to	deferred compensation plans				. 24			
25 Employee benef	t programs	OGDEN	1.1.1.		. 25			
26 Excess exempt e	xpenses (Schedule I),	SOULIV	1,01		. 26			
	p costs (Schedule J)							
	s (attach schedule)							
	. Add lines 14 through 28				. 29			
	ess taxable income before net opi					14,410.		
	s deduction (limited to the amount or				4 1	14,410.		
32 Unrelated busin	ess taxable income before specific de	eduction Subti	ract line 31 from line 30		. 32			
33 Specific deduction	on (Generally \$1,000, but see line 33	instructions fo	or exceptions)		. 33	1,000.		
34 Unrelated busii	ess taxable income Subtract line	33 from lin	e 32 If line 33 is grea	iter than line 32	2,			

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Form	990-T (20	7) PEAK VISTA COMMUNITY HEALTH CENTERS ,	84-061756	57	Page 2
Pai	t III	Tax Computation	····		
35	Organi	ations Taxable as Corporations. See instructions for tax computation Controlled group			
		(sections 1561 and 1563) check here			
а	Enter y	ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	ł		
	(1) S	(2) 5 (3) 5			
ь	Enter of	panization's share of (1) Additional 5% tax (not more than \$11,750),			
		onal 3% tax (not more than \$100,000)			
c			35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on			
	the amo	int on line 34 from Tax rate schedule or Schedule D (Form 1041)	36		
37		x. See instructions	37		
38					
39		ion-Compliant Facility Income. See instructions			
40	Total A	d lines 37, 38 and 39 to line 35c or 36, whichover applies	40		
Pai	t IV	Tax and Payments			
41 a	Foreign	ex credit (corporations attach Form 1118, trusts attach Form 1116), 41a			
þ	Other c	adits (see instructions)			
C	General	business credit. Altach Form 3800 (see instructions)	l		
		r prior year minimum tox (attach Form 8801 or 8827),	- 1		
е			410		
42	Subtrac	line 41e from line 40 ,	42		
43			43		
44		, Add lines 42 and 43,	44		<u>0.</u>
		6 A 2016 overpayment credited to 2017	1		
Þ		imuled tax payments			
c		sited with Form 8868			
		organizations. Tax paid or withheld at source (see instructions) ,			
_		vithholding (see instructions)			
f		r small employer health insurance premiums (Atlach Form 8941)			
g		edits and payments	1		
40			46		
46		rmonts, Add lines 45a through 45g	46		
47 48		d tax penalty (see Instructions) Check if Form 2220 is attached	48		
49		ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50		amount of fine 49 you want: Credited to 2018 estimated tax			
Par		Statements Regarding Certain Activities and Other Information (see instructions			
51		time during the 2017 calendar year, did the organization have an interest in or a signature or		v Yes	No
٠.	-	financial account (bank, securities, or other) in a foreign country? If YES, the organization ma		•	
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the f	=		j
	here >		- 3	1	x
52		ie tex year, did the organization receive a distribution from, or was it the granter of or transferor to, a foreig	an trust?		Х
	•	e instructions for other forms the organization may have to file	,		
53	-	amount of tax-exempt interest received or accrued during the tax year > \$			
	U	er penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the be	est of my knowled	ge and be	Hef it is
Sig	п 📗 🖺	correct, and complete Declaration of proparer (other than toxasyer) is based on all information of which proparer has any knowledge	y The IRS disci	use this	cutura
Her			the preparer		
	ı —		instructions)? X	Yes	No
		Print/Type preparers name Preparers signature Date Check	NIT PTIN		
Paid		DOREEN B MERZ DOREEN B MERZ 08/28/2018 self-en	npicyed 201	08414	39
	oarer	Firms name > STOCKMAN KAST RYAN & CO, LLP Firm's	EIN ▶84-15(
USC	Only	Firm's address > 102 N. CASCADE AVERUE, SUITE 400, COLORADO SPRINGS, CO 80903 Phone			
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Schedule F - Interest, Annւ	iities, Royalties	, and Re	nts Fro	m Contro	led Or	ganizat	i ons (see	instructio	ns)		
		Exe	mpt Co	ntrolled Org	ganizatio	ons	_				
1 Name of controlled organization	2 Employer identification number	a 1	3 Net unrelated incc (loss) (see instruction			of specified included		of column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)				· ·							
Nonexempt Controlled Organiz	zations	-						-			
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					►) Orga	Part	here and on , line 8, colui	mn (A)		er here and on page 1, rt I, line 8, column (B)	
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)		_								180	
(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)	
Totals ▶											
Schedule I - Exploited Exe	empt Activity Inc	come, O	ther Th	an Adverti	sing In	come (see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connecte product unrelate business	etly ed with ion of ated	4 Net incor from unrelat or business 2 minus col If a gain, o cols 5 thre	ed tradé (column umn 3) ompute	from ac	Gross income from activity that is not unrelated business income G Expenses attributable to column 5		ble to	7 Excess exempt 'expenses (column 6 minus column 5, but not more than column 4)	
(1)	1					,					
(2)								I		-	
(3)				1							
(4)							_				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J - Advertising In	scome (see instri	uctions)		<u> </u>						<u> </u>	
Part I Income From Per			Consol	idated Rad							
Partie income From Fer	Iodicais Report	eu on a v	2011301	luateu Das)13			I		Ť	
1 Name of periodical	noriodical I advertising I		Direct gain or (loss) (c 2 minus col 3 a gain, compu- cols 5 through		s) (col ol 3) If mpute	5. Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)]	
(3)				1						7 1	
(4)				1				-		7	
Totals (carry to Part II, line (5))											

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%

>

(4)

Total. Enter here and on page 1, Part II, line 14

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) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to time devoted to 2 Title 1 Name unrelated business (1) % (2) % (3) %

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