Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No 1545-0687		
FOIII JJU I	For cale	(and pi ndar year 2018 or other t	20	୭ଲ1ହ						
Department of the Treasury					nstructions and the lates			<u> </u>		
Internal Revenue Service	▶ Do	_			y be made public if your org		c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if		Name of organization (me changed and see instruction		D Emp	loyer identification number		
address changed	'						(Emp	loyees trust see instructions)		
B Exempt under section	7	PEAK VISTA C	OMMUNIT	Y HE	ALTH CENTERS					
X 501(C)(3)	Print	Number, street, and roor	84-0617567							
408(e) 220(e	Type		E Unrelated business activity code							
408A 530(a		3205 N. ACAD	EMY BLV	D, S	TE 130		(See instructions)			
529(a)		City or town, state or pr	ovince, country	y, and Z	IP or foreign postal code		1			
C Book value of all assets	7	COLORADO SPR	INGS, CO	08 C	917		5311	.20		
at end of year	F Gro	up exemption number	(See instructi	ions) l	>					
81,423,199.	G Che	ck organization type	X 501	(c) coi	rporation 501(c) trust	401(a	trust Other trust		
H Enter the number o	f the orga	nization's unrelated trac	les or busine	sses	▶ 1	Describ	e the onl	y (or first) unrelated		
trade or business he	ere ▶COM	MERCIAL RENTA	L		If only one	, complete Parts	I-V If mo	re than one, describe the		
first in the blank sp	ace at the	e end of the previous s	entence, cor	nplete	Parts I and II, complete a	Schedule M for ea	ch additio	onal		
trade or business, th	nen comple	ete Parts III-V								
I During the tax year,	, was the	corporation a subsidia	ry in an affili	ated g	roup or a parent-subsidiary	controlled group?		▶ Yes X No		
If "Yes," enter the n	name and	identifying number of t	he parent cor	rporatio						
J The books are in car	re of ▶PE	EAK VISTA CHC			Telepho	ne number 🕨 71	9-344	-6188		
Part I Unrelated	l Trade	or Business Incom	ne		(A) Income	(B) Expe	nses	(C) Net		
1a Gross receipts or	sales									
b Less returns and allow	ances		c Balance 🕨	1c						
2 Cost of goods so	old (Sched	ule A, line 7)		2						
		2 from line 1c		3		<u> </u>				
4a Capital gain net	ıncome (a	attach Schedule D)		4a						
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Fo	m 4797)	4b						
c Capital loss dedi	uction for t	trusts		4c						
5 Income (loss) from a	partnership o	r an S corporation (attach state	ment)	5						
6 Rent income (Sci	hedule C)			6						
7 Unrelated debt-f	inanced in	come (Schedule E) .		7	21,574.	,	6,582.	14,992.		
8 Interest annuities roy	yalties and re	ents from a controlled organizat	ion (Schedule F)	8						
9 Investment income of	a section 50	1(c)(7), (9) or (17) organization	on (Schedule G)	9						
10 Exploited exemp	t activity ii	ncome (Schedule I) .		10						
11 Advertising incorporate	me (Sched	dule J)		11						
		ctions, attach schedule)		12						
13 Total Combine I	ines 3 thr	ough 12		13	21,574.		6,582.			
					ons for limitations on		Except	for contributions,		
					related business inc					
							15			
							16			
17 Bad debts							17			
18 Interest (attach	schedule)	(see instructions).					18			
19 Taxes and license	es	RECEN	/FD:	~ .	<i></i>		19			
20 Charitable contri	butions (S	see Instructions for limit	tation rules)				20			
21 Depreciation (att	tach Form	592). NOV:29:		. /	21					
22 Less depreciatio	n claime	on Schedule A and els	ewhere ducke		<u>22a</u>		221	-		
23 Depletion	[compensation plants,	· · · /છં/				23			
24 Contributions to	deferred	compensation/elans .	.17.4.				24			
26 Excess exempt e	expenses (Schedule I)					26			
27 Excess readershi	p costs (S	chedule J)					27	ļ		
							28			
							29			
					deduction Subtract line			14,992.		
					or after January 1, 2018 (se					
32 Unrelated busine	ess taxable	e income Subtract line	31 from line	30 .			32			
For Paperwork Reduc	tion Act N	votice, see instructions						Form 990-T (2018)		

PEAK VISTA COMMUNITY HEALTH CENTERS

Form	990-T (2018)	Page 2
Par	t III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	ınstructions)	14,992.
34	Amounts paid for disallowed fringes	34 51,791.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
••	instructions)	35 65,783.
26		33 30,703.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 23 and 24.	1 000
	of lines 33 and 34	36 1,000.
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 0.
Par	t IV Tax Computation	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40
41	Proxy tax See instructions	
	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	
42		
43	Tax on Noncompliant Facility Income See instructions	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44
Par		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	
b	Other credits (see instructions)]
C	General business credit Attach Form 3800 (see instructions)]
	Credit for prior year minimum tax (attach Form 8801 or 8827)]
	Total credits Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	
	-	
48	Total tax Add lines 46 and 47 (see instructions)	70
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments	4 1
	Tax deposited with Form 8868	4
	Foreign organizations Tax paid or withheld at source (see instructions)	
	Backup withholding (see instructions)]
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	<u>}</u>
g	Other credits, adjustments, and payments Form 2439	
	Form 4136 Other Total ▶ 50g	
51	Total payments Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
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 ▶ Refunded ▶	55
Par		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
30		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	· I I
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	· '
	here >	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	ign trust? X
	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 > \$	
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	iest of my knowledge and belief it is
Sigr	N I.	by the IRS discuss this return
Her	e / Jan K / Jan 1 10/22/2019 CFO With	th the preparer shown below
		e instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	k If PTIN
Paid	IDODEEN D MEDE	employed P00841439
•	arer Firm's name STOCKMAN KAST RYAN & CO. LLP	SEIN ► 84-1509584
Use	Only	710 620 1106
	Firm's address TOZ N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903 Phone	Form 990-T (2018)
JSA		rom 330-1 (2018)

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Schedule A - Cost of Goods Sold. Enter method of inventory at each of year interesting a temporal progenation of year in the property and end of year in the property of the property section (attach schedule) in the property section (attach	Form 990-T (2018)											Page 3
2 Purchases 2 3 3 6 5 5 5 5 5 5 5 5 5	Schedule A - Cost of Go	oods Sold. Er	ter method	d of invent	ory valuat	on	•					
2 Purchases 2 3 3 5 5 6 6 5 6 6 6 6 6	1 Inventory at beginning of y	ear . 1			6 Inven	tory	at end of yea	ar	6			
## Additional section 263A costs (attach schedule)	2 Purchases	2			7 Cost of goods sold Subtract lin							
State Stat	3 Cost of labor	3			1 - 1					}		
State Stat	4a Additional section 263A co	osts			Part 1	, line	2		7			
b Other costs (altach schedule) 45 Total Add lines 1 through 45 S Total Add lines 1 through 45 S 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 exceeds \$50% or if the rent is based on profit or income) (1) (2) (3) (4) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property exceeds \$50% or if the rent is based on profit or income) (b) From real and personal property exceeds \$50% or if the rent is based on profit or income) (c) (d) (e) 1 Total (f) Total income Add totals of columns 2(a) and 2(b) Enter there and on page 1, Part I, line 6, column (a). Schedule E - Unrelated Debt-Financed Income (see Instructions) 2 Gross income from or allocable to debt-financed property (a) 3 Deductions directly connected with the accome in columns 2(a) and 2(b) (altach schedule) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (b). (c) (d) 3 Deductions directly connected with real accounts of the rent is based on profit or income) (a) (b) Straight line depressation (b) Other deductions (altach schedule) (column 2 x column 6) (column 2 x column 6) (d) (d) 4 Amount of average adjusted basis of or allocable to debt-financed property (altach schedule) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g	(attach schedule)	(attach schedule) 4a							ıth r	espect to	Yes	No
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property (attach schedule) (attach schedule) by column 5 3(a) and 3(b)) (1) % (2) % (3) % (4) ** Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 21,574. 6,582.												
(2)				by	column 5		(column	n 2 x column 6)		3(a) and 3(b))	
(3)	(1)					%						
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 21,574. 6,582.	(2)					%						
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals	(3)	-				%						
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals	(4)					%						
				•								
	Totala						2.	1,574.		6.582		
										-,002	•	

Form **990-T** (2018)

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Schedule F—Interest, Anni	uitics, regardes			Controlled Or			ation	3 (300	instruction.	31137		
1 Name of controlled organization	2 Employer identification numb	per	3 Net unrelated income (loss) (see instructions)		4 Total of speci payments mad				in the contro	olling	6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			9 Total of specific payments made		inc	luded in	n the co	9 that is ntrolling s income		Deductions directly nected with income in column 10	
(1)												
(2)												
(3)												
(4)							•					
Totals		tion 50)1(c)(7), (9), or (17	▶ ') Orga	En Pa	dd coluiter here art I, line	and on 8 colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1 Description of income	2 Amount of			3 Deduction of the directly contact of the directly co	tions inected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)				<u> </u>								
(2)										T		
(3)									•			
(4)												
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)		Than Advort	isina Ir	com	2/500	inetru	ctions)		Enter here and on page Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Ex dir conne produ unr	penses rectly cted with uction of related ss income	4 Net incor from unrela or business 2 minus co	Net income (loss) in unrelated trade business (column ohnus column 3) a gain, compute ls 5 through 7 5 Gross income from activity that is not unrelated business income 6 Expenses attributable column 5		able to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)				
(1)												
(2)												
(3)											-	
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	ere and or 1, Part I,), col (B)	1							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In Part I Income From Per			Cons	olidated Bar	eie							
1 Name of periodical	2 Gross advertising income 3 Direct advertising costs		4 Adver gain or (los 2 minus c a gain, co	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)											1 1 2 2	
(3)				-								
Totals (carry to Part II, line (5))												
											Form 990-T (2018	

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 cots 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 ▶			14	,	1, 1	
	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
Totals, Part II (lines 1-5)					*****	

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			

Form **990-T** (2018)

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84-0617567 ATTACHMENT 1

FORM 990-T: PART III - LINE 35 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
12/31/1998			
12/31/1999			
12/31/2000			
12/31/2001			
12/31/2002			
12/31/2003 12/31/2004			
12/31/2004			
12/31/2006			
12/31/2007			
12/31/2008			
12/31/2009			
12/31/2010			
12/31/2011 12/31/2012			•
12/31/2013	15,441.	11,772.	11,772.
12/31/2014	110,683.	110,683.	3,220.
12/31/2015	2,889.	110,000.	3,223.
12/31/2016	,		
12/31/2017			
TOTAL:	129,013.	122,455.	14,992.
NET OPERATING LOS	S AVATIARIE EDOM	PRIOR YEARS	. 122,455.
		4 ON PAGE 2, 990T))	
	NET OPERATING LOS	SS DEDUCTION	65,783.

1 1 L K

-	. 8	GROSS INCOME BLLOCABLE	REPORTABLE DEDUCTIONS	(2 \ 6 \ (3\ - 3\ B)	21,574 6,582	21,574 6,582
		6 GRC	% J IS RE	OF 5	15 349	
	S	AVERAGE	ADJUSTED	BASIS	3,080,100	
ATTACHNENT 2	4	AVERAGE	ACQUISITION	DEBT	472,759	TOTALS
			LY CO-INECTED	(38)	30,670	Ţ
		(1)	DEDUCTIONS DIRECTLY COMMECTED	(34)	12,213	
			ÇI	GROSS INCOME	140,559	
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME			1	DESCRIPTION OF DEBT-FINANCED PROPERTY	350 PRINTERS PKWY, 3205 & 3207 N ACADEMY	

84-0617567

PEAK VISTA COMMUNITY HEALTH CENTERS

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