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2018-03-28 03:43:00

Form 990-T

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

OMB No 1545-0047

2018

201812

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending. 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

Part I: Name of organization (PUEBLO COMMUNITY HEALTH CENTER, INC.), address (110 EAST ROUTT AVENUE, PUEBLO, CO 81004), and other identifying information.

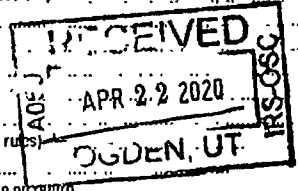
Part II: Enter the number of the organization's unrelated trades or businesses. NO ACTIVITY - REFUND CLAIM.

Part III: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Part IV: The books are in care of CINDY PRATT. Telephone number 719-543-8718.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



832001 01-09-19 LHA For Paperwork Reduction Act Notice, see Instructions Form 990-T (2018)

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28 Received in Batching Ogden

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
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	
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.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
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	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
45b	Other credits (see instructions)	45b	
45c	General business credit. Attach Form 3800	45c	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
45e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
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	0.
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	
50b	2018 estimated tax payments	50b	
50c	Tax deposited with Form 6868	50c	
50d	Foreign organizations' Tax paid or withheld at source (see instructions)	50d	
50e	Backup withholding (see instructions)	50e	
50f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
50g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 644. Total 644.	50g	644.
51	Total payments. Add lines 50a through 50g	51	644.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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	644.
55	Enter the amount of line 54 you want credited to 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	55	644.

**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
			X
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	Yes	No
			X
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 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.

Sign Here: *Cinderella Pratt* 4/16/2020 CFO

Print/Type preparer's name: KURT BENNION  
Preparer's signature: KURT BENNION  
Date: 04/14/20  
Check  if self-employed  
PTIN: P01469618

Firm's name: CLIFTONLARSONALLEN LLP  
Firm's EIN: 41-0746749  
Firm's address: 370 INTERLOCKEN BLVD., SUITE 500 BROOMFIELD, CO 80021  
Phone no.: 303-466-8822

PUEBLO COMMUNITY HEALTH CENTER, INC.

84-0921521

FOOTNOTES

STATEMENT 1

FORM 990-T IS BEING AMENDED TO REFLECT THE REPEAL OF IRC SECTION 512(A)(7) RELATED TO TAXABLE EMPLOYEE TRANSPORTATION BENEFITS. THE FOLLOWING PARTS OF THE FORM 990-T ARE CHANGED COMPARED TO THE ORIGINAL FILING:

PAGE 1, BLOCKS E, AND H  
PART III, LINES 34, 36 AND 38  
PART IV, LINES 39 AND 44  
PART V, LINES 46, 48, 50G, 51, 53, 54 AND 55

07170414 099347 011-05720200 2018.05070 44 PUEBLO COMMUNITY HEALTH CEN 011-2FM2 STATEMENT(S) 1

PUEBLO COMMUNITY HEALTH CENTER, INC:

84-0921521

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

OVERPAYMENT DUE TO REPEAL OF SECTION 512(A)(7)

644.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

644.

45

STATEMENT(S) 2

07170414 099347 011-05720200 2018.05070 PUEBLO COMMUNITY HEALTH CEN 011-2FM2