# **Return of Organization Exempt From Income Tax**

*୭***1**9

OMB No. 1545-0047

Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of	the Internal Rev	venue Code (e	xcept private foundation	ons) <u>A</u>					
		of the Treasury	Do not enter Social Security r		•	•	Open to Public					
		nue Service	Information about Form 990 a			•	Inspection					
AF	or the	e 2019 calen	dar year, or tax year beginning	07/01, <b>201</b>	9, and endin		06/30, <b>20</b> <sub>20</sub>					
Bo	neck if app		of organization			D Employer iden	tification number					
	_	MEIN	TAL HEALTH CENTER OF DENVER									
	Addres change	e Doing	Business As		1	74-24999	946					
	Name	me change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	Initial	return 414	1 E. DICKENSON PLACE			(303) 504	-6500					
	Termin	nated City of	r town, state or province, country, and ZIP or foreign po	stal code								
	Ameno return		VER, CO 80222			G Gross receipts	\$ 110,091,517.					
	Applic: pendin	ation F Name	and address of principal officer: CARL CLA	RK, CEO		H(a) Is this a group subordinates?	return for Yes X No					
			1 E. DICKENSON PLACE, DENVER,	CO 80222		H(b) Are all subordina	ates included? Yes No					
I	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no	.) 4947(a)(1	) or 527	7 If "No," attach	a list. (see instructions)					
J	Websit	te: 🕨 WWW.M	HCD.ORG			H(c) Group exempti	ion number					
к	Form o	of organization:	X Corporation Trust Association C	Other 🕨	L Year of	formation: 1987 M S	tate of legal domicile: CO					
Pa	art I	Summary			·							
	1	Briefly describ	e the organization's mission or most significant a	activities: MENTA	AL HEALTH	CENTER OF DEN	VER MISSION'S					
ė			I IS ENRICHING LIVES AND MIND									
anc		WELL-BEI	NG AND TREATMENTS THAT HELP R	ECOVERY TO	WELL-BEI	NG.						
/err	2	Check this box	► ☐ if the organization discontinued its op	erations or dispos	sed of more that	in 25% of its net assets.						
Governance	3	Number of vot	ing members of the governing body (Part VI, line	•		1	<b>3</b> 14.					
<del>م</del>			ependent voting members of the governing body				<b>4</b> 14.					
Activities &			of individuals employed in calendar year 2019 (P				5 1,204.					
ť							<b>6</b> 214.					
Ac			d business revenue from Part VIII, column (C), line				7 <b>a</b> 0					
			business taxable income from Form 990-T, line 3				<b>7b</b> 0					
			,			Prior Year	Current Year					
~	8	Contributions a	and grants (Part VIII, line 1h)	<b></b>		8,248,107	7,274,156					
Revenue			ce revenue (Part VIII, line 2g)		PY FOR	99,397,945	5. 98,484,069.					
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		INSPECTION	1,026,624	1,165,701					
R			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			372,125	5548,674					
			- add lines 8 through 11 (must equal Part VIII, co			109,044,801	. 106,375,252.					
			nilar amounts paid (Part IX, column (A), lines 1-3)			(	0. 0					
			o or for members (Part IX, column (A), line 4)			(	0. 0					
ŝ			compensation, employee benefits (Part IX, colur			67,555,534	68,031,360.					
xpenses			undraising fees (Part IX, column (A), line 11e)			76,005	5. 51,019					
kpe			ng expenses (Part IX, column (D), line 25)	631,06	1.							
ш			s (Part IX, column (A), lines 11a-11d, 11f-24e)			35,717,930	38,856,652.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A	A), line 25)		103,349,469						
			expenses. Subtract line 18 from line 12			5,695,332						
es						Beginning of Current Ye						
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			99,294,897						
Ass Bal	21		(Part X, line 26)			36,716,570						
Let	22		fund balances. Subtract line 21 from line 20			62,578,327						
<u>~</u> L						,52,	,,					

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			Date		
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid	ADAM R SMITH CPA			self-employed	P00958966	
Preparer Use Only	Firm's name 🕨 BKD, LLP			Firm's EIN 🕨 44	-0160260	
Use Only	Firm's address 🕨 111 SOUTH TEJON, SUITE 8	800 COLORADO SPRINGS, CO 80903-984	8	Phone no. 71	9 471-4290	
May the II	RS discuss this return with the preparer shown	n above? (see instructions)			X Yes	No
For Paper	work Reduction Act Notice, see the separat	e instructions.			Form <b>990</b>	(2019)

For Paperwork Reduction Act Notice, see the separate instructions.

-	m 990 (20	· · · · · · · · · · · · · · · · · · ·	Page <b>2</b>
Pa	art III	Statement of Program Service Accomplishments	
1	Priofly	Check if Schedule O contains a response or note to any line in this Part III	X
1		ACHMENT 1	
2		organization undertake any significant program services during the year which were not listed	
	prior Fo	orm 990 or 990-EZ? describe these new services on Schedule O.	Yes X No
3		e organization cease conducting, or make significant changes in how it conducts, any pr	
	If "Yes,"	describe these changes on Schedule O.	
4		e the organization's program service accomplishments for each of its three largest program es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	
		Il expenses, and revenue, if any, for each program service reported.	
12	(Code:	) (Expenses \$ 41,833,206. including grants of \$ ) (Revenue \$	51,043,719. )
	· -	RECOVERY SERVICES: ENGAGES PEOPLE EXPERIENCING BEHAVIORAL	)
		H NEEDS FROM MILD TO SEVERE INCLUDING THOSE WHO ARE OR HAVE	
		TLY BEEN HOMELESS, HOSPITALIZED, OR INVOLVED IN THE CRIMINAL	
		CE SYSTEM. SERVICES INCLUDE INDIVIDUAL AND GROUP THERAPY,	
		IATRY, OUTPATIENT, ENHANCED OUTPATIENT, PHARMACY, INTENSIVE	
		MANAGEMENT, HIGH INTENSITY TREATMENT, CRISIS AND EMERGENCY	
		CES, BENEFITS ACQUISITION, AND PRIMARY CARE. USING OUR	
		NALLY-RECOGNIZED RECOVERY NEEDS LEVELS INSTRUMENT, WE MATCH E WITH THE TREATMENT THAT BEST MEETS THEIR NEEDS THROUGH A	
		A-INFORMED SERVICE DELIVERY MODEL.	
		- INFORMED SERVICE DELIVERI MODEL.	
4b	(Code:	) (Expenses \$ 20,730,125. including grants of \$ ) (Revenue \$	21,172,481. )
			/
4c	(Code:	) (Expenses \$ 12,675,976. including grants of \$ ) (Revenue \$	16 947 748
	• •	CHMENT 3	
	AIIA	<u>CIIIIEN1 5</u>	
4d	Other n	rogram services (Describe on Schedule O.) ATTACHMENT 4	
	(Expens		
4e	<u> </u>	rogram service expenses ► 83,311,474.	
JSA	020 2.000		Form <b>990</b> (2019)
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
~		4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		37
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
			Х	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	A	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u		444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15		15		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		х
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
		200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 22

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Part	IV Checklist of Required Schedules (continued)			0
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	28b		Л
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm	990	2010
9E1030	<sup>2.000</sup> 3587LB 5974 4/29/2021 6:32:12 PM 1158870	rom		2019 GE

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,204			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		Х
	and services provided to the payor?	7a 75		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business notangs at any time during the years in the transmission of the second s			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) MENTAL HEALTH CENTER OF DENVER 74-2499	9946	F	Page <b>6</b>
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year $14$		163	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		v	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х	
•	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
~	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	· (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(200		- (0)
	X       Own website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANGELA OAKLEY 4141 E DICKENSON PLACE DENVER, CO 80222 303-504-6500	s 🕨		
JSA			990	(2019)
				(=013)

Page /

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

*(***\_**)

\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					<b>C)</b> sition					
(A) Name and title	(B)	(do r	not cl			e than c	one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated amount
Name and the	Average hours					is both		compensation	compensation	of other
	per week	office	er and	dad	lirect	or/trust	iee)	from the	from related	compensation
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
	dotted line)	e	stee			nsated				
(1)CARL CLARK, MD	40.00									
PRESIDENT AND CEO	2.50			x				798,483.	0.	20,857.
(2) CHERYL A. CLARK	40.00			- 21				750,105.	0.	20,057.
VP AND CHIEF MEDICAL OFFICER	0.				x			517,498.	0.	26,401.
(3) ANGELA OAKLEY	40.00							01/1001		
VP AND CFO	2.50			x				391,890.	0.	37,395.
(4) KRISTI MOCK	40.00							,		
VP AND COO	2.50			х				391,327.	0.	36,165.
(5) YVETTE BUXTON	40.00									
CHILD AND FAMILY MEDICAL DIREC	0.				x			410,003.	0.	10,687.
(6)JODY T. RYAN	40.00									
ADULT SERVICES MEDICAL DIRECTO	0.				Х			369,658.	0.	27,079.
(7) CASEY H. WOLF	40.00									
PSYCHIATRIST	0.					X		311,203.	0.	32,451.
(8) KENNETH J. MACINTYRE	40.00									
PSYCHIATRIST	0.					Х		303,030.	0.	17,758.
(9) DAVID M. WEISS	40.00									
PSYCHIATRIST	0.					Х		292,987.	0.	26,541.
(10) JASON W. RODRIGUEZ	40.00									
PSYCHIATRIST	0.					Х		295,196.	0.	17,198.
(11) JAMES D. BAKER	40.00									
PSYCHIATRIST	0.					Х		292,091.	0.	18,027.
(12) JOHN FLYNN	40.00									
VP OF ADULT SERVICES	0.				Х			271,799.	0.	31,237.
(13) WESLEY M. WILLIAMS	40.00									
VP AND CHIEF INFORMATION TECHN	0.				Х			263,850.	0.	15,853.
(14) DAWN WILSON	40.00								-	
VP OF CHILD AND FAMILY SERVICE	0.				X			230,230.	0.	30,861.

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## MENTAL HEALTH CENTER OF DENVER

Form 990	) (2019)
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(A) Name and title	(B) Average hours per week (list any	burs per (do not check more than						<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation fron related		other	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee		Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		compensation from the organization and related organizations	
5) DEBRA DEMUTH BOARD CHAIR	.50	v		v				0		0.		
5) PEGGY KOZAL	.50	X		Х				0.	•	0.		
VICE CHAIR	0.	x		x				0		0.		
7) HANNAH SCHECHTER	.50											
SECRETARY	0.	x		х				0.		0.		
3) RYAN KIRKPATRICK	.50											
TREASURER	0.	X		Х				0		0.		
9) LES WALLACE	.50											
DIRECTOR THROUGH 9/23/2019	0.	Х						0.		0.		
) ANN BOYD	.50											
DIRECTOR 1) BARBARA YONDORF	0.	X						0.	•	0.		
DIRECTOR	0.	x						0		0.		
2) MARJORIE LEWIS	.50	- 21						0.	•	0.		
DIRECTOR	2.50	x						0		0.		
3) NANCY GARY	.50											
DIRECTOR	0.	x						0.		0.		
4) EDIE SONN	.50											
DIRECTOR	0.	Х						0 .	•	0.		
5) RICK SIMMS	.50											
DIRECTOR THROUGH 3/11/2020	0.	X						0.	•	0.	240 51	
lb Sub-total								5,139,245.		0.	348,51	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	=				• •			5,139,245.		0.	348,51	
2 Total number of individuals (including but not reportable compensation from the organization	limited to tl		liste		bove	e) who	re		\$100,000 c	of	Yes N	
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	Jal	• •					• •	3	
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,00	00?	If	"Yes,	" (	complete Schedu	le J for s	such	<b>4</b> X	
<ul> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Yes</li> <li>Section B. Independent Contractors</li> </ul>	accrue col	mpen	satio	on f	from	n any	uni	related organization	on or indivi	dual	5	
Complete this table for your five highest com compensation from the organization. Report o year.												
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	С	(C) compensation	
ATTACHMENT 5												
							1					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 56 JSA 9E1055 1.000

## MENTAL HEALTH CENTER OF DENVER

Form	990	(2019)	

(A) Name and title	(B) (C) Average Position hours per week (list any hours for officer and a direct			is both or/truste	an ee)	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportat compensatio related organizati	n from	<b>(F)</b> Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
6) ROBERT PARKS DIRECTOR	.50	x						0.		0.	
7) BRUCE SCHROFFEL	.50							0.	•	0.	
DIRECTOR	0.	x						0.		0.	
8) MARY HAYNES	.50										
DIRECTOR	0.	X						0.	•	0.	
9) THERESA PIARROT DIRECTOR	.50	x						0.		0.	
0) MARTIN HOUGAARD	.50										
DIRECTOR STARTING 3/11/2020	0.	X						0.	•	0.	
	-+										
		-									
Ib Sub-total			•••	••	• •	•••		0.		0.	
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)											
<ul> <li>2 Total number of individuals (including but no reportable compensation from the organizati</li> </ul>	t limited to t		liste			e) who	re	ceived more than	\$100,000 o	f	
		r or	+ r	inte				loves or highest	taampapag	tod	Yes N
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	lividu	ual	••		• •			••	3
For any individual listed on line 1a, is the organization and related organizations g individual.	reater than	\$15	50,00	00?	' If	"Yes	," (	complete Schedu	sation from <i>le J for</i> s	the uch	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	satio	on f	from	n any	uni	related organization			5 2
Section B. Independent Contractors I Complete this table for your five highest concompensation from the organization. Report											
year.	Sompensal	011101						maing with of with			U IUA
(A) Name and business a	ddress							(B) Description of se	ervices	Co	(C) ompensation
							-				

Г

		Check if Schedule	эΟс	ontains a respor	nse or note to ar	ny line in this Part \	/		
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ss	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
ΩĔ	b				142,382.				
ts, Ar	C L	Fundraising events			142,302.				
ilar	d	Related organizations			F 400 0F7				
in,	e	Government grants (co		,	5,490,957.				
i So	f	All other contributions,	-	-	1 640 015				
the		and similar amounts not i			1,640,817.				
ēđ	g	Noncash contributions			•				
and Sol	.	lines 1a-1f				B 084 156			
	n	Total. Add lines 1a-1f		<u></u>		7,274,156.			
a					Business Code	TO 101 007	70.101.000		
<u>vi</u> o	2a	MEDICAID			623990	70,131,036.	70,131,036.		
Ser	b	COLORADO BEHAVIORAL	HEAL	I'H	623990	15,876,772.	15,876,772.		
e a	c	PHARMACY			446110	8,289,216.	8,289,216.		
gra Re	d	CLIENT FEES	~		623990	3,176,629.	3,176,629.		
Program Service Revenue	е	OTHER PROGRAM SERVIC			623990	1,010,416.	1,010,416.		
<u>a</u> _	f	All other program serv			<u> </u>				
	g	Total. Add lines 2a-2f				98,484,069.			
	3	Investment income	•	0					
		other similar amounts)				1,116,756.			1,116,756.
	4	Income from investme		•	•	0.			
	5	Royalties	<u></u>		(ii) Personal	0.			
		_		(i) Real	(II) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	·						
	d	Net rental income or (lo	oss) 🛯			0.			
	7a	Gross amount from		(i) Securities	(ii) Other				
		sales of assets							
		other than inventory	7a	3,665,575.	19,639.				
ue	b	Less: cost or other basis							
Revenue		and sales expenses	7b	3,617,616.	18,653.				
Śe	c	Gain or (loss)	7c	47,959.	986.				
	d	Net gain or (loss)		<u></u>	<u></u>	48,945.			48,945.
Other	8a	Gross income fro	m	fundraising					
0		events (not including \$	s	142,382.					
		of contributions rep	orted	on line					
		1c). See Part IV, line 18	8	8a	0.				
	b	Less: direct expenses		8b	79,996.				
	c	Net income or (loss) fr	rom fu	undraising events	<u></u> ▶	-79,996.			-79,996.
	9a	Gross income f	from	gaming					
		activities. See Part IV, I	ine 19	9 <u>9</u> a	0.				
	b	Less: direct expenses		9b	0.				
	c	Net income or (loss) f	rom g	gaming activities.	<u></u>	0.			
	10a	Gross sales of i	nvent	ory, less					
		returns and allowances	s	<u>10a</u>	0.				
	b	Less: cost of goods sol	d	10b	0.				
	c	Net income or (loss) fr	om sa	ales of inventory	<u></u>	0.			
S					Business Code				
eor	11a	EQUITY IN EQUITY IN	VESTE	E	900099	-468,678.	-468,678.		
enu	b								
evel 1	с								
Miscellaneous Revenue	d	All other revenue							
2	е	Total. Add lines 11a-1	1d -			-468,678.			
	12	Total revenue. See ins	struction	ons	<u></u>	106,375,252.	98,015,391.		1,085,705.

Part IX Statement of Functional Expenses

Check if Schedule O contains a resp		e in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	3,932,303.	3,342,458.	589,845.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	51,754,587.	41,582,883.	9,776,322.	395,382
8 Pension plan accruals and contributions (include		,		,
8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions)	1,184,642.	912,371.	262,329.	9,942
	7,277,828.	5,054,404.	2,184,475.	38,949
	3,882,000.	2,937,473.	916,813.	27,714
0 Payroll taxes	5,002,0001	2,00,71,01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.7.2
1 Fees for services (nonemployees):	0.			
a Management	77,204.	3,964.	73,240.	
b Legal	121,058.	0,2011	121,058.	
c Accounting	50,000.		50,000.	
d Lobbying	51,019.		50,0001	51,019
e Professional fundraising services. See Part IV, line 17.	0.			01/01/
f Investment management fees				
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	2,025,554.	1,246,275.	757,359.	21,920
(A) amount, list line 11g expenses on Schedule O.).	141,038.	141,038.		,
3 Office expenses	1,675,300.	828,542.	809,364.	37,394
4 Information technology	5,287,297.	492,555.	4,788,636.	6,100
	0.	,	, ,	- , -
,	3,454,462.	2,912,787.	537,035.	4,640
	599,970.	299,410.	293,991.	6,569
7 Travel				- ,
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	80,370.		80,370.	
20 Interest	1,256,784.	1,222,829.	33,398.	55
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	3,228,143.	1,922,789.	1,299,489.	5,865
13 Insurance	509,523.	341,773.	166,013.	1,73
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICAL	11,294,988.	11,294,988.		
bMEDICAL AND LAB	3,232,792.	3,232,792.		
cMAINTENANCE AND REPAIRS	1,034,085.	877,868.	154,132.	2,085
d <sup>MISCELLANEOUS EXPENSES</sup>	4,788,084.	4,664,275.	102,627.	21,182
e All other expenses	,,	,	. ,	_,_0.
25 Total functional expenses. Add lines 1 through 24e	106,939,031.	83,311,474.	22,996,496.	631,061
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		,	,,	
fundraising solicitation. Check here if				

0.

following SOP 98-2 (ASC 958-720)

MENTAL HEALTH CENTER OF DENVER

Check if Schedule O contains a response or note to any line in this Pa	Art X (A) Beginning of year	<u></u>	
Cash - non-interest-bearing			(P)
Cash - non-interest-bearing			<b>(B)</b> End of year
	22,656,333.	1	13,200,210
Savings and temporary cash investments.	863,889.	2	1,258,956
Pledges and grants receivable, net	1,579,375.	3	1,180,874
Accounts receivable, net	4,605,276.	4	6,363,575
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
	0.	5	
	0.	6	
	0.	7	
Inventories for sale or use	700,289.	8	922,10
Prepaid expenses and deferred charges	1,223,870.	9	1,552,59
	41,922,272.	10c	46,893,44
	19,148,684.	11	19,538,67
	0.	12	
	2,647,011.		2,168,33
	0.	14	
-	3,947,898.		4,774,19
	99,294,897.		97,852,96
	13,509,255.	17	11,823,25
	0.	18	
	0.	19	
	21,671,799.	20	21,240,92
	850,074.	21	1,251,49
	0.	22	
	685,442.		676,02
	0.		
of Schedule D	0.	25	1,104,15
	36,716,570.	26	36,095,86
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		-	
-	61,040,169.	27	60,620,73
Net assets with donor restrictions.	1,538,158.	28	1,136,36
Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		-	
		29	
	62,578,327		61,757,09
			97,852,963
	controlled entity or family member of any of these persons	controlled entity or family member of any of these persons       0.         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).       0.         Notes and loans receivable, net .       0.         Inventories for sale or use.       700,289.         Prepaid expenses and deferred charges       1,223,870.         Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a       81,103,609.         Less: accumulated depreciation       10b       34,210,164.       41,922,272.         Investments - publicly traded securities.       0.       0.         Total assets. Add lines 1 through 15 (must equal line 33)       3.947,898.       0.         Contra sayable and accrued expenses.       0.       0.       0.         Contra sevempt bond liabilities.       0.       0.       0.         Escrow or custodial account liability. Complete Part IV of Schedule D.       0.       0.         Dater liabilities (including federal income tax,	controlled entity or family member of any of these persons       0.5         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).       0.7         Notes and loans receivable, net       0.8         Prepaid expenses and deferred charges       1,223,870.9         Less: accurulated depreciation       10         Less: accurulated depreciation       10         Investments - other securities. See Part IV, line 11       0.12         Investments - other securities. See Part IV, line 11       0.14         Other assets. Add lines 1 through 15 (must equal line 33)       99, 294, 897.16         Accounts payable and accrued expenses.       0.18         Deferred revenue.       0.18         Deferred revenue.       0.18         Deferred revenue.       0.19         Consta other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       0.22         Cortar family member of any of these persons.       0.24         Duscured notes and loans payable to unrelated third parties.       0.24         Unsecured notes and ther payab

MENTAL	HEALTH	CENTER	OF	DENVER

Form 99	90 (2019)			Pa	ge <b>12</b>	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,			
3	Revenue less expenses. Subtract line 2 from line 1	3		-563,779.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		62,578,327.		
5	Net unrealized gains (losses) on investments	5	_	257,4	451.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	61,	757,(	)97.	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			37		
b	Were the organization's financial statements audited by an independent accountant?			X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-	-	x		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			A		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain c	n			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th		x		
_	Single Audit Act and OMB Circular A-133?		. <u>3a</u>	A		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		x		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	<u>.</u> 3b	11		

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 

		nt of the Treasury evenue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection			
Nam	e of t	he organization	•					Employer identifi	cation number			
MEI	ITA:	L HEALTH C						74-24999	-			
Ра				•	<u> </u>			rt.) See instructions				
	org	1			is: (For lines 1 throug							
1		-		•	tion of churches desc							
2		1			. (Attach Schedule E	-						
3 4		-			rganization described			(1)(A)(III). a section 170(b)(1)(A)	(iii) Entor the			
4		hospital's nam	•			spital de	SCIIDEU II					
5			, ,		a college or universit		d or one	rated by a governme	ntal unit described in			
5		-	-	Complete Part II.)	a concept of universit	y owned						
6					rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).				
7	Х								om the general public			
		-		(1)(A)(vi). (Compl			0		5			
8		1			<b>b)(1)(A)(vi).</b> (Complete	Part II.)						
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	in conjunction with a	land-grant college			
		or university of	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or			
		university:										
10 11		An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.) An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .										
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes			
		of one or mor	re publicly su	pported organizati	ons described in sec	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	ee section 509(a)(3).			
	_	Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.			
а		<b>Type I.</b> A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
			-	-	e Part IV, Sections A							
b								supported organization				
						the sam	e persor	is that control or man	age the supported			
	Г	-		-	, Sections A and C.							
С								n with, and functional	ly integrated with,			
d	Γ		-		ns). You must comple			ection with its suppor	tod organization(a)			
a		•••	•					ution requirement and	• • • •			
			-		omplete Part IV, Sect	-		-				
е	Γ		-	-	-			nat it is a Type I, Type I	I. Type III			
•			-		ionally integrated sup				, i jpo in			
f	En											
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).							
	<b>(i)</b> N	lame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
(A)												
(B)												
<u> </u>												
(C)												
(D)												
(E)												
Tota	al											
For I	aper	rwork Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019			

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#### Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,792,545.	2,976,779.	3,898,937.	8,248,107.	7,274,156.	26,190,524.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,792,545.	2,976,779.	3,898,937.	8,248,107.	7,274,156.	26,190,524.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,032,187.
6	Public support. Subtract line 5 from line 4						23,158,337.
	tion B. Total Support		1			I	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,792,545.	2,976,779.	3,898,937.	8,248,107.	7,274,156.	26,190,524.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	224,809.	327,612.	332,830.	1,069,984.	1,116,756.	3,071,991.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						29,262,515.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	471,741,974.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2019 (lin		•			14	79.14%
15	Public support percentage from 2018					15	80.63 <b>%</b>
16a	331/3% support test - 2019. If the org						
-	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2018. If the org						
4 -	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
10	supported organization <b>Private foundation.</b> If the organization						
18							
	instructions						· · · F 📖

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019

Part III

# Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organization	tion's first, secc	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and $\ensuremath{stop}\xspace$ here .	<u></u>					<u></u> ▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Schee	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	ganization did n	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	and line
	17 is not more than 331/3%, check this	s box and <b>stop</b>	<b>b here.</b> The org	anization qualifie	s as a publicly	supported organi	zation . 🕨 📃
b	331/3% support tests - 2018. If the orga	nization did not	check a box on	line 14 or line	19a, and line 16	is more than 33 <sup>2</sup>	/3 %, and
	line 18 is not more than 331/3%, check	this box and st	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	zation 🕨 🔄
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,			
JSA 9E122	1 1.000				S	Schedule A (Form 9	90 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

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-	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	-		
	All additions of the second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		-	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	000 -	
JSA	Schedule A (Form	990 or	990-EZ	2019 (

Schedule A (Form	990 or 990-EZ) 2019	
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Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
amorgonou tamparary reduction (see instructions)			

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current rear
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity	inpr purposes of support	eu	
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ũ	(provide details in <b>Part VI</b> ). See instructions.	the organization is roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			A (Form 990 or 990-EZ) 2

Page 8

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

MENTAL HEALTH CENTER OF DENVER

74-2499946

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$1,818,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,701,597.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$483,902.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$456,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$429,098.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$269,035.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 74-2499946

art I Contri	<i>"</i>		<i>(</i>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$262,079.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$191,677.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$397,635.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$383,553.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

ame of organi	zation MENTAL HEALTH CENTER O	F DENVER	Employer identification number
			74-2499946
			tions described in section 501(c)(7), (8), or
			ntributor. Complete columns (a) through (e) and
			er the total of exclusively religious, charitable, etc
	ntributions of \$1,000 or less for th		on once. See instructions.) ► \$
	e duplicate copies of Part III if addit	ional space is needed.	
(a) No. from Part I	om (b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
_			
_			
_			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
_			
( ) ) )			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift
----------------------

	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	jift	

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

ection 501(c) (other than section frequencies of the section 527 organizations: Comp rganization answered "Yes," action 501(c)(3) organizations forganization answered "Yes," arganization answered "Yes," arganization answered "Yes," arganization 501(c)(4), (5), or (6) organization for 501(c)(4), (5), or (6) organization	on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election u that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Prox)	Parts I-A and C below. I n 990-EZ, Part VI, line 4 nder section 501(h)): Co tion under section 501(h	<b>7 (Lobbying Activities), the</b> omplete Part II-A. Do not com )): Complete Part II-B. Do no	nplete Part II-B.
ection 527 organizations: Com rganization answered "Yes," action 501(c)(3) organizations action 501(c)(3) organizations organization answered "Yes," be separate instructions), ther action 501(c)(4), (5), or (6) organization	plete Part I-A only. on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election u that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Proxy	n 990-EZ, Part VI, line 4 nder section 501(h)): Co tion under section 501(h	<b>7 (Lobbying Activities), the</b> omplete Part II-A. Do not com )): Complete Part II-B. Do no	nplete Part II-B.
rganization answered "Yes," action 501(c)(3) organizations action 501(c)(3) organizations arganization answered "Yes," as separate instructions), ther action 501(c)(4), (5), or (6) organization	on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election u that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Prox)	nder section 501(h)): Co tion under section 501(h	omplete Part II-A. Do not com )): Complete Part II-B. Do no	nplete Part II-B.
action $501(c)(3)$ organizations action $501(c)(3)$ organizations organization answered "Yes," are separate instructions), ther action $501(c)(4)$ , (5), or (6) organization	that have filed Form 5768 (election u that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Proxy	nder section 501(h)): Co tion under section 501(h	omplete Part II-A. Do not com )): Complete Part II-B. Do no	nplete Part II-B.
ection 501(c)(3) organizations organization answered "Yes," se separate instructions), ther ection 501(c)(4), (5), or (6) orga	that have NOT filed Form 5768 (elect on Form 990, Part IV, line 5 (Proxy	tion under section 501(h	)): Complete Part II-B. Do no	•
rganization answered "Yes," e separate instructions), ther action 501(c)(4), (5), or (6) orga	on Form 990, Part IV, line 5 (Proxy			
ee separate instructions), ther ection 501(c)(4), (5), or (6) orga			nstructions) or Form 990-I	
	anizations: Complete Part III.			
of organization				entification number
AL HEALTH CENTER OF			74-249	
-	• •			
•	•	political campaign a	ctivities in Part IV. (see in	nstructions for
	•			
nter the amount of any exc	cise tax incurred by the organization	on under section 495	55►\$	
-		-		
as a correction made?				Yes No
-C Complete if the c	organization is exempt under	section 501(c), ex	xcept section 501(c)(3	3).
id the filing organization file	e Form 1120-POL for this year?			Yes No
nter the names, addresses	and employer identification numl	ber (EIN) of all section	on 527 political organiza	ations to which the filing
<b></b>				
<b>(a)</b> Name	(b) Address	(c) EIN		(e) Amount of political
				contributions received and promptly and directly
				delivered to a separate
				political organization. If
				none, enter -0
		-		
		-		
		-		
		-		
		_		
		-		
		-		
	rovide a description of the efinition of "political campa political campaign activity e folunteer hours for political <b>B</b> Complete if the c inter the amount of any exc the organization incurred a Vas a correction made? "Yes," describe in Part IV. <b>C</b> Complete if the c inter the amount directly e ctivities inter the amount of the filin 27 exempt function activiti otal exempt function expen- ne 17b bid the filing organization fil- inter the names, addresses rganization made payment the amount of political cont	<ul> <li>rovide a description of the organization's direct and indirect efinition of "political campaign activities")</li> <li>Political campaign activity expenditures (see instructions)</li> <li>Political campaign activities tax incurred by the organization inter the amount of any excise tax incurred by organization in the organization incurred a section 4955 tax, did it file Form Vas a correction made?</li> <li>"Yes," describe in Part IV.</li> <li>C Complete if the organization is exempt under inter the amount directly expended by the filing organization ctivities</li> <li>Political exempt function expenditures. Add lines 1 and 2. Enter the amount of the filing organization 's funds contributed 27 exempt function expenditures. Add lines 1 and 2. Enter the names, addresses and employer identification numi rganization made payments. For each organization listed, enter the names, addresses and employer identification numi rganization made payments. For each organization listed, enter the amount of political contributions received that were provide a separate segregated fund or a political action committee or a separate segregated fund or a political action committee or</li></ul>	Provide a description of the organization's direct and indirect political campaign activities") Political campaign activity expenditures (see instructions) Political campaign activities (see instruction of the filing organization's funds contributed to other organization (see instruction activities) Political campaign activities Political campaign activities Political campaign activities Political campaign activities Political contributions received that were promptly and directly design activities (see anount of political contributions received that were promptly and directly design activities)	collitical campaign activity expenditures (see instructions) <ul> <li>S</li> <li>Complete if the organization is exempt under section 501(c)(3).</li> </ul> Inter the amount of any excise tax incurred by the organization under section 4955. <ul> <li>S</li> <li>inter the amount of any excise tax incurred by organization managers under section 4955.</li> <li>S</li> <li>inter the amount of any excise tax incurred by organization managers under section 4955.</li> <li>S</li> <li>the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> </ul> <ul> <li>Vas a correction made?</li> <li>"Yes," describe in Part IV.</li> <li>C Complete if the organization is exempt under section 501(c), except section 501(c)(3)</li> <li>inter the amount directly expended by the filing organization for section 527 exempt function ctivities</li> <li>Inter the amount of the filing organization's funds contributed to other organizations for section 27 exempt function activities</li> <li>Inter the amount of the filing organization's funds contributed to other organizations for section 27 exempt function activities</li> <li>Inter the amount of the filing organization's funds contributed to other organizations for section 27 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, so the filing organization file Form 1120-POL for this year?</li> <li>Inter the names, addresses and employer identification number (EIN) of all section 527 political organiz rganization made payments. For each organization listed, enter the amount paid from the filing organize amount of political contributions received that were promptly and directly delivered to a sepa</li></ul>

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.



**Open to Public** 

Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SCHEDULE C

Schedule C (Form 990 or 9	90-EZ) 2019 MENIAL	HEALIH CENTER OF DENVER	/4-2	499940 Page Z
	ete if the organizati n 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
B Check ► if th	e filing organization ch	ecked box A and "limited control" provisions app	oly.	
(The to		ying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<ul> <li>b Total lobbying ex</li> <li>c Total lobbying ex</li> <li>d Other exempt pu</li> <li>e Total exempt pur</li> <li>f Lobbying nontax columns.</li> </ul>	penditures to influence penditures (add lines 1 rpose expenditures pose expenditures (ad able amount. Enter th	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
		The lobbying nontaxable amount is:		
Not over \$500,000		20% of the amount on line 1e.		
Over \$500,000 but	not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 b	ut not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 b	ut not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		
g Grassroots nonta	axable amount (enter 2	5% of line 1f)		
		ess, enter -0-		
		ss, enter -0-		
		on either line 1h or line 1i, did the organiza	tion file Form 4720	
		· · · · · · · · · · · · · · · · · · ·		Yes No
· · · · · ·		4 X		

4-Year Averaging Period Under Section 501(h)

# (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Page J	Page	3
--------	------	---

Schedule C (Fe	orm 990 or 990-EZ) 2019		F
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed For	rm 5768
		(-)	(1-)

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)	(d)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:		37	
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
с	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
e	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	v		50,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
i	Total. Add lines 1c through 1i			50,000
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		20	
а	Current year	2a	
b	Carryover from last year.	2b	
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
		4	
_	and political expenditure next year?		
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1G

MENTAL HEALTH CENTER OF DENVER IS A MEMBER OF THE COLORADO BEHAVIORAL HEALTHCARE COUNCIL AND NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, WHICH MONITORS STATE AND NATIONAL LEGISLATION AFFECTING THE MENTAL HEALTH INDUSTRY. STAFF AND BOARD MEMBERS ATTEND THE STATE AND NATIONAL HILL DAY GATHERINGS TO MEET STATE REPRESENTATIVES AND PROVIDE THEM WITH THE PERSPECTIVES OF THE MENTAL HEALTH CENTER OF DENVER. MENTAL HEALTH CENTER OF DENVER ALSO HAS AN ANNUAL LEGISLATIVE BRIEFING FOR STATE LEGISLATORS.

SCHEDULE D (Form 990)		Complete if	ental Financial Stater the organization answered "Yes" on F 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f,	Form 990,	OMB No. 1545-0047
	artment of the Treasury	► Go to www.irs.gov	Attach to Form 990. /Form990 for instructions and the late	est information	Open to Public Inspection
	nal Revenue Service e of the organization				nployer identification number
MEI	NTAL HEALTH CE	ENTER OF DENVER			74-2499946
_			ised Funds or Other Similar Fu	unds or Acc	ounts.
		-	"Yes" on Form 990, Part IV, lin		
	•	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	Did the organizati	ion inform all donors and donor	advisors in writing that the asse	ets held in do	onor advised
	funds are the orga	anization's property, subject to the	e organization's exclusive legal con	ntrol?	Yes 🔄 No
6	•	<b>u</b>	and donor advisors in writing that	•	
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor,	or for any ot	her purpose
			<u></u>		YesNo
Pa		tion Easements.		_	
			"Yes" on Form 990, Part IV, lin	e /.	
1		•	e organization (check all that apply).		the second second second second second
		n of land for public use (for example			historically important land area
		of natural habitat		ervation of a d	certified historic structure
2		n of open space	eld a qualified conservation contrib	bution in the f	orm of a concernation
2	-	last day of the tax year.	eid a quaimed conservation contric		Held at the End of the Tax Year
а				2a	
a b			· · · · · · · · · · · · · · · · · · ·		
c	-	-	historic structure included in (a)	· · · ·	
d			c) acquired after 7/25/06, and not		
ŭ					
3			nsferred, released, extinguished,		by the organization during the
	tax year 🕨		,		,
4	Number of states	where property subject to conse	ervation easement is located <b>&gt;</b>		
5			garding the periodic monitoring,		nandling of
	violations, and enf	orcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and e	nforcing conse	ervation easements during the year
7	Amount of expens ▶\$	es incurred in monitoring, inspec	ting, handling of violations, and enfo	orcing conser	vation easements during the year
8	Does each conserv	vation easement reported on line	2(d) above satisfy the requirements	of section 17	0(h)(4)(B)(i)
9	•	ş 1	conservation easements in its reve		
		•••	of the footnote to the organization's	s financial sta	tements that describes the
D		counting for conservation easeme			iler Acceto
Pa			<b>s of Art, Historical Treasures, c</b> "Yes" on Form 990, Part IV, lin		mar Assets.
10	•		, ,		tomont and halance sheet works
1a	of art, historical i service, provide in	reasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its ts held for public exhibition, edu to its financial statements that des	ucation, or rescribes these	esearch in furtherance of public items.
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these ite		, or research	in furtherance of public service,
2	•		rt, historical treasures, or other		s for financial gain, provide the
			ASB ASC 958 relating to these iter		
a b	Assets included in	on Form 990, Part VIII, line 1		• • • • • • •	···· ► \$

For	Paperwork	Reduction	Act Notice, s	ee the	Instructions	for Form 990.
JSA 9E12	268 1.000					
	3587L	B 5974	4/29/202	21	6:32:12	PM

Schedule D (Form 990) 2019

MENTAL UFALTU CENTER OF DENNER

	MEN	TAL HEALTH CEI	NTER OF DENVER	<u></u>		/4-24	99946	
Schee	dule D (Form 990) 2019							Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets	continue	d)
3	Using the organization's acquisition	n, accession, and c	other records, check	any of the	e follow	ing that make sig	nificant u	se of its
	collection items (check all that appl	y):						
а	Public exhibition		d 🗌 Loan d	or exchange	e prograr	n		
b	Scholarly research		e Other	-	1 3			
c	Preservation for future gener	rations						
4	Provide a description of the organ		and explain how t	hav furthar	the or	nanization's evenu	nt nurnas	in Part
-	XIII.			ney further		ganization's exemp		; in ran
F		n a aliait ar raaaiya d	lonations of art hist	origal tragg	iroo or	athar aimilar		
5	During the year, did the organization						<b>V</b>	
De	assets to be sold to raise funds rath		aned as part of the t	rganization	is collec		Yes	No
Pa	IT IV Escrow and Custodial A		o" on Form 000 F	)ort I\/ line	0	ported on orac	int on Foi	
	Complete if the organiza	nion answered re	S ON FOITH 990, F	ran iv, ine	9,011	eponed an amou	Int on Foi	[]]
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
_	included on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the following tab	ole:	1			
						Amoun	it	
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	5						X Yes	No No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been p	rovided	on Part XIII		X
Pa	rt V Endowment Funds.							
	Complete if the organiza	tion answered "Ye	es" on Form 990, F					
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back		ears back
1a	Beginning of year balance	356,333.	319,680.	297	,828.	262,451.	2	73,558
b	Contributions		25,000.					
с	Net investment earnings, gains,							
	and losses	-2,380.	14,958.	24	,938.	38,125.		-8,470
d	Grants or scholarships							
	Other expenditures for facilities							
-	and programs							
f	Administrative expenses	4,798.	3,305.	3	,086.	2,748.		2,637
g	End of year balance	349,155.	356,333.	319	,680.	297,828.	2	62,451
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a))	held as		•	
a	Board designated or quasi-endowr	ent ▶ 92.8400	%			•		
b		600 %	_					
с		%						
	The percentages on lines 2a, 2b, a	ind 2c should equal 1	100%.					
3a	Are there endowment funds not in			are held an	d admir	istered for the		
	organization by:		-				Y	'es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended u	•	•					
Pa	rt VI Land, Buildings, and Equ	lipment.						
	Complete if the organization	ation answered "Ye						
	Description of property	(a) Cost or (invest		or other basis ther)		cumulated eciation	(d) Book valu	e
1a	Land	,	, , , , , , , , , , , , , , , , , , , ,	79,541.	dopi		11,07	9,541.
b	Buildings			01,771.	21.0	31,919.		9,852.
c c	Leasehold improvements			78,809.		37,065.		1,744.
d	Equipment			50,921.		93,356.		7,565.
	Other			392,567.		47,824.		4,743.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form						3,445.
		, ,	,,	, ,,	- / 1 1		,	

Schedule D (Form 990) 2019

chedule D (F	orm 990) 2019			Page
Part VII	Investments - Other Securities.			Fage
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
) Financia	Il derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	<b>Investments - Program Related.</b> Complete if the organization answered	"Vos" on Form 990	) Part IV line 11c See Form 990 P	art X line 13
			(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
)				
) ?)				
-) 3)				
4)				
5)				
5)				
/ 7)				
) 3)				
) Э)				
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
art IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	). Part IV. line 11d. See Form 990. P	art X. line 15.
	· · ·	scription		(b) Book value
1)	(			(,
2)				
- <i>,</i> 3)				
4)				
5)				
5)				
7)				
3)				
9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ne 15.)	<u></u>	
art X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Form	990, Part X,
		tion of liability		(b) Book value
) Federa	al income taxes			
	PAYABLE - SANDERSON			600,00
2) NOTE	RRED PAYROLL TAXES PAYABLE			504,15
,	ARED TAIROUD TARES TATADUE			
) 3) DEFEF 4)				
) 3) DEFEF 4)				
3) DEFEF 4) 5)				
,				
3) DEFEF 4) 5) 6) 7) 3)				
3) DEFEF 4) 5) 6) 7) 8) 9)	n (b) must equal Form 990, Part X, col. (B) line 25.)			1,104,15

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

MENTAL	HEALTH	CENTER	OF	DENVER

Schedu	le D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	106,560,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants.	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	105,710.
3	Subtract line 2e from line 1	3	106,455,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	-79,996.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	106,375,252.
Part			I
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	107,382,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	443,157.
3	Subtract line 2e from line 1	3	106,939,031.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).		106,939,031.
-	XIII Supplemental Information.		<u> </u>
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	mation	

SEE PAGE 5

Schedule D (Form 990) 2019

 Schedule D (Form 990) 2019
 MENTAL HEALTH CENTER OF DENVER

 Part XIII
 Supplemental Information (continued)

 SCHEDULE D, PART IV, LINE 2B

 ESCROW AND CUSTODIAL ARRANGEMENTS:

 MHCD MAINTAINS BANK ACCOUNTS ON BEHALF OF PEOPLE IT SERVES WHO RECEIVE

 DISABILITY BENEFITS.

 SCHEDULE D, PART V, LINE 4

 PURPOSE OF ENDOWMENT FUNDS:

TO HELP SUSTAIN MENTAL HEALTH CENTER OF DENVER'S FUTURE GROWTH.

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON THE TAX RETURN BUT NOT IN AUDIT REVENUE:

FUNDRAISING EVENT EXPENSE

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED IN AUDIT EXPENSE BUT NOT ON THE TAX RETURN:

FUNDRAISING EVENT EXPENSE

79,996

(79,996)

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or 16 the Complete if the organization answered the Ste 000 on Form 990 F7 line for					OMB No. 1545-0047			
		organization entered n		5,000 on For ) or Form 990	-			
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form					Open to Public Inspection	
Name of the organization						Employer identification		
MENTAL HEALTH CI						74-2499946		
	<b>g Activities.</b> Comp EZ filers are not re				Yes" on Form 99	0, Part IV, line 1	7	
a X Mail solicita		e			non-government g			
<b>b</b> A Internet and <b>c</b> Phone solici	email solicitations	f			government grants ising events	6		
d X In-person so		g			Ising events			
2a Did the organiza	tion have a written o						X Yes No	
	s listed in Form 990, 10 highest paid indiv							
	least \$5,000 by the o		(	-,	- John State Stat			
		Γ				Γ		
(i) Name and addr or entity (fu		<b>(ii)</b> Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No				
1								
ATTACHMENT 1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
			•					
	which the organizat			► to solicit	contributions or	51,019. has been notified		
	ensing.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 3587LB 5974 4/29/2021 6:32:12 PM

Schedule G (Form 990 or 990-EZ) 2019

#### MENTAL HEALTH CENTER OF DENVER

Sche	edule	e G (Form 990 or 990-EZ) 2019				Page <b>2</b>
Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contributi			
			(a) Event #1 GIFTS OF HOPE	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	142,382.			142,382.
Å.		Less: Contributions Gross income (line 1 minus line 2)	142,382.			142,382.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	13,000.			13,000.
:t Exp	7	Food and beverages	35,910.			35,910.
Direc	8	Entertainment	25,000.			25,000.
	9	Other direct expenses	6,086.			6,086.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		79,996.
Pa			anization answered ""			-79,996. reported more than
Pe		\$15,000 on Form 990-EZ, lin	ie 6a. (a) Bingo	<b>(b)</b> Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			( <b>u</b> ) 2go	bingo/progressive bingo	(-,	col. (a) through col. (c))
<u> </u>	1	Gross revenue				
enses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
_	5	Other direct expenses			1	
	6	Volunteer labor	Yes %	└── Yes% └── No	Yes% No	, D
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a k	l	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	əs?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:				Yes No

MENTAL HEALTH CENTER OF DENVE	MENTAL	HEALTH	CENTER	OF	DENVER
-------------------------------	--------	--------	--------	----	--------

	MENTAL MEALIN CENTER OF DERVER	/1 21.	01010	_
Sched	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other end			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
15 0			Yes	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
U	in res, enter the annound of gammy revenue received by the organization $\mathbf{P} = \sum_{n=1}^{\infty} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{$			
-	amount of gaming revenue retained by the third party ► \$			
C	If "Yes," enter name and address of the third party:			
	News N			
	Name			
	Address ►			
4.0	Coming manager information:			
16	Gaming manager information:			
	Marca N			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming plant			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations	5	
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi	onal infor	mation	
	(see instructions).			

74-2499946

ATTACHMENT 1

#### 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
MARILYN SPINNER 9142 S CEDAR HILL WAY LONE TREE CO 80124	CONSULTING	X		13,313.	-13,313.
RDM COMMUNICATIONS 7582 E 8TH PLACE DENVER CO 80230	COMMUNICATI	x		37,706.	-37,706.

SCH	EDULE J	Comper	sation Information		OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എ	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23	ZU	<u>19</u>	
Departn	nent of the Treasury	· · · · • •	Attach to Form 990.		Open to		
-	Revenue Service	Go to www.irs.gov/Form	990 for instructions and the latest information.			ectio	n
	of the organization	CENTER OF DENVER		Employer identification 74-249994		er.	
Part		as Regarding Compensation		74-249994	0		
Fait	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form	ו 🗌		
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	•			
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the	boxes on line 12 are checked did th	ne organization follow a written policy re	aarding navmon	+		
b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III to			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · ·	1b		
2	-		r to reimbursing or allowing expenses				
			D/Executive Director, regarding the items				
					2		
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			ne CEO/Executive Director, but explain in P				
	Ē Š	isation committee	Written employment contract				
	· · ·	dent compensation consultant	X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensa	ation committee			
4	During the ye	•	Part VII, Section A, line 1a, with respect to				
а			ayment?		4a		X
b			ental nonqualified retirement plan?		4b		Х
с			ased compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5			ion A, line 1a, did the organization pa	ay or accrue any	/		
		n contingent on the revenues of:					37
a ⊾	-		• • • • • • • • • • • • • • • • • • • •		5a		X X
b			• • • • • • • • • • • • • • • • • • • •		5b		
6		e 5a or 5b, describe in Part III. listed on Form 990 Part VII. Sect	ion A, line 1a, did the organization pa				
5	-	isced on Form 990, Fait vil, Sector contingent on the net earnings of:	ion ri, into ra, dia the organization pe	y or accrue all	,		
а					6a		X
b					6b		Х
		e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Section	on A, line 1a, did the organization prov	vide any nonfixed	4		
	payments not	described on lines 5 and 6? If "Yes," d	lescribe in Part III.				Х
8	•	•	paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If				
					8		X
9			llow the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?	<u> </u>		9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	compensation (C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CARL CLARK, MD	(i)	466,532.	331,585.	366.	9,800.	11,057.	819,340.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
ANGELA OAKLEY	(i)	283,681.	108,082.	127.	9,625.	27,770.	429,285.	
2 <sup>VP AND CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	
KRISTI MOCK	(i)	249,263.	141,698.	366.	8,995.	27,170.	427,492.	
3 <sup>VP</sup> AND COO	(ii)	0.	0.	0.	0.	0.	0.	
KENNETH J. MACINTYRE	(i)	271,441.	31,462.	127.	9,301.	8,457.	320,788.	
PSYCHIATRIST 4	(ii)	0.	0.	0.	0.	0.	0.	
JAMES D. BAKER	(i)	260,218.	31,307.	566.	9,148.	8,879.	310,118.	
5 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	
DAVID M. WEISS	(i)	260,526.	31,320.	1,141.	9,262.	17,279.	319,528.	
6 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	
CASEY H. WOLF	(i)	258,018.	53,130.	55.	9,322.	23,129.	343,654.	
7 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	
JASON W. RODRIGUEZ	(i)	252,655.	42,286.	255.	8,741.	8,457.	312,394.	
8 PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	
CHERYL A. CLARK	(i)	342,663.	174,469.	366.	9,800.	16,601.	543,899.	
9 VP AND CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
JODY T. RYAN	(i)	301,112.	68,419.	127.	9,800.	17,279.	396,737.	
10 <sup>ADULT</sup> SERVICES MEDICAL DIRECTO	(ii)	0.	0.	0.	0.	0.	0.	
YVETTE BUXTON	(i)	333,590.	76,175.	238.	9,800.	887.	420,690.	
11 <sup>CHILD AND FAMILY MEDICAL DIREC</sup>	(ii)	0.	0.	0.	0.	0.	0.	
JOHN FLYNN	(i)	175,932.	95,629.	238.	6,110.	25,127.	303,036.	
12 <sup>VP OF ADULT SERVICES</sup>	(ii)	0.	0.	0.	0.	0.	0.	
DAWN WILSON	(i)	152,632.	77,315.	283.	5,569.	25,292.	261,091.	
13 <sup>VP OF CHILD AND FAMILY SERVICE</sup>	(ii)	0.	0.	0.	0.	0.	0.	
WESLEY M. WILLIAMS	(i)	181,730.	82,037.	83.	6,424.	9,429.	279,703.	
14 <sup>VP</sup> AND CHIEF INFORMATION TECHN	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Page 3

# SCHEDULE K

#### (Form 990)

# Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

#### ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MENTAL HEALTH CENTER OF DENVER

. .

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	<b>(g)</b> De	feased	(h) beha issi	alf of	(i) Pool financi	ied ing
						Yes	No	Yes	No	Yes	No
${f A}$ COLORADO HEALTH AND FACILITIES AUTHORITY	84-0752932	19648AS30	02/19/2014	23,285,000.	CONSTRUCTION AND REFUNDING SERIES		х		Х		х
В											
C											
D										1	

			A		В	(	>	C	)
1	Amount of bonds retired	2,0	55,000.						
2	Amount of bonds legally defeased								
3	Total proceeds of issue	22,9	63,180.						
4	Gross proceeds in reserve funds	1,6	58,061.						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	4	02,087.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	8,6	07,043.						
11	Other spent proceeds	12,299,050.							
12	Other unspent proceeds								
13	Year of substantial completion	201	5						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	х							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

JSA

9E1295 1.000



Employer identification number

74-2499946

#### MENTAL HEALTH CENTER OF DENVER

Schedule K	(Form 990	)) 2019

Part III Private Business Use GRO	OUP 1							
		Α		В	C	;	[	D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		Х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		Х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		0
6 Total of lines 4 and 5		%		%		%		9
<ul><li>7 Does the bond issue meet the private security or payment test?</li></ul>		X				, -		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<ul> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or</li> </ul>								L
disposed of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		//		70		,
sections 1.141-12 and 1.145-2?								
<ul> <li>9 Has the organization established written procedures to ensure that all</li> </ul>								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage								<u> </u>
Albitrago		Α		в	(	:	[	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	105	X	103		105	NO	105	
2 If "No" to line 1, did the following apply?								L
a     Rebate not due yet?	х							
<b>b</b> Exception to rebate?		X		+ +				
		X						
c No rebate due?								I
performed								
		X		1				
3 Is the bond issue a variable rate issue?		Δ				-	hedule K (Fo	

JSA

9E1296 1.000

Page **2** 

74-2499946

#### MENTAL HEALTH CENTER OF DENVER

Schedule K (Form 990) 2019

governmental issuer entered into a qualified sue?	Yes	No X X	Yes	No	Yes	No	Yes	<u> </u>
a guaranteed investment contract (GIC)?		X						
a guaranteed investment contract (GIC)?		X						
a guaranteed investment contract (GIC)?		X						
a guaranteed investment contract (GIC)?		X						
a guaranteed investment contract (GIC)?		X						
a guaranteed investment contract (GIC)?		X						
or establishing the fair market value of the GIC satisfied?								
or establishing the fair market value of the GIC satisfied?							I	
or establishing the fair market value of the GIC satisfied?								
d beyond an available temporary period?								
		x						
		<u></u>						
	х							
ke Corrective Action	Λ							
			-	<u>,                                     </u>				
_	-	-		-	-		_	·
	Yes	NO	Yes	NO	Yes	NO	Yes	N
ion Provide additional information for responses to	question	c on Scho			lione			
e r	d written procedures to ensure that violations e timely identified and corrected through the rogram if self-remediation isn't available under	d written procedures to ensure that violations e timely identified and corrected through the rogram if self-remediation isn't available under	d written procedures to ensure that violations e timely identified and corrected through the rogram if self-remediation isn't available under X	d written procedures to ensure that violations e timely identified and corrected through the rogram if self-remediation isn't available under X	A     B       d written procedures to ensure that violations     Yes     No       e timely identified and corrected through the rogram if self-remediation isn't available under     X     Image: Constraint of the self of the	A     B     C       d written procedures to ensure that violations     Yes     No     Yes     No     Yes       e timely identified and corrected through the rogram if self-remediation isn't available under     under     Image: Constraint of the self of the sel	A     B     C       d written procedures to ensure that violations     Yes     No     Yes     No       e timely identified and corrected through the rogram if self-remediation isn't available under     X     Image: Constraint of the self of the	A       B       C       E         d written procedures to ensure that violations       Yes       No       Yes       No       Yes       No       Yes       Yes

Page 3

Page 4

Schedule K (Form 990) 2019

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART II, LINE 3, COLUMN (A)

ALTHOUGH THE ISSUE PRICE PER FORM 8038 WAS AUTHORIZED TO BE \$23,285,000,

THE BOND INSTEAD ISSUED PROCEEDS OF \$22,963,180, EQUAL TO ITS STATED

REDEMPTION PRICE AT MATURITY.

SCHEDULE K, PART II, LINE 11, COLUMN (A)

The amount reported on line 11 (\$12,299,050) represents the amount used

TO CURRENTLY REFUND A PRIOR ISSUE.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



74-2499946

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization MENTAL HEALTH CENTER OF DENVER

FORM 990, PART III, LINE 3

IN RESPONSE TO THE COVID-19 PANDEMIC, WE SHIFTED TO A PREDOMINANTLY TELEHEALTH SERVICE DELIVERY MODEL AND A REMOTE EMPLOYEE MODEL FOR THE SAFETY OF OUR STAFF AND THE PEOPLE WE SERVE. WHILE MOST OF OUR SITES WERE CLOSED, WE CONTINUED PROVIDING SERVICES THROUGH VIRTUAL CARE AND WITH A LIMITED NUMBER OF FACE-TO-FACE OFFERINGS INCLUDING RESIDENTIAL SERVICES, MEDICATION DELIVERY AND FOOD BOX DISTRIBUTION. WE HELPED PEOPLE ACCESS DEVICES AND NAVIGATE THE NEW TECHNOLOGY INVOLVED WITH TELEHEALTH. WE DEVELOPED AND IMPLEMENTED SAFETY PROTOCOLS, PURCHASED AND DISTRIBUTED PERSONAL PROTECTIVE EQUIPMENT (PPE) AND PROVIDED GUIDANCE TO ENSURE THE SAFETY OF OUR STAFF AND THE PEOPLE WE SERVE. AS THE PANDEMIC EVOLVED OVER THE SUBSEQUENT MONTHS, WE BEGAN OFFERING MORE SERVICES IN PERSON WHILE MAINTAINING A SAFE AND EFFECTIVE TREATMENT ENVIRONMENT. WE WILL CONTINUE ADAPTING TO CHANGING CIRCUMSTANCES TO ADVANCE PUBLIC HEALTH AND THE SAFETY AND WELL-BEING OF OUR COMMUNITY.

FORM 990, PART VI, SECTION A, LINES 6, 7A, 7B ORGANIZATION'S MEMBERS OR STOCKHOLDERS: ACCORDING TO THE BYLAWS, THE MAYOR OF THE CITY AND COUNTY OF DENVER APPOINTED ONE THIRD OF THE DIRECTORS OF MENTAL HEALTH CENTER OF DENVER. ANY CHANGE OR AMENDMENT TO THE BYLAWS REGARDING THE MAYOR'S POWER TO APPOINT DIRECTORS MUST ALSO BE APPROVED IN WRITING BY THE MAYOR OF THE CITY AND COUNTY OF DENVER.

Page 2

FORM 990, PART VI, SECTION B, LINE 11B FORM 990 REVIEW PROCESS: THE AUDIT/FINANCE COMMITTEE WILL REVIEW THE COMPLETED FORM 990 WITH THE PREPARER, AN OUTSIDE CPA FIRM. THE COMPLETED FORM 990 IS THEN PRESENTED

TO THE ENTIRE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C HOW THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED: MHCD ANNUALLY REQUIRES ALL BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST FORM. CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD. BOARD MEMBERS WHO DISCLOSE CONFLICTS ARE REQUIRED TO REFRAIN FROM DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH HE/SHE HAS AN INTEREST, OR OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON MHCD OR ITS COMPONENTS TO AFFECT A DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTION. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A, 15B EXECUTIVE COMPENSATION POLICY AND PROCEDURES: THE BOARD RETAINED THE FIRM OF HARLON GROUP TO COMPLETE A SALARY COMPARABILITY STUDY FOR THE CEO IN 2020. HARLON GROUP USES A NUMBER OF SURVEYS, COMPARING SALARIES BASED ON THE SIZE OF THE ORGANIZATION, HEALTHCARE, MENTAL HEALTH, NONPROFIT, REGION, AND OTHER FACTORS. THE BOARD HAS A CEO COMPENSATION SUBCOMMITTEE WHICH IS COMPRISED OF THE PERSONNEL COMMITTEE AND EXECUTIVE COMMITTEE MEMBERS WHO CONSIDER THE DATA REPORTED FROM HARLON GROUP AS WELL AS MSEC DATA AND OTHER SOURCES OF INFORMATION IN DETERMINING THE CEO'S SALARY AND INCENTIVE COMPENSATION. THE BOARD THEN HAS OVERSIGHT AND COMMUNICATION WITH THE CEO OVER THE EXECUTIVE TEAM COMPENSATION PACKAGES, REVIEWS PERFORMANCE METRICS WITHIN THE COMPENSATION PACKAGE QUARTERLY, AND AUTHORIZES THE CEO TO OPERATE WITHIN THE PARAMETERS OF THE AGREED UPON COMPENSATION STRUCTURE.

FORM 990, PART VI, SECTION C, LINE 19 HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PREVIOUSLY FILED 990 FORMS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE DRIVING FORCE BEHIND THE WORK WE DO IS THE BELIEF THAT PEOPLE WITH MENTAL ILLNESS CAN LIVE PRODUCTIVE AND FULFILLING LIVES WHICH IS EMBODIED IN OUR MISSION STATEMENT: ENRICHING LIVES AND MINDS BY FOCUSING ON STRENGTHS AND WELL-BEING. OUR EFFORTS TO EXPAND ACCESS TO CARE FOR EVERYONE IN DENVER WHO NEEDS IT ARE TRANSFORMING HOW BEHAVIORAL HEALTH CARE IS DELIVERED IN OUR COMMUNITY. THE MENTAL HEALTH CENTER OF DENVER HAS A STRONG COMMITMENT TO DIVERSITY AND UNDERSTANDS THAT PEOPLE ARE ROOTED IN CULTURES THAT GIVE THEIR LIVES MEANING, TEXTURE AND DIRECTION. WE BELIEVE THAT THESE MULTIPLE PERSPECTIVES FOSTER COMMUNITY, DRIVE INNOVATION, INSPIRE EXCELLENCE, AND WE PROUDLY HOLD DIVERSITY AS AN INTEGRAL PART OF OUR MISSION AND GOALS.

Employer identification number 74 - 2499946

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

CHILD AND FAMILY SERVICES:

PROVIDES SERVICES TO CHILDREN AND THEIR FAMILIES WHICH SUPPORT THEIR OVERALL HEALTH AND WELL-BEING. OUR TRAINED AND EXPERIENCED STAFF PROVIDE RESPONSIVE, EFFECTIVE AND INDIVIDUALIZED COMMUNITY-BASED CARE FOR CHILDREN UP TO 18 AND THEIR FAMILIES. SERVICES INCLUDE: CLINICAL PROGRAMS FOR MENTAL ILLNESS AND BEHAVIORAL HEALTH CONCERNS. SERVICES ARE PROVIDED IN OUTPATIENT CLINICS, PEDIATRIC PRIMARY CARE CLINICS, FAMILIES' HOMES, EARLY LEARNING CENTERS, COMMUNITY CENTERS, SCHOOLS, YOUTH JUSTICE SYSTEM, AND AN INTENSIVE DAY TREATMENT CLASSROOM. OTHER PROGRAMS ADDRESS YOUTH SUICIDE, BEHAVIORAL HEALTH NEEDS OF PEOPLE WHO ARE DEAF OR HARD OF HEARING, AND FAMILIES WHOSE PRIMARY LANGUAGE MAY BE SPANISH OR LANGUAGES OTHER THAN ENGLISH. DAHLIA CAMPUS FOR HEALTH AND WELL-BEING WAS DEVELOPED TO ADDRESS THE NEEDS OF THE NEIGHBORHOOD TO ALLOW COMMUNITY MEMBERS OF ALL AGES TO CONNECT, LEARN NEW SKILLS, AND FIND SUPPORTS NEEDED TO INCREASE THEIR HEALTH AND WELL-BEING. DAHLIA CAMPUS PROVIDES ACCESS TO FRESH PRODUCE AND HEALTHY PROTEIN FROM AN URBAN FARM AND AQUAPONICS GREENHOUSE. WE PARTNER WITH COMMUNITY ORGANIZATIONS TO OFFER SERVICES SUCH AS A FOOD PANTRY, PEDIATRIC DENTISTRY AND PRESCHOOL THAT ALLOW THE COMMUNITY TO THRIVE.

Employer identification number 74-2499946

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RESIDENTIAL SERVICES:

OFFERS ASSISTED LIVING RESIDENTIAL CARE FOR PEOPLE EXPERIENCING A MENTAL HEALTH DISORDER, CO-OCCURING DISORDERS AND SUBSTANCE USE DISORDERS. WE PROVIDE LONGER-TERM LIVING SOLUTIONS FOR PEOPLE WHO CONTINUE TO NEED INDEPENDENT LIVING SKILL ASSISTANCE. ALL RESIDENTIAL HOUSING OPTIONS PROVIDE A SAFE, SECURE ENVIRONMENT MODELED ON TRAUMA-INFORMED CARE PRINCIPLES AND SUPPORT RESIDENTS TO LIVE SUCCESSFULLY IN THE COMMUNITY. THE PROGRAM OPERATES 14 RESIDENTIAL TREATMENT HOUSES AND NINE APARTMENT BUILDINGS. WE ALSO PARTICIPATE WITH CITY, STATE AND FEDERAL AGENCIES TO HELP MORE THAN 600 HOUSEHOLDS FIND HOUSING THAT MEETS THEIR NEEDS AND EXPECTATIONS THROUGH VOUCHER PROGRAMS. AND WE OFFER THESE HOMES IN CONJUNCTION WITH A COMPREHENSIVE ARRAY OF CLINICAL AND SUPPORTIVE SERVICES TO MEET THE INDIVIDUAL NEEDS OF THE PEOPLE WE SERVE, INCLUDING: PSYCHIATRY, FINANCIAL COACHING AND SUPPORT, ALTERNATIVES TO HOSPITALIZATION, EMPLOYMENT ASSISTANCE, MEDICAL CARE, SUBSTANCE USE COUNSELING, ACQUISITION OF PUBLIC BENEFITS, SUPPORT FOR FAMILY LIFE AND ENGAGEMENT WITH ACTIVITIES OF DAILY LIVING. SERVICES ARE DESIGNED TO CREATE A STRONG LINK BETWEEN STABLE HOUSING AND EFFECTIVE SUPPORTIVE SERVICES THAT ENABLE PEOPLE TO LIVE PRODUCTIVE AND HEALTHY LIVES.

ATTACHMENT 4

Schedule O (Form 990 or 990-EZ) 2019			Page <b>2</b>
Name of the organization		Employer identification	number
MENTAL HEALTH CENTER OF DENVER		74-2499946 ATTACHMENT 4	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	S	ATTACHMENT	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
REHABILITATION SERVICES:		8,072,167.	8,851,443.
OUR 2SUCCEED IN EDUCATION AND EMPLOYMENT			
PROGRAMS ARE DESIGNED TO PROVIDE THE PEOPLE WE			
SERVE IN OUR COMMUNITY WITH THE EDUCATION AND			
EMPLOYMENT THEY NEED TO LEAD SUCCESSFUL,			
EMPOWERED LIVES. 2SUCCEED IN EDUCATION IS A			
PSYCHIATRIC REHABILITATION AND SUPPORTED			
EDUCATION PROGRAM THAT SUPPORTS INDIVIDUALS IN			
THEIR RECOVERY AND PROMOTES WELL-BEING. OUR			
PROGRAM ACTS AS A BRIDGE TO THE GREATER			
COMMUNITY, OFFERING OPPORTUNITIES FOR INDIVIDUAL			
TO PARTICIPATE IN EDUCATIONAL AND WELLNESS			
PURSUITS. 2SUCCEED IN EMPLOYMENT TEACHES			
RECOVERING PEOPLE PROFESSIONAL SKILLS, PROVIDES			
CAREER ASSESSMENTS, AND MATCHES DENVER AREA			
BUSINESSES WITH PRODUCTIVE AND MOTIVATED			
EMPLOYEES.			
TOTALS		8,072,167.	8,851,443.

ATTACHMENT 5

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATIONNETSMART TECHNOLOGIES INCIT - MEDICAL RECORD1,583,906.PO BOX 823519PHILADEPHIA, PA 19182-35191

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Emp	loyer identification number
MENTAL HEALTH CENTER OF DENVER		74-2499946
	ATTA	CHMENT 5 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIG	HEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVIC	CES COMPENSATION
DIZZION, INC 600 17TH STREET, SUITE 2600S DENVER, CO 80202	IT NETWORK SERVICES	901,777.
MICHAEL'S OF DENVER CATERING 6385 W 52ND AVE, SUITE 3A ARVADA, CO 80002	CLIENT FOOD CATERER	570,392.
NEUDESIC LLC 200 SPECTRUM CENTER DR, SUITE 2000 IRVINE, CA 92618	FHIR API PROJECT	550,762.
DENVER HEALTH & HOSPITAL AUTHORITY	IN-PATIENT MOBILE CF	s 530,270.

PO BOX 17093

DENVER, CO 80217-0093

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

74-2499946

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

#### ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

MENTAL HEALTH CENTER OF DENVER

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) SANDERSON LLC	81-0823822					
4141 E. DICKENSON PLACE	DENVER, CO 80222	HOUSG PROJECT	CO		185.	MHCD
(2)						
(3)						
(4)						
_(5)						
_(6)						

Part II

JSA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	512(b)(13)
							Yes	No
(1) SABIN GROUP INC	74-2510947							
4141 EAST DICKENSON PLACE	DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	MHCD	Х	
(2) SABIN GROUP I	84-1171536							
4141 EAST DICKENSON PLACE	DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Х	
(3) PARK EAST HOUSE INC	74-2374685							
4141 EAST DICKENSON PLACE	DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Х	
(4) LOWELL TERRACE CORP	31-1601975							
4141 EAST DICKENSON PLACE	DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Х	
(5) WESLEY HOUSE INC.	47-2677053							
4141 EAST DICKENSON PLACE	DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Х	
(6)								
· · ·		1						
(7)								
· · ·		1						ĺ

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Page **2** 

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
		oounity)		,			Yes	No		Yes	No	
(1) SANDERSON LLLP 37-1799349												
4141 E. DICKENSON PLACE DENVER	HOUSING PROJET	CO	SANDERSON LLC	RELATED (HOUSING)	-61.	1,467.		x		х		.0100
(2)	-											
(3)	_											
(4)	-											
(5)	-											
(6)	-											
(7)	_											

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.				
Not	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	X	
е	Loans or loan guarantees by related organization(s)			• • • • •	1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)			• • • • •	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
Т	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	37	<u>X</u>
q	Reimbursement paid by related organization(s) for expenses		•••••		1q	X	
						x	
r	Other transfer of cash or property to related organization(s)		•••••		1r	~	X
2	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cover	ed relationships and transa	action three	1s		
2	(a)	(b)	(c)		(d)	5.	
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete		ng
				amou			
(1)	SABIN GROUP INC	D	470,159.	INTERC	OMP	ANY	
(2)	SABIN GROUP I	D	293,069.	INTERC	OMP.	ANY	
(3)	LOWELL TERRACE CORP	D	310,828.	INTERC	OMP	ANY	
(4)	PARK EAST HOUSE	D	236,548.	INTERC	OMP.	ANY	
(5)	WESLEY HOUSE	D	108,699.	INTERC	OMP	ANY	
. /			-				
(6)	SABIN GROUP I	R	113,218.	CASH/A			
JSA			Sch	nedule R (F	orm	990)	2019

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MENTAL HEALTH	CENTER	OF	DENVER
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Part	Transactions With Related Organizations. Complete if the organization answered "	'Yes" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more				_	
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					<u> </u>
	Gift, grant, or capital contribution to related organization(s)					-
	Gift, grant, or capital contribution from related organization(s)				_	
d	oans or loan guarantees to or for related organization(s)			10		<u> </u>
е	oans or loan guarantees by related organization(s)				•	-
f	Dividends from related organization(s)			11	F	
	Sale of assets to related organization(s)				3	
	Purchase of assets from related organization(s)				า	
	Exchange of assets with related organization(s).				i	
	ease of facilities, equipment, or other assets to related organization(s)				i 📃	L
_					_	
	ease of facilities, equipment, or other assets from related organization(s)					<u> </u>
	Performance of services or membership or fundraising solicitations for related organization(s)					<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					
0	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • • • • • • • • •	•••••		, 	
n	Reimbursement paid to related organization(s) for expenses.			1	<b>.</b>	
р 0	Reimbursement paid by related organization(s) for expenses			10		
ч					1	
r	Other transfer of cash or property to related organization(s)			1	r	
s	Dther transfer of cash or property from related organization(s)				-	
2	f the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including cove	red relationships and trans	action thresho	lds.	
	(a) Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	(d) Method of d		ina
		type (a-s)		amount in		
(1)	PARK EAST HOUSE	R	50,596.	CASH/ALL	OCAT	ION
(-)			·			
(2)	SABIN GROUP INC	R	376,909.	CASH/ALL	OCAT	'ION
(2)	LOWELL TERRACE CORP	R	86,806.	CASH/ALL	OCAT	
(3)	LOWELL TERRACE CORP	K	80,800.		IOCAI	101
(4)	WESLEY HOUSE	R	31,400.	CASH/ALL	OCAT	ION
<i>.</i>						
(5)						
(6)						
JSA			Sc	hedule R (Fori	n 990)	2019
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of e	ntity	(state or foreign country)	<b>(c)</b> Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No	( ,	Yes	No	
(1)														
(2)														
(3)														
(4)														<u> </u>
(5)														
(6)														
(7)														
(8)														
(9)														
10)														
11)														
12)														
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14)														
15)														
16)														

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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