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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 07/01 **2018** and ending

2018
Open to Public
Inspection

OMB No. 1545-0047

$\stackrel{\sim}{-}$	01 111	le 2016 Caleffdar year, or tax year be	91111119 0770	, 2010,	and ending		D. Employer id		7 30 , <b>20</b> 19	—
<b>B</b> c	heck if ap	pplicable: C Name of organization  MENTAL HEALTH CENTER	R OF DENVER				D Employer ide	entitio	cation number	
	Addre						74-2499	946	5	
	chang	Number and street (or P.O. box if mai	il is not delivered to street address)	F	Room/suite		E Telephone n			—
	+	return 4141 E. DICKENSON PI	•				(303) 50			
	+	City or town, state or province, count					(303) 30			—
	Amen	indica , , , , , , , , , , , , , , , , , , ,	, , ,				<b>G</b> Gross receip	te ¢	109,737,24	4
	returr Applio	F Name and address of principal officer:	CARL CLARK, CE	<u>'</u> O		$\overline{}$	H(a) Is this a grou			
	pendi	4141 E. DICKENSON PI					subordinates <b>H(b)</b> Are all subord	?		No
_	Tay ay				r 527				t. (see instructions)	NO
<u> </u>		kempt status:         X   501(c)(3)         501(c)           ite:         ▶ WWW.MHCD.ORG	( ) <b>◀</b> (insert no.) 4	1947(a)(1) o	527	_				
_		of organization: X Corporation Trust	Association Other		I Veer of		H(c) Group exem			10
	art I	Summary	Association Other		L Teal Of	ioiiiiali	UII. 1907 IVI	State	or regar domicile.	<u> </u>
		Briefly describe the organization's mission	n ar mant significant activities.	MENTAT.	нгат.тн	CENT	LEB OE DE	NT7F	P DROVIDES	—
a	1	EVIDENCE-BASED MENTAL HEA	n or most significant activities: _ . T.TH SERVICES TO EN	THANCE	THE WELL	-BF	ING OF			
Governance		THE DENVER COMMUNITY.								
i.	,									
Š		Check this box if the organization		•				s.   <sub>3</sub>	15	5
		Number of voting members of the govern						4	15	_
Activities &		Number of independent voting members						5	1,162	
Ĭ		Total number of individuals employed in o						6	359	_
Act	l .	Total number of volunteers (estimate if nec						7a		0
_		Total unrelated business revenue from Par						7 a		0
	D	Net unrelated business taxable income from	om Form 990-1, line 34				Prior Year	7.0	Current Year	_
		Contributions and grants (Part VIII line 4h)	_				3,898,93	27	8,248,10	<u> </u>
ne		Contributions and grants (Part VIII, line 1h)							99,397,94	_
Revenue		Program service revenue (Part VIII, line 2g)		PUBLIC INS	SPECTION		91,171,09 194,02		1,026,62	_
Re		Investment income (Part VIII, column (A),					1,222,55		372,12	_
		Other revenue (Part VIII, column (A), lines			ı		96,486,60		109,044,80	
	12	Total revenue - add lines 8 through 11 (m					JO, 400,00	0.	100,044,00	<u> </u>
		Grants and similar amounts paid (Part IX,						0.		<u></u>
		Benefits paid to or for members (Part IX, o					59,997,62		67,555,53	
Expenses		Salaries, other compensation, employee b					71,66	_	76,00	
oeu	Ioa	Professional fundraising fees (Part IX, colu	imn (A), line TTe)	36,695.	• • • • •		71,00	,,,	70,00	, <u>, , , , , , , , , , , , , , , , , , </u>
Ä	l .	Total fundraising expenses (Part IX, colum					35,212,94	Ω	35,717,93	<u> </u>
		Other expenses (Part IX, column (A), lines					95,282,24		103,349,46	_
		Total expenses. Add lines 13-17 (must eq					1,204,36		5,695,33	
- S	19	Revenue less expenses. Subtract line 18 f	rom line 12			Reginn	ning of Current	_	End of Year	
ance	20	Total coasts (Part V. line 46)					92,595,13		99,294,89	7
Net Assets or Fund Balances	20 21	T (			• • • • •		35,642,66		36,716,57	_
nd/	22		24 from line 20		• • • • • •		56,952,47		62,578,32	
	rt II	Net assets or fund balances. Subtract line Signature Block	21 from line 20				30,332,47	٦.	02,570,52	
		nalties of perjury, I declare that I have examined	this return including accompany	vina schodul	oc and statem	onto or	nd to the best of	my	knowledge and helief i	
true	e, corre	ect, and complete. Declaration of preparer (other t	than officer) is based on all informa	ation of which	h preparer has	any kn	owledge.	iiiy	Knowledge and belief, i	. 13
Sig	n	Signature of officer					Date			—
He										
		Type or print name and title								—
		Print/Type preparer's name	Preparer's signature		Date			., 1	PTIN	—
Paid	i	ADAM R SMITH CPA	opara a arginatara				Check self-employ	ı '''	P00958966	
Pre	parer					T			0160260	—
Use	Only			- 000 ::	.10	-	1 IIII 0 E II 7 P		471-4290	—
N/a:	the !!	Firm's address 111 SOUTH TEJON, SUIT		J 80903-98	48		Phone no.	119		_
		RS discuss this return with the preparer sherwork Reduction Act Notice, see the sepa						• •	. X Yes I	<u>No</u>
ror	rape	II WOLK REUUCIIOH ACI NOHCE. SEE INE SEDA	แลเซ แเอแนบีเเบแร้.						rom <b>330</b> (20)	(0)

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$41,226,617. including grants of \$) (Revenue \$52,836,670) ADULT RECOVERY SERVICES:
	ENGAGES PEOPLE EXPERIENCING BEHAVIORAL HEALTH NEEDS FROM MILD TO SEVERE INCLUDING THOSE WHO ARE OR HAVE RECENTLY BEEN HOMELESS, HOSPITALIZED, OR INVOLVED IN THE CRIMINAL JUSTICE SYSTEM. SERVICES INCLUDE INDIVIDUAL AND GROUP THERAPY, PSYCHIATRY, PHARMACY, CASE MANAGEMENT, CRISIS AND EMERGENCY SERVICES, BENEFITS ACQUISITION, AND PRIMARY CARE.
4b	(Code:) (Expenses \$19,293,399. including grants of \$) (Revenue \$21,251,916. )  ATTACHMENT 2
4c	(Code:) (Expenses \$12,191,132. including grants of \$) (Revenue \$15,697,349) ATTACHMENT 3
	Other program services (Describe in Schedule O.) ATTACHMENT 4  (Expenses \$ 7,486,280. including grants of \$ ) (Revenue \$ 10,070,836. )  Total program service expenses \$ 80,197,428.

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Par	t IV Checklist of Required Schedules		Yes	No					
4	le the experience described in section E04/s)/2) or 4047/s)/4) (ather there a private foundation)? If "Vec"		res	NO					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X						
_	complete Schedule A	1	X						
2		2	Λ						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х					
	candidates for public office? If "Yes," complete Schedule C, Part I	3							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	х						
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	· · · · · · · · · · · · · · · · · · ·							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х					
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5							
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			Х					
7	"Yes," complete Schedule D, Part I.	6							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х					
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<b>-</b> '-		- 21					
8	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	-		- 21					
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or								
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х						
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted								
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х						
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					
c	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					
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets								
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	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	X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X					
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
b	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		X					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or								
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other								
	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		37						
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7						
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, _		v					
22	If "Yes," complete Schedule G, Part III	19		X					
	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?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	34		Х					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21							

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Part	V Checklist of Required Schedules (continued)			
			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	X	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		24c		Х
4	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
		24u		- 21
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	l		37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	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	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
J	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	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		31		- 21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Dart		36		
Part				
	Check if Schedule O contains a response or note to any line in this Part V			BI-
_	Estantha number reported in Box 2 of Form 4000 Files 0 West and Published		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	_		
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	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 1,162			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
	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?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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			
_	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter:			
	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			
	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.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
0000	1011 A. Ooverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year.			
та	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			
	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.	5		
	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	25
6	Did the organization have members or stockholders?	-	21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	Х	
	one or more members of the governing body?	7a	- 71	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	Х	
	stockholders, or persons other than the governing body?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
01	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
		4.0	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
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?		3.7	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	with a taxable entity during the year?	16a		X
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		
Secti	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-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, 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	ls ▶		

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	l organization compensate	d any current offic	er, director, or trus	stee.

						•				
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or div	not ch unles	Pos neck ss pe	rson	e than of is both tor/trust employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)EDIE SONN	.50					<u> </u>				
BOARD CHAIR	0.	Х		Х				0.	0.	0
(2)DEBRA DEMUTH	.50									
VICE CHAIR AND TREASURER	0.	Х		Х				0.	0.	0
(3)RICK SIMMS	.50									
DIRECTOR	0.	Х						0.	0.	0
(4)MARY HAYNES	.50									
DIRECTOR	0.	Х						0.	0.	0
(5)LES WALLACE	.50									
DIRECTOR	0.	Х						0.	0.	0
(6)ANN BOYD	.50									
DIRECTOR	0.	X						0.	0.	0
(7)BARBARA YONDORF	.50									
DIRECTOR	0.	X						0.	0.	0
(8)LUIS DUARTE	.50									
DIRECTOR	0.	X						0.	0.	0
(9)MARJORIE LEWIS	.50									
DIRECTOR	2.50	X						0.	0.	0
(10)NANCY GARY	.50									
DIRECTOR	0.	X						0.	0.	0
(11)PEGGY KOZAL	.50									
DIRECTOR	0.	Х						0.	0.	0
(12)HANNAH SCHECTER	.50									
SECRETARY	0.	X		Χ				0.	0.	0
(13)ROBERT PARKS	.50									
DIRECTOR	0.	X					<u> </u>	0.	0.	0
(14)BRUCE SCHROFFEL	.50								_	_
DIRECTOR	0.	X						0.	0.	0

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(A) Name and title	(B) Average hours per week (list any hours for	box,	(do not che box, unless officer and a			is both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) 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-MISC)	from the organization and related organizations
L5) RYAN KIRKPATRICK	.50									
DIRECTOR	0.	Х						0.	0.	
L6) THERESA PIARROT DIRECTOR	.50	Х						0.	0.	
L7) CARL CLARK PRESIDENT AND CEO	40.00			Х				710,551.	0.	20,35
L8) ANGELA OAKLEY	40.00									
VP AND CFO	2.50			Х				352,387.	0.	36,71
L9) KRISTI MOCK	40.00									
VP AND COO	2.50			Х				348,662.	0.	34,10
20) CHERYL A. CLARK	40.00									
VP & CHIEF MEDICAL OFFICER	0.				Х			483,089.	0.	25,90
21) JODY T. RYAN ADULT SVCS MEDICAL DIRECTOR	40.00				X			353 335		27 22
22) JOHN FLYNN	40.00				Λ.			352,225.	0.	27,23
VP OF ADULT SERVICES	-1-40.00				X			242,976.	0.	30,41
23) YVETTE BUXTON, CHILD AND	40.00				- 1			242,570.	0.	30,41
FAMILY MEDICAL DIRECTOR					x			393,402.	0.	10,18
24) WESLEY M. WILLIAMS	40.00							333,1021		10,10
VP AND CIO					X			243,980.	0.	14,30
25) DAWN WILSON	40.00									
VP OF CHILD AND FAMILY	0.				Х			206,688.	0.	21,86
1b Sub-total							<u> </u>	0.	0.	
c Total from continuation sheets to Part VII,	Section A						<b>•</b>	4,783,156.	0.	353,08
d Total (add lines 1b and 1c)							<b>&gt;</b>	4,783,156.	0.	353,08
2 Total number of individuals (including but no reportable compensation from the organization		hose 67		d al	bove	e) who	re	ceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former of	icer, directo	r, or	tru	ıste	e,	key ei	mp	loyee, or highest	t compensated	
- ,	edule J for suc									

4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2018)  Part VII Section A. Officers, Directors, Tru	ustees. Ke	v Em	olar	vee	es.	and F	Hia	hest Compensat	ed Employees (d	Page continued)
(A)	(B)	<b>y</b>	.p.c	(0	C)	<u> </u>	9	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	more rson	e than o is both or/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) CHARLES E. KORANSKY	40.00									
PSYCHIATRIST	0.					Х		282,025.	0.	20,555
27) KENNETH J. MACLNTYRE	40.00							000 000		18 18 4
PSYCHIATRIST	0.					Х		288,939.	0.	17,174
28) JOHN MENNINGER PSYCHIATRIST	40.00					- V		200 220		26 445
29) DAVID M. WEISS	40.00					Х		308,320.	0.	36,447
PSYCHIATRIST	1 - 40.00					x		280,001.	0.	25,960
30) CASEY H. WOLF	40.00					Λ		200,001.	0.	23,700
PSYCHIATRIST	10.00					X		289,911.	0.	31,867
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				o re	eceived more than	\$100,000 of	
										Yes N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors	oo, oomple	.5 501		,,,,,,	,01	34011	ان			
Complete this table for your five highest components to compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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### Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 1a	a Federated campaigns 1a					
<u> </u>	Membership dues 1b					
₹   ,	Fundraising events 1c	115,807.				
Ē   ·	d Related organizations 1d					
<u> </u>	Government grants (contributions) 1e	3,343,691.				
<u> </u>	All other contributions, gifts, grants,					
	and similar amounts not included above . 1f	4,788,609.				
<u> </u>	n Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		8,248,107.			
	n Total. Add lines 1a-1f	Business Code	0,240,107.			
28	MEDICAID	623990	73,146,074.	73,146,074.		
2	COLORADO BEHAVIORAL HEALTH	623990	15,560,975.	15,560,975.		
	PHARMACY	446110	7,145,156.	7,145,156.		
	CLIENT FEES	623990	2,875,030.	2,875,030.		
	OTHER PROGRAM SERVICE REVENUE	623990	670,710.	670,710.		
,   ;	All other program service revenue					
	Total. Add lines 2a-2f	▶	99,397,945.			
3	Investment income (including dividend	ds, interest,				
	and other similar amounts)	▶	1,069,984.			1,069,98
4	Income from investment of tax-exempt bond	proceeds . ►	0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6	a Gross rents					
	Less: rental expenses					
	Rental income or (loss)		_			
	Net rental income or (loss)	(ii) Other	0.			
'	Gross amount nom sales of	42,382.				
	,	42,382.				
'	Less: cost or other basis	457,763.				
	272 021	-415,381.				
	d Net gain or (loss)		-43,360.			-43,360
	a Gross income from fundraising					
"	events (not including \$115,807.					
	of contributions reported on line 1c).					
	See Part IV, line 18	0.				
0	b Less: direct expenses b	86,701.				
	Net income or (loss) from fundraising events	<u></u>	-86,701.			-86,701
98	Gross income from gaming activities. See Part IV, line 19	0.				
	b Less: direct expenses	0.	0.			
108		0.				
	b Less: cost of goods sold b  Net income or (loss) from sales of inventory	0.	0.			
	Miscellaneous Revenue	Business Code				
118	MISCELLANEOUS INCOME	900099	458,826.	458,826.		
	;					
Ι,	d All other revenue					
			458,826.			

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising			
	·		expenses	general expenses	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.						
3	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,	2 005 060	2 206 566	500 204				
	trustees, and key employees	3,995,960.	3,396,566.	599,394.				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and	0.						
7	persons described in section 4958(c)(3)(B)	50,536,454.	40,523,416.	9,721,055.	291,983.			
	Other salaries and wages	30,330,131.	10,323,110.	J, 721,033.	271,703.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,033,489.	820,090.	207,295.	6,104.			
0	Other employee benefits	8,326,651.	5,679,096.	2,614,969.	32,586.			
10	Payroll taxes	3,662,980.	2,793,087.	850,950.	18,943.			
11	Fees for services (non-employees):	-	·		<u> </u>			
	Management	0.						
	Legal	112,131.	822.	111,309.				
	Accounting	129,849.		129,849.				
	Lobbying	120,833.		120,833.				
	Professional fundraising services. See Part IV, line 17.	76,005.			76,005.			
1	Investment management fees	0.						
9	Other. (If line 11g amount exceeds 10% of line 25, column	1 201 564	1 000 410	266 662	15 402			
	(A) amount, list line 11g expenses on Schedule O.)	1,391,564.	1,009,418.	366,663.	15,483.			
12	Advertising and promotion	155,450.	155,450.	720 220	24 702			
13	Office expenses	1,708,922.	945,891. 346,028.	728,329.	34,702. 8,109.			
14	Information technology	4,800,940.	340,020.	4,312,003.	0,109.			
15	Royalties	3,110,893.	2,680,878.	427,039.	2,976.			
16 17	Occupancy	745,398.	319,502.	421,433.	4,463.			
	Travel Payments of travel or entertainment expenses		322,3321					
10	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	87,224.		87,224.				
20	Interest	1,341,815.	1,304,868.	36,421.	526.			
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	3,292,089.	2,009,239.	1,278,389.	4,461.			
23	Insurance	468,878.	312,986.	154,815.	1,077.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)	0 477 167	0 477 167					
_	PHARMACEUTICAL MEDICAL AND LAB	9,477,167.	9,477,167.					
-	MAINTENANCE AND REPAIRS	817,988.	699,488.	117,104.	1,396.			
-	MISCELLANEOUS EXPENSES	4,847,622.	4,680,269.	129,472.	37,881.			
_		2,01,,022.	2,000,200,		37,001.			
	All other expenses Add lines 1 through 24e	103,349,469.	80,197,428.	22,615,346.	536,695.			
	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 following SOP 98-2 (ASC 958-720)	0.						
	10110Willing 001 30-2 (A00 930-120)	0.			Form <b>990</b> (2018)			

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#### Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X						
		·		-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			13,888,774.	1	22,656,333.
	2	Savings and temporary cash investments			1,556,229.	2	863,889.
	3	Pledges and grants receivable, net	2,364,635.	3	1,579,375.		
	4	Accounts receivable, net			5,708,706.	4	4,605,276.
	5	Loans and other receivables from current and t	orme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal support of the complex of the comp	0.	5	0.		
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu			_		
S		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			674,773.	8	700,289.
	9	Prepaid expenses and deferred charges			1,128,980.	9	1,223,870.
	10 a	Land, buildings, and equipment: cost or					
			10a				44 000 000
	b	Less: accumulated depreciation	10b	31,033,047.	43,032,762.		41,922,272.
	11				17,236,254.	11	19,148,684.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11		F	2,415,030.	13	2,647,011.
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11			4,588,995.	15	3,947,898.
	16	Total assets. Add lines 1 through 15 (must equal			92,595,138. 10,020,227.	16	99,294,897. 13,509,255.
	17	Accounts payable and accrued expenses			10,020,227.	17	13,309,233.
	18	Grants payable			1,423,171.	18	0.
	19	Deferred revenue			22,625,000.	19 20	21,671,799.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	rt I\/ c	of Schodulo D	879,686.	21	850,074.
w	22	Loans and other payables to current and for			0777000.	21	0307071.
Liabilities		trustees, key employees, highest compens					
ij		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ξ.	23	Secured mortgages and notes payable to unrelate			694,581.	23	685,442.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lines	-				
		of Schedule D		'	0.	25	0.
	26	Total liabilities. Add lines 17 through 25			35,642,665.	26	36,716,570.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
Fund Balances	27	Unrestricted net assets			55,121,348.	27	61,040,169.
3als	28	Temporarily restricted net assets			1,831,125.	28	1,538,158.
<u> </u>	29	Permanently restricted net assets			0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶  and			
	30	•				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			56,952,473.	33	62,578,327.
_	34	Total liabilities and net assets/fund balances			92,595,138.	34	99,294,897.
							F 000 (2242)

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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		0,0		
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Ţ	56,9		
5	Net unrealized gains (losses) on investments	5		_	69,4	178.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	(	52,5	78,3	327.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u></u>	
			,		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	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		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					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	_	3,	
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		Х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Λ	

Form **990** (2018)

#### **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 201**2** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number					
on.	Inspection				
	Open to Public				
empi chamable irusi.					

MEI	IATN	L HEALTH CENTER OF 1	DENVER				74-24999	46
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ibed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	-	•	•			. ,
5		An organization operated t		a college or universit	v owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		J	•	•	, ,	
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	•			•	, , , , , , ,	om the general public
		described in section 170(b)	-	· · · · · · · · · · · · · · · · · · ·				9
8		A community trust describe			Part II.)			
9		An agricultural research org				pperated	I in conjunction with a	land-grant college
-		or university or a non-land-	=			-	=	
		university:	g.a conogo o. ag	,aa. (555sas.	,		inao, ony, and otato of	and demoge of
10		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	xception	s, and (2) no more tha	n 331/3 %of its
		support from gross investmacquired by the organizatio	nent income and u	nrelated business tax	able inco	me (less	s section 511 tax) from	businesses
11		An organization organized						
12		An organization organized	•		•		` '` '	earry out the nurnoses
		of one or more publicly su	•	•				
		Check the box in lines 12a t	· ·					
•		Type I. A supporting orga	=	7.7		-	· ·	<del>-</del>
а		the supported organization	•	•			• , , ,	
		supporting organization.				ajointy of	the directors of truste	C3 Of the
b		Type II. A supporting org	•			with its	supported organization	on(s) by having
D		control or management of	•					
		organization(s). You must		=	tile saili	c persor	is that control of man	age the supported
С		Type III functionally integ	•		ited in co	nnactio	n with and functional	ly integrated with
·		its supported organization						iy intogratod with,
d		Type III non-functionally		•				ted organization(s)
u		that is not functionally into			-			
		requirement (see instruct	-		-		· · · · · · · · · · · · · · · · · · ·	an attentiveness
е		Check this box if the orga	•	=				I Type III
·		functionally integrated, or						і, турс ііі
f	En	ter the number of supported			porting	n gariizat		
g		ovide the following information	=					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	nent?	iristructions)	mstructions)
/A\								
(A) ——								
(B)								
(C)								
(D)								
/E\								
(E)								
Tota	al							

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

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,096,220.	3,792,545.	2,976,779.	3,898,937.	8,248,107.	26,012,588.	
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	7,096,220.	3,792,545.	2,976,779.	3,898,937.	8,248,107.	26,012,588.	
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).						3,376,048.	
_6_	Public support. Subtract line 5 from line 4						22,636,540.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total	
7	Amounts from line 4	7,096,220.	3,792,545.	2,976,779.	3,898,937.	8,248,107.	26,012,588.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	106,575.	224,809.	327,612.	332,830.	1,069,984.	2,061,810.	
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						28,074,398.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	451,322,183.	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<u> </u>						
Sec	tion C. Computation of Public Sup	port Percenta	ge		ı			
14	Public support percentage for 2018 (li		•		ĺ	14	80.63%	
15	Public support percentage from 2017					15	87.88 <b>%</b>	
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch		
	box and <b>stop here.</b> The organization qu							
b	<b>33</b> 1/3 % support test - 2017. If the org							
	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	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organisms	-						
	Explain in Part VI how the organization						-	
	supported organization				_	•		
18	Private foundation. If the organization							
	instructions							
						shadula A (Form 0		

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### 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 II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) 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						
	Amounts included on lines 1, 2, and 3						
ı a	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						
	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
	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						
40	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 organiza	tion's first, seco	nd, third, fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here	•	-		•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investment					'	
17	Investment income percentage for 2018 (lin			13, column (f))		17	%
18	Investment income percentage from 2017					18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2017. If the orga		_				
	line 18 is not more than 331/3 %, check				•		
20	Private foundation. If the organization of		-	•		• • •	

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Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### 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

- 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.)

		Yes	No
ng <i>by</i>			
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	2		
/er	3a		
nd he			
	3b		
B)	3с		
If	4a		
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Part	N 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)			
	below, the governing body of a supported organization?	11a	$\vdash$	
	A family member of a person described in (a) above?	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		
Secti	on B. Type I Supporting Organizations		V	NI -
			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		
		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? If "Yes," explain in <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.			
24	11 0 0	2		
Secti	on C. Type II Supporting Organizations			
			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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the experiencian provide to each of its supported experiencians, but the last day of the fifth month of the		Yes	No
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		
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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	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 instance)  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.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
С	——————————————————————————————————————	แเงแน	Yes	
2	Activities Test. Answer (a) and (b) below.		162	.40
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</b> those supported organizations and explain 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		
		Za		
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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	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		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(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 Year
		(A) FIIOI Teal	(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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 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			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	, - 5	21	3 - (

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions				
1	Amounts paid to supported organizations to accomplish ex	cempt purposes			
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

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Schedule A (Form 990 or 990-EZ)

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.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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

2018

**Employer identification number** 

MENTAL HEALTH CENTER OF DENVER 74-2499946 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$1,821,290.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,060,945.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 584,892.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$,346,508.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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.)
(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.)
(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.)

Name of organization MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiloila	i opace is riceaca.

(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) (2018)			Page 4
Name of o	rganization MENTAL HEALTH CENTER C	F DENVER		Employer identification number 74-2499946
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any or ions completing Part II e year. (Enter this info	ne contributor. ( II, enter the total rmation once. S	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No.	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held
Part I				
		(e) Transfer	of gift	<u> </u>
	Transferee's name, address, a	nd 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 gift	
	Transferee's name, address, a	nd 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 gift	
	Transferee's name, address, a	nd 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 wift	
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee

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

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.

-	occitori oc r(c)(o) organizations	that have med i oill of oo (election al	idei section so i(ii)). Oc	implete i art ii 7t. Do not con	ipioto i ait ii b.
		that have NOT filed Form 5768 (elect			
Tax)	(see separate instructions), ther		Tax) (see separate ii	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	TAL HEALTH CENTER OF			74-2499	
Pai	•	organization is exempt under			
1	•	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa				
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>).                                    </u>
1		expended by the filing organizatio			
2		ng organization's funds contributed			
3		enditures. Add lines 1 and 2. Er			
<b>4 5</b>	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were prond or a political action committee (	per (EIN) of all section of the amount pain optly and directly de	on 527 political organization from the filing organization of the filing organization organizati	Yes No ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(1)					none, enter -0
(2)					
(3)			_		
(4)					
(5)					
(6)			-		

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

Sch	edule C (Form 990 or 990-EZ) 2018	MENTAL	HEALTH	CENTER OF DEN	VER	74-2	1499946 Page <b>2</b>
Pa	cart II-A Complete if the org	anizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	l" provisions app	ly.	
	Limits (The term "expendit		ying Expendence		)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence	public opini	ion (grass roots lobb	ying)		
	Total lobbying expenditures to in						
С	: Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ures (add	l lines 1c an	nd 1d)	[		
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a	) or (b) is:	The lobbyin	ng 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 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000	•			
g	Grassroots nontaxable amount	(enter 25	% of line 1f)	)			
h	Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i	Subtract line 1f from line 1c. If z	zero or le	ss, enter -0-				
j	If there is an amount other th	an zero	on either I	ine 1h or line 1i, o	lid the organiza	tion file Form 4720	
	reporting section 4911 tax for the	nis year?					Yes No
				aging Period Under	` '		
	(Some organizations that				-		nns below.
		See	the separat	te instructions for I	ines 2a through	2f.)	
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

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Page 3 Schedule C (Form 990 or 990-EZ) 2018

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 576	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	1)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
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:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X				120	,833
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			120	,033
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		- 21			120	,833
j	Total. Add lines 1c through 1i		х			120	, 055
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912		-				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	oction			
ı Gı	501(c)(6).	(0)(0)	, 0, 3	CCLIOI	•		
						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				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				1		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,' answered "Yes."	OR (	b) Pa	rt III-A	, line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo		- 1				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyir	ng				
	and political expenditure next year?		- 1	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed grou	ıp list	); Part	II-A, III	nes 1	and
2 (SE	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
CEL	PAGE 4						
SEI	PAGE 4						

Schedule C (Form 990 or 990-EZ) 2018 Page **4** 

#### 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)

### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number MENTAL HEALTH CENTER OF DENVER 74-2499946 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X.......

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2018

▶ \$

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, or Other	Similar Assets (d	continue		age <b>=</b>
3	Using the organization's acquisition	n, accession, and o	ther records, check	any of the follow	ving that are a sigr	nificant ι	ise o	f its
	collection items (check all that app	y):						
а	Public exhibition		d Loan o	or exchange progra	ms			
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how t	hey further the or	ganization's exemp	t purpos	e in	Part
	XIII.							
5	During the year, did the organization							_
	assets to be sold to raise funds rath	er than to be mainta	nined as part of the o	organization's colle	ction?	Yes		No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line 9, or r	eported an amour	nt on Fo	rm	
	990, Part X, line 21.							
1a	Is the organization an agent, truste					_		7
	included on Form 990, Part X?				L	Yes	X	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tab	ole:				
					Amount			
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance					1	_	T
2a	3				_	X Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII			
Pa	rt V Endowment Funds.	tion onewared "Vo	o" on Form 000 F	Oort IV/ line 10				
	Complete if the organiza				T . n = 1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four		
1a	Beginning of year balance	319,680.	297,828.	262,451.	273,558.	2	269,	225.
b	Contributions	25,000.						
С	Net investment earnings, gains,	14 050	04 020	20 105	0 470		7	020
	and losses	14,958.	24,938.	38,125.	-8,470.		/,	030.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	2 205	2 006	0.740	2 627			
f	Administrative expenses	3,305.	3,086.	2,748.		,		697.
g	End of year balance	356,333.	319,680.	297,828.	262,451.		273,	558.
2	Provide the estimated percentage	of the current year e	end balance (line 1g,	column (a)) held as	S:			
a	Board designated or quasi-endown		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment		200/					
_	The percentages on lines 2a, 2b, a	•						
за	Are there endowment funds not in	the possession of th	e organization that	are neid and admi	nistered for the	[·	Yes	No
	organization by:							-NO
	(i) unrelated organizations						X	
	(ii) related organizations					3a(ii)		
_	If "Yes" on line 3a(ii), are the related	•	•			3b		
4	Describe in Part XIII the intended urt VI Land, Buildings, and Equ		iion's endowment fur	ius.				—
Га	Complete if the organization	ation answered "Ye	es" on Form 990, F	Part IV, line 11a.	See Form 990, Pa	rt X, lin	e 10.	
	Description of property	(a) Cost or				l) Book val	lue	
4-	Lond	(invest		ther) dep	reciation	5,38	3U 3	56
_	Land				19,827.	31,47		
b	Buildings				587,171.			38.
C	Leasehold improvements				89,705.	4,49		
d	Equipment				336,344.			88.
<u>e</u> Tota	Other	(d) must say at Estin				41,92		
ı ota	ı. Aud iines Ta itifough Te. (C <i>olumn</i>	(u) must equal Form	тээс, rait X, coiumi	r (D), III le TUC.)	🖊	<b>ユ</b> ⊥, ⊅∠	۷,۷	14.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Page 3

Complete if the organization answer	red "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
		), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)		
_(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.		
	red "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15
(a)	Description	(b) Book valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)	<u></u>
Part X Other Liabilities. Complete if the organization answelline 25.	red "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	Je Je
(1) Federal income taxes		
(2)		
(2) (3)		
(3)		
(3) (4)		
(3) (4) (5)		
(3) (4) (5) (6)		
(3) (4) (5) (6) (7)		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 99
3587LB 5974 5/6/2020 3:44:58 PM 1158870 PAGE

PAGE 10 PAGE 11 PAGE 11 PAGE 11 PAGE 11 PAGE 12 PAGE 12

Schedule D (Form 990) 2018 Page 4

Total revenue, gains, and other support per audited financial statements   1   1   109,655,914.	Don't	C B (1 clim 500) 2010		1 age 4
1 Total revenue, gains, and other support per audited financial statements 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. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and lossed per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 25: a Donated services and use of facilities	Part		n.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·	4	100 665 914
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IVIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.)  Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Donated services and use of facilities Donated services and use of facilities Donated services and use of facilities Other (Describe in Part XIII.) 2 Add lines 2a through 2d Cother losses. d Other (Describe in Part XIII.) E Add lines 2a through 2d Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities Donated services and u		,, ,	I	100,000,011.
b Donated services and use of facilities		0 470		
C Recoveries of prior year grants.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.  5 Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  1 104,040,060.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Amounts included 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  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IV, line 18.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5 103,349,469.  Part XIII Supplemental Information.	_	Net ullealized gains (iosses) of livestifients	-	
Add lines 2a through 2d   2e   534,412		Donated services and use of facilities	1	
e Add lines 2a through 2d		Trees veries of prior year granter in the interest and interest an	-	
3 Subtract line 2e from line 1. 3 109,131,502.  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		Other (Describe in Factorial)	2e	534,412.
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				109,131,502.
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)  c Add lines 4a and 4b.  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  7 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.)  8 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  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  3 Subtract line 2e from line 1  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  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  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fortile Expenses 10 and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.				
Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 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 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	_			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	С	·	4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	5		_	109,044,801.
Total expenses and losses per audited financial statements  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  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  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	Part		ırn.	
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Donated services and use of facilities b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	1	Total expenses and losses per audited financial statements	1	104,040,060.
b Prior year adjustments	2			
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d . 2e 690,591.  3 Subtract line 2e from line 1 . 3 103,349,469.  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	а	Donated services and use of facilities		
d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  a Investment expenses not 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  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	b	Thor year adjustments 111111111111111111111111111111111111		
e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	С	0.5 = 0.5		
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	d	Other (Describe in Fait Ain.)	0-	600 501
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		<u> </u>		•
a Investment expenses not included on Form 990, Part VIII, line 7b			3	103,349,409.
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	_	investment expenses not included on Form 500, Fait Vill, line 75 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	-	
Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )		Other (Describe in Lat Ain.)	40	
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				103,349,469.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	$\overline{}$			
	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; Pa	art V, I	ine 4; Part X, line
SEE PAGE 5	2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
	SEE	PAGE 5		

JSA 8E1271 1.000

Page 5

SCHEDULE D, PART IV, LINE 2B

ESCROW AND CUSTODIAL ARRANGEMENTS:

MHCD MAINTAINS BANK ACCOUNTS ON BEHALF OF ITS CONSUMERS 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 X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

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

FUNDRAISING EVENT EXPENSE

(86,701)

SCHEDULE D, PART XII, LINE 2D

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

FUNDRAISING EVENT EXPENSE

86,701

Schedule D (Form 990) 2018

### **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 if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

OMB No. 1545-0047 **୭**⋒1Ω

Department of the Treasury Internal Revenue Service Name of the organization

Part I

MENTAL HEALTH CENTER OF DENVER

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

Open to Public	
Inspection	

Employer identification number

74-2499946

Form 990-EZ filers are not	required to comp	lete this p	oart.			
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
a X Mail solicitations	e X Solicitation of non-government grants					
<b>b</b> X Internet and email solicitations	f	77				
c Phone solicitations	g X Special fundraising events					
d X In-person solicitations	3			g		
2a Did the organization have a written of	r oral agreement w	vith any in	dividual (in	ocluding officers	diractore truetage	
or key employees listed in Form 990						X Yes No
<b>b</b> If "Yes," list the 10 highest paid indi	•				•	
compensated at least \$5,000 by the		(	,	a.g. c cc		
•	•					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RDM COMMUNICATIONS 7582 E						
8TH PLACE, DENVER, CO 80230	CONSULTING		X		55,066.	-55,066.
2 MARILYN SPINNER 9142 CEDA						-,
HILL WAY, DENVER, CO 80230	CONSULTING		X		20,938.	-20,938.
3						
-						
4						
5						
6						
7						
8						
9						
10						
Гotal			▶		76,004.	-76,004.
3 List all states in which the organiza	tion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						
CO,						

Page 2 Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi			
		9 . 9	(a) Event #1 GIFTS OF JOY	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>е</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	115,807.			115,807.
ď	2	Less: Contributions Gross income (line 1 minus line 2)	115,807.			115,807.
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	24,899.			24,899.
Expe	7	Food and beverages	34,476.			34,476.
Direct Expenses	8	Entertainment	20,160.			20,160.
	9	Other direct expenses	7,166.			7,166.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		86,701. -86,701.
Pa	rt l		anization answered "			reported more than
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<u></u>	
9 8		Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
O a		Were any of the organization's gaming	j licenses revoked, susp	pended, or terminated d	uring the tax year?	. Yes No

#### MENTAL HEALTH CENTER OF DENVER

Sched	ule G (Form 990 or 990-EZ) 2018		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 entity		<del></del>
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	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 proceeds to	)	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part			

Schedule G (Form 990 or 990-EZ) 2018

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	_		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
2	The organization?	5a		Х
a b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

MENTAL HEALTH CENTER OF DENVER 74-2499946

Schedule J (Form 990) 2018

### 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(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	(i)	410,102.	291,923.	8,526.	9,625.	10,734.	730,910.	0.
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGELA OAKLEY	(i)	261,717.	90,543.	127.	9,464.	27,247.	389,098.	0.
2 P AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
KRISTI MOCK	(i)	227,538.	120,758.	366.	7,261.	26,847.	382,770.	0.
3 <sup>VP</sup> AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.
CHERYL A. CLARK	(i)	327,056.	155,667.	366.	9,625.	16,278.	508,992.	0.
4 VP & CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JODY T. RYAN	(i)	290,512.	61,586.	127.	9,625.	17,608.	379,458.	0.
5 ADULT SVCS MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN FLYNN	(i)	160,293.	82,445.	238.	5,563.	24,847.	273,386.	0.
6 VP OF ADULT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
YVETTE BUXTON, CHILD AN	(i)	324,250.	68,914.	238.	9,625.	564.	403,591.	0.
7FAMILY MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
WESLEY M. WILLIAMS	(i)	172,095.	71,802.	83.	5,357.	8,949.	258,286.	0.
8 <sup>VP</sup> AND CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
DAWN WILSON	(i)	140,603.	65,802.	283.	5,068.	16,799.	228,555.	0.
9 OF CHILD AND FAMILY	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES E. KORANSKY	(i)	233,911.	47,870.	244.	3,198.	17,357.	302,580.	0.
10 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH J. MACLNTYRE	(i)	262,500.	26,312.	127.	9,040.	8,134.	306,113.	0.
11 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN MENNINGER	(i)	253,446.	54,436.	438.	9,000.	27,447.	344,767.	0.
12 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID M. WEISS	(i)	253,106.	26,192.	703.	9,003.	16,957.	305,961.	0.
13 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
CASEY H. WOLF	(i)	250,566.	39,290.	55.	9,061.	22,806.	321,778.	0.
14 <sup>PSYCHIATRIST</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

MENTAL HEALTH CENTER OF DENVER 74-2499946

Schedule J (Form 990) 2018

## Part | 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.

Schedule J (Form 990) 2018

# SCHEDULE K (Form 990)

Department of the Treasury

**Bond Issues** 

Internal Revenue Service

Part I

# **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.

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

201

Open to Public Inspection

. (h) On (i) Pooled

OMB No. 1545-0047

Name of the organization

MENTAL HEALTH CENTER OF DENVER

Fighlight dentification number 74-2499946

_			EIN (c) CUSIP # (d) Date issued (e) Issu								ed (h) On behalf of issuer			ing	
_										Yes	No	Yes	No	Yes	No
A COLO	ORADO HEALTH AND FACILITIES AUTHORITY	84-0752932	19648AS30	02/19/20	14 23	,285,000.	CONSTRUCTION	N AND REFUN	DING SERIES		Х		Х		Х
В															
<u> </u>															—
D															
Part I	Proceeds				·							·			
						Α		В	С				D		
<b>1</b> A	mount of bonds retired				1,6	500,000	•								
<b>2</b> A	mount of bonds legally defeased														
3 T	otal proceeds of issue				22,9	63,180									
<b>4</b> G	ross proceeds in reserve funds				1,6	72,391									
<b>5</b> C	apitalized interest from proceeds														
<b>6</b> P	roceeds in refunding escrows														
	suance costs from proceeds				4	102,087	•								
	redit enhancement from proceeds														
9 W	orking capital expenditures from proceeds														
<b>10</b> C	apital expenditures from proceeds					07,043									
11 0	ther spent proceeds				12,2	299,050									
<b>12</b> O	ther unspent proceeds														
13 Y	ear of substantial completion				201	.5									
					Yes	No	Yes	No	Yes	No		Yes		No	
	ere the bonds issued as part of a refundin	•		,											
	issued prior to 2018, a current refunding issue)?				X										
	ere the bonds issued as part of a refundir	•		• •											
	sued prior to 2018, an advance refunding issue)?					X									
	as the final allocation of proceeds been made? .				X										
	oes the organization maintain adequate boo		•	•											
fir	nal allocation of proceeds?	<u> </u>			X										

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

Schedule K (Form 990) 2018

Page 2 Schedule K (Form 990) 2018

Pai	t III Private Business Use GR	OUP 1							. age <u>_</u>
ı u	1 Tivate Business Use		A		В		С	[	<u> </u>
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?		X			1			
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X			I			
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other					1			
	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					I			
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a					1			
	result of unrelated trade or business activity carried on by your organization,					1			
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a					I			
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х			<b></b>			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or					I			
	disposed of		%		%	<b></b>	%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations					I			
	sections 1.141-12 and 1.145-2?					<b></b>			
9	Has the organization established written procedures to ensure that all					I			
	nonqualified bonds of the issue are remediated in accordance with the					1			
_	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Pa	t IV Arbitrage	I							
_			A		В		C		)
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?		X						
	If "No" to line 1, did the following apply?		37						
a	Rebate not due yet?		X						
	Exception to rebate?	X	X						
<u>C</u>	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was					l			
	performed		Х						
-5	is the nono issue a variable rate issue?	1			1				1

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Part IV Arbitrage (Continued)								
		A	E	3		C	Γ	ס
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider		•		•		•		•
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								ı
		A	E	3		C	Γ	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	dule K. Se	ee instruct	tions			•

Schedule K (Form 990) 2018 Page 4

#### 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 K, PART IV, LINE 2C

MENTAL HEALTH CENTER OF DENVER HIRED A CONSULTANT, ARBITRAGE COMPLIANCE

SPECIALIST, TO CALCULATE THE ARBITRAGE REBATE ON THE TAX EXEMPT BONDS.

ARBITRAGE COMPLIANCE SPECIALIST PROVIDED THIS REPORT ON APRIL 4, 2019 AND

THERE WAS NO REBATE INSTALLMENT PAYMENT DUE TO THE IRS.

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection

Employer identification number

74-2499946

Name of the organization

MENTAL HEALTH CENTER OF DENVER

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.

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.

Name of the organization

MENTAL HEALTH CENTER OF DENVER

Employer identification number

74-2499946

FORM 990, PART VI, SECTION B, LINES 15A & 15B

EXECUTIVE COMPENSATION POLICY AND PROCEDURES:

THE BOARD RETAINED THE FIRM OF HARLAN GROUP TO COMPLETE A SALARY

COMPARABILITY STUDY FOR THE CEO, OTHER OFFICERS AND KEY EMPLOYEES IN JUNE

2017 AND AN UPCOMING STUDY IS SCHEDULED FOR 2020. HARLAN 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 HARLAN GROUP AS WELL AS MSEC DATA AND OTHER

SOURCES OF INFORMATION IN DETERMINING THE CEO'S SALARY AND INCENTIVE

COMPENSATION. THIS PROCESS WAS ALSO UNDERTAKEN FOR THE OTHER OFFICERS AND

KEY EMPLOYEES OF THE ORGANIZATION.

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.

Employer identification number 74-2499946

ATTACHMENT 1

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

MENTAL HEALTH CENTER OF DENVER ADVANCES THE MISSION OF ENRICHING
LIVES AND MINDS BY FOCUSING ON STRENGTHS AND WELL-BEING. BY
CREATING A NETWORK OF PARTNERS, WE SEEK TO PROVIDE ACCESS TO CARE
FOR ALL IN DENVER WHO NEED IT AND ADVANCE THE OVERALL WELL-BEING OF
DENVER'S COMMUNITIES THROUGH TREATMENT, PREVENTION, CRISIS AND
OUTREACH SERVICES.

ATTACHMENT 2

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

CHILD AND FAMILY SERVICES:

OFFERS CLINICAL PROGRAMS FOR INFANTS, CHILDREN, ADOLESCENTS, AND FAMILIES LIVING WITH 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 FOR SCHOOL-AGED YOUTH. 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. OUR 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

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

MENTAL HEALTH CENTER OF DENVER

Employer identification number

74-2499946

ATTACHMENT 2 (CONT'D)

SERVICES SUCH AS A FOOD PANTRY, PEDIATRIC DENTISTRY AND PRESCHOOL THAT ALLOW THE COMMUNITY TO THRIVE.

ATTACHMENT 3

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

RESIDENTIAL SERVICES:

OFFERS ASSISTED LIVING RESIDENTIAL CARE FOR PEOPLE EXPERIENCING A
MENTAL HEALTH DISORDER, AS WELL AS 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. PROGRAMS INCLUDE

ALTERNATIVES TO HOSPITALIZATION FOR BEHAVIORAL HEALTH TREATMENT,

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS, AND

HOUSING AND FINANCIAL SUPPORT FOR INDEPENDENT LIVING IN APARTMENT

BUILDINGS. 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

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES

REHABILITATION SERVICES: 7,486,280. 10,070,836.

SUPPORTS INDIVIDUALS IN ACHIEVING EDUCATIONAL,

EMPLOYMENT AND PERSONAL DEVELOPMENT

Schedule O (Form 990 or 990-EZ) 2018

REVENUE

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

MENTAL HEALTH CENTER OF DENVER

Employer identification number
74-2499946

ATTACHMENT 4 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

OPPORTUNITIES THEY NEED TO LEAD SUCCESSFUL

AND EMPOWERED LIVES. WITH ITS NATIONALLY

RECOGNIZED APPROACH, 2SUCCEED HELPS PEOPLE

LIVING WITH MENTAL ILLNESS ADVANCE THEIR

RECOVERY BY MATCHING THEM WITH EDUCATIONAL AND

WORK OPPORTUNITIES ALIGNED WITH THEIR INTERESTS

AND STRENGTHS.

TOTALS 7,486,280. 10,070,836.

ATTACHMENT 5

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NETSMART TECHNOLOGIES INC PO BOX 823519 PHILADELPHIA, PA 19182-3519	ELECTR MED RCD SVCS	1,628,248.
DIZZION, INC. 600 17TH STREET, SUITE 2600S DENVER, CO 80202	IT NETWORK SERVICES	874,701.
MAXIMUM HEALTHCARE SERVICES 12558 COLLECTIONS CENTER DR. CHICAGO, IL 60693	TEMPORARY STAFFING	486,591.
REVOLUTION FOODS INC. PO BOX 742759 LOS ANGELES, CA 90074-2759	FOOD	462,123.
WHELAN SECURITY CO PO BOX 843886 KANSAS CITY, MO 64184-3886	SECURITY SERVICES	443,896.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  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.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

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

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

Part II Part II 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) 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		12(b)(13) rolled
						Yes	No
(1) SABIN GROUP INC 74-2510947							
4141 EAST DICKENSON PLACE DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	MHCD	X	
(2) SABIN GROUP I 84-1171536							
4141 EAST DICKENSON PLACE DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	X	
(3) PARK EAST HOUSE INC 74-2374685							
4141 EAST DICKENSON PLACE DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	X	
(4) LOWELL TERRACE CORP 31-1601975							
4141 EAST DICKENSON PLACE DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	X	
(5) WESLEY HOUSE INC. 47-2677053							
4141 EAST DICKENSON PLACE DENVER, CO 80222	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	X	
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

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	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar	eral or naging tner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1) SANDERSON LLLP 37-1799349												
4141 E. DICKENSON PLACE DENVER	HOUSING PROJET	CO	SANDERSON LLC	RELATED (HOUSING)	382.	1,508.		Х	0.	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	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	es l	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	а		X
b	Gift, grant, or capital contribution to related organization(s)	b		X
С	Gift, grant, or capital contribution from related organization(s)	С		Х
d	Loans or loan guarantees to or for related organization(s)	d	Х	
		е		Х
f	Dividends from related organization(s)	f		X
q	Sale of assets to related organization(s)	g		Χ
	Purchase of assets from related organization(s)	h		Х
i	Exchange of assets with related organization(s)	li		Х
	Lease of facilities, equipment, or other assets to related organization(s)	ij	Х	
•	3			
k	Lease of facilities, equipment, or other assets from related organization(s)	k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	П	Х	
		m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n	Х	
	, , , , , , , , , , , , , , , , , , , ,	0	Х	
	g or particular to the control of garantees (c) and the control of			
р	Reimbursement paid to related organization(s) for expenses	р		Х
		q	Х	
7				
r	Other transfer of cash or property to related organization(s)	r	Х	
		s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	olds.		

	2 If the answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a)  Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved						
(1)	SABIN GROUP I	D	261,736.	INTERCOMPANY						
(2)	LOWELL TERRACE CORP	D	236,317.	INTERCOMPANY						
(3)	PARK EAST HOUSE	D	229,466.	INTERCOMPANY						
(4)	WESLEY HOUSE	D	84,497.	INTERCOMPANY						
(5)	SABIN GROUP INC.	D	386,298.	INTERCOMPANY						
(6)	SABIN GROUP INC.	R	332,698.	CASH/ALLOCATION						

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

Page C

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: 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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_ 1a		
	Gift, grant, or capital contribution to related organization(s)			
	Gift, grant, or capital contribution from related organization(s)			
	Loans or loan guarantees to or for related organization(s)			
е	Loans or loan guarantees by related organization(s)	_ 1e		
f	Dividends from related organization(s)	_ 1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	- 1		
i	Exchange of assets with related organization(s)	1i		
i	Lease of facilities, equipment, or other assets to related organization(s)			
•	, , , , , , , , , , , , , , , , , , , ,			
k	Lease of facilities, equipment, or other assets from related organization(s)	. 1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	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)			
	Sharing of paid employees with related organization(s)			
		-		
g	Reimbursement paid to related organization(s) for expenses	. 1p		
	Reimbursement paid by related organization(s) for expenses			
•				
r	Other transfer of cash or property to related organization(s)	_ 1r		
s	Other transfer of cash or property from related organization(s).	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	resholo	ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Meth	od of det	erminir	na

amount involved type (a-s) SABIN GROUP I R 51,698. CASH/ALLOCATION LOWELL TERRACE CORP R 43,733. CASH/ALLOCATION PARK EAST HOUSE INC. R 33,529. CASH/ALLOCATION (4) WESLEY HOUSE INC. R 22,042. CASH/ALLOCATION (5)

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018

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.

f entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501 organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging tner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
												_	
												_	
	f entity		(state or foreign country)  (state or foreign country)	(state or foreign country) income (related, unclated, excluded from tax under sections 512-514)	(state or foreign country)  (state or foreign country)  (unrelated, excluded from tax under sections 512-514)  (yes)  (state or foreign under sections 512-514)  (unrelated, excluded from tax under sections 512-514)  (yes)	sections 512-514)  (state or foreign country)  income (related, recluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax under sections 512-514)  (state or foreign unrelated, excluded from tax unrelated from tax unrelate	(state or foreign country) a uncellated, excluded from tax under sections 512-514) total income sections 512-514 No	(state of foreign country)  (state of foreign country)  Income (related, uncluded from tax under sections 512-514)  (state of foreign country)  (state of foreign country)  Income (related, uncluded from tax under sections 512-514)  (state of foreign country)  (state of foreign coun	(state of foreign country)  (s	(state of foreign country)   (state of fore	(state or foreign country)    Country   Countr	(state of loreing in income (related, excluded from tax under sections 512614)  Sections 5126149  Sect	(state or foreign country)  Income (related, excluded from tax under section \$2,254)  Ves No  Total income end-dr-year assets  Income (related, excluded from tax under section \$2,254)  Ves No  Total income end-dr-year assets  Income (related, excluded from tax under section \$2,254)  Ves No  Total income end-dr-year assets  Income (related, excluded from tax under section \$2,254)  Ves No  Total income end-dr-year assets  Income (related, excluded from tax under section \$2,254)  Ves No  Ves

Schedule R (Form 990) 2018

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# Part VII Supplemental Information

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

Form **990-T** 

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

OMB No. 1545-0687

07/01, 2018, and ending 06/30, 2019 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Name of organization ( Check box if Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed MENTAL HEALTH CENTER OF DENVER **B** Exempt under section Print 74-2499946 X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 220(e) 408(e) Type (See instructions.) 4141 E. DICKENSON PLACE 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80222 C Book value of all assets at end of year Group exemption number (See instructions.) 99,294,897. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶ANGELA OAKLEY Telephone number ► 303-504-6500 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1 c b Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts С 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 Ο. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22h 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 31 Unrelated business taxable income. Subtract line 31 from line 30

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Par	+ III	Total Unrelated Business Taxable	a Income					- 3 -
33		f unrelated business taxable income con		adaa ar businaasaa (saa				
33		ons)	•	,				
34		s paid for disallowed fringes						
35		on for net operating loss arising in t						
		ons)						
36		unrelated business taxable income befor						
	of lines	33 and 34			36			
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)		37		1,(	000.
38	Unrelat	ed business taxable income. Subtract line	37 from line 36. If line 37	is greater than line 36,				
	enter th	e smaller of zero or line 36			38			0.
Par	t IV	Tax Computation						
39		ations Taxable as Corporations. Multiply line 3	88 by 21% (0.21)		▶ 39			
40	Trusts		tructions for tax computa					
		unt on line 38 from: Tax rate schedule or		41)	40			
44		x. See instructions		•				
41		ve minimum tax (trusts only)						
42								
43		Noncompliant Facility Income. See instructions						
44		dd lines 41, 42, and 43 to line 39 or 40, which	ever applies		44			
Par		Tax and Payments		_				
		tax credit (corporations attach Form 1118; trus						
		edits (see instructions)						
		business credit. Attach Form 3800 (see instruc						
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	45d				
е	Total cr	edits. Add lines 45a through 45d			45e			
46	Subtrac	line 45e from line 44	. <u></u> <u></u>	. <u></u>	46			
47	Other tax	es. Check if from: Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedule)	47			
48	Total ta	k. Add lines 46 and 47 (see instructions)			. 48			0.
49		t 965 tax liability paid from Form 965-A or For						
		ts: A 2017 overpayment credited to 2018	, ,	50a				
		timated tax payments		50b 44,200				
				50c 22,100	_			
		osited with Form 8868			4			
		organizations: Tax paid or withheld at source (s		50d				
		withholding (see instructions)		50e				
		or small employer health insurance premiums (a	······	50f				
g			439					
	F	orm 4136 Other _	Total ▶ ડ	50g				
51	Total pa	yments. Add lines 50a through 50g			51		66,3	300.
52	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached	▶ ∟	52			
53	Tax due	. If line 51 is less than the total of lines 48, 49	, and 52, enter amount owed		<b>53</b>			
54	Overpa	ment. If line 51 is larger than the total of lines	48, 49, and 52, enter amount ov	erpaid	54		66,3	300.
55	Enter the	amount of line 54 you want: Credited to 2019 esti	mated tax 🕨	Refunded •	<b>55</b>		66,3	300.
Par	t VI	Statements Regarding Certain A	ctivities and Other Info	rmation (see instruction	ns)			
56	At any	time during the 2018 calendar year, did		·		authority	Yes	No
	over a	financial account (bank, securities, or oth	er) in a foreign country? If	"Yes," the organization r	nay ha	ve to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,"	enter the name of the	foreig	n country		
	here <b>&gt;</b>	, ,	,		Ü	,		Х
57	•	he toy year did the organization receive a dist	ribution from or was it the gran	tor of ar transferor to a for	oian truc			Х
57	_	he tax year, did the organization receive a dist		tor or, or transferor to, a for	eign trus	Afr		
E 0	-	see instructions for other forms the organization	•					
<u>58</u>		e amount of tax-exempt interest received or ac der penalties of perjury, I declare that I have examined		dules and statements and to the	heet of -	ny knowledge	and boli	ief it in
C!	tru	e, correct, and complete. Declaration of preparer (other than ta			טפטנ טו ו	ny knowieuge	and Dell	oi, it is
Sig			05/07/0000		•	IRS discuss		
Her			05/07/2020			preparer s		_
	Si	gnature of officer	Date Title		see instruct	·     ·	es	No
Paic	ı	Print/Type preparer's name	Preparer's signature	Date	eck L i	if PTIN		
		ADAM R SMITH CPA		self	-employe	- 1	5896	
Preparer Use Only    Firm's name   BKD   LLP   Firm's name   BKD   LLP   Firm's name   BKD   LLP   Firm's name   F								
	Jilly	Firm's address ▶ 111 SOUTH TEJON, SUIT	E 800, COLORADO SPRINGS	, CO 80903-9848 Pho	ne no. 7	19 471-	4290	

Form **990-T** (2018)

Form 990-1 (2018)									Page 3
Schedule A - Cost of G	oods Sold. En	ter metho	d of invent	tory valuation	<b>&gt;</b>				
1 Inventory at beginning of y	/ear 1			6 Inventory	at end of year	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor	_			6 from	line 5. Er	iter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (v	vith respe	ct to Ye	es No
<b>b</b> Other costs (attach schedu				1		or acquired for			
5 Total. Add lines 1 through	, - <del></del>								
Schedule C - Rent Income		roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)	· · · · · · · · · · · · · · · · · · ·	l
(see instructions)	`	. ,		. ,		•	•		
Description of property									
(1)									
(2)									
(3)									
(4)									
( )	2. Rent recei	ed or accru	ed						
(a) Francisco de la constante (f. de c				d	Ct II		:	aradio della della	
(a) From personal property (if the for personal property is more th				d personal property or personal propert		3(a) Deductions d in columns 2			
				s based on profit or			- /		
(4)									
(1)									
(2)									
(3)									
(4) T		<b>T</b>							
Total		Total				(b) Total deduction	ons.		
(c) Total income. Add totals of c	` ,	,				Enter here and or			
here and on page 1, Part I, line 6				\		Part I, line 6, colu	mn (B) 🕨		
Schedule E - Unrelated D	ept-Financed ii	ncome (se	ee instruct	tions)	3 1	Deductions directly co	nnected with	or allocable to	`
4 Decembries of del	at financial manager		1	s income from or	3.1	oi allocable ic	,		
1. Description of del	ot-ilnanced property			to debt-financed property		ht line depreciation		ther deduction	
			<u> </u>		(atta	ich schedule)	(atta	ach schedule)	)
(1)									
(2)									
(3)									
(4)	T								
<ol><li>4. Amount of average acquisition debt on or</li></ol>	<ol><li>5. Average adjust of or alloca</li></ol>			. Column	7 Gross	income reportable	8. Allo	cable deducti	ons
allocable to debt-financed	debt-financed	property	1	divided		n 2 x column 6)	,	3 x total of co	lumns
property (attach schedule)	(attach sche	edule)	Бу	column 5			٥(	a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					Enter her	re and on page 1,		re and on p	
					Part I, lir	ne 7, column (A).	Part I, lir	ne 7, columi	n (B).
Totals									
Total dividends-received deduct	ions included in co	olumn 8							

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Page 4

Schedule F-Interest, Annu	uities, Royalties				olled Or			ations	(566	HISHUCH	JI 15)		
Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)			of specifi ents made	ed in	cluded	f column 4 to in the contron's gross in	olling	6. Deductions directly connected with incom in column 5		
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organi	zations												
7. Taxable Income	8. Net unrelated in (loss) (see instruct							Deductions directly nnected with income in column 10					
(1)													
(2)													
(3)													
(4)													
Totals							Ent Par	d columer here and the line	and on 8, colur	page 1, nn (A).	Er	dd columns 6 and iter here and on pag art I, line 8, column	ge 1,
1. Description of income	2. Amount of			(	3. Deduction of the distriction	ctions nnected	4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)													
(2)													
(3)													
(4)	Enter here and o												
Totals	Part I, line 9, co	<b>3</b> . E	Othe Expense	es 4	Advert  . Net incorom unrelar business	ne (loss) ted trade	<b>5.</b> Gr	oss inco	ome		onses	7. Excess exexpense	xempt
1. Description of exploited activity	business income from trade or business	prod un	ected v luction related ess inco	of 2	minus co If a gain, c cols. 5 thre	lùmn 3). ompute	is no	activity ot unrela ness inco	ted	6. Expenses attributable to column 5		(column 6 n column 5, b more tha column 4	ut not an
(1)													
(2)													
(3)													
(4)													
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	here an e 1, Par 0, col.	t I,						Enter here on page Part II, line	1,		
Schedule J-Advertising Ir	ncome (see instru	uctions	)	<u> </u>									
Part I Income From Per	iodicals Report	ed on	a Co	nsolida	ted Ba	sis							
1. Name of periodical	2. Gross advertising income		. Direct tising co	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		ss) (col. ol. 3). If mpute	5. Circulation income		6. Readership costs		7. Excess reaccosts (columninus column not more t	mn 6 n 5, but than	
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))													

Form **990-T** (2018)

Form 990-T	(2018) MEN	TAL HEALTH	H CENTER	OF	DENVER			74-2499	946	Page <b>5</b>
Part II	Income From Periodicals	Reported or	n a Separ	ate	Basis (For	each periodical	listed in	Part II, fi	II in	columns
	2 through 7 on a line-by-lin	e basis.)	-		•	•				

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

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ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO CLAIM THE ESTIMATED TAX AND EXTENSION PAYMENTS PAID DURING THE TAX YEAR,

1158870