PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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.

Department of the Treasury

		enue Service		bout Form 990 and its instructions	is at www.irs	s.gov/fc	orm990.		Insp	ection
A	For th	ne 2016 c	alendar year, or tax year begir	nning 07/01, 2016	, and endin	g		06/	/30, 20 1	7
_			Name of organization				D Employer ide	ntificati	ion number	
B	Check if a	pplicable:	MENTAL HEALTH CENTER (OF DENVER			74-249	9946		
	Addre	ess r	Doing business as							
		⁹⁰	Number and street (or P.O. box if mail is I	not delivered to street address)	Room/suite		E Telephone nu	mber		
	-		4141 E. DICKENSON PLAC	CE			(303) 50	4-65	500	
	Final	return/	City or town, state or province, country, a				()			
	Amer	nated nded	DENVER, CO 80222				G Gross receipts	s \$	100.49	8,248.
_		n cation F N	Name and address of principal officer:	CARL CLARK, CEO			H(a) Is this a gro			
	pend	ing	4141 E. DICKENSON PLAC				subordinates H(b) Are all subord			
-	Tay-ov	empt status:) (insert no.) 4947(a)(1)	or 527				(see instructions	
<u>-</u>			W.MHCD.ORG) (Insert 110.) 4947 (a)(1)	01 521					''
<u>л</u>		-					H(c) Group exem on: 1987 M			ile: CO
	art I	Sumn		Association Other		Tormati		State 0	Tiegal domici	
			scribe the organization's mission or	meet eignificent estivities. MENTA	Ι. ΗΓΔΙ.ΤΗ	CENT	TEB OF DE	MULLB) F C
-	1		MES-BASED MENTAL HEALT				I DIC OF DE		. 11(0110	
nc.		00100				•				
Governance	2				!	0.50/	-6 :4			
Ň	2		is box is box is the organization di					I I		13.
യ ര്			of voting members of the governing	body (Part VI, line 1a)		• • • •		3		13.
es	4		of independent voting members of the							$\frac{13.}{1,117.}$
Activities &	5		nber of individuals employed in cale					5		$\frac{1,117}{277}$
Acti	6	Total num	nber of volunteers (estimate if necess	sary)				6		
-			elated business revenue from Part VI					7a		0.
	b	Net unrela	ated business taxable income from I	-orm 990-1, line 34		<u></u>	Prior Year	7b	Current	0. • Yoor
								5		
an	8		ions and grants (Part VIII, line 1h)			<u> </u>	3,792,545.			6,779.
Revenue	9	Program :	service revenue (Part VIII, line 2g)				86,790,814. 292,410.			1,967.
Re			nt income (Part VIII, column (A), line							1,137.
	11		enue (Part VIII, column (A), lines 5,			L	306,91			9,986.
	12		enue - add lines 8 through 11 (must				91,182,68		97,52	9,869.
	13		nd similar amounts paid (Part IX, colu					0.		0.
	14		baid to or for members (Part IX, colu				53,827,66		E0C0	1,639.
ses	15		other compensation, employee bene				53,827,88			2,000.
Expenses	16a		nal fundraising fees (Part IX, column				51,99	0.	5	2,000.
ĔX	b		draising expenses (Part IX, column (I				22 022 11	-	25.00	1 000
			benses (Part IX, column (A), lines 11			1	33,873,11		-	1,290.
	18		enses. Add lines 13-17 (must equal				87,752,77			4,929.
- 0	19	Revenue	less expenses. Subtract line 18 from	line 12		Deview	3,429,90		-	4,940.
Net Assets or Fund Balances							hing of Current		End of \	
sse Bala	20		ets (Part X, line 16)				88,924,01			3,699.
et A	21		ilities (Part X, line 26)				37,516,15			9,604.
			s or fund balances. Subtract line 21	from line 20			51,407,85	0.	55,51	4,095.
	art II		ture Block							
tru	e, corre	ect, and com	erjury, I declare that I have examined thi pplete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	nents, ar s any kn	owledge.	ту кп	lowledge and	Deller, It Is
							0E / 1	E / 20	10	
Sig	n		nature of officer				05/1 Date	5/20	10	
He				CEO			Date			
-			GELA OAKLEY e or print name and title	CFO						
			e preparer's name	Preparer's signature	Date				ΓΙΝ	
Pai	d			ropard o orginature	Date		Check	"		066
	parer		R SMITH CPA				self-employ		P00958	000
	e Only	Firm's nar					Firm's EIN > 4			
N / -			tress 111 SOUTH TEJON, SUITE 80				i nono noi	19 4	471-4290	
			s this return with the preparer shown						X Yes	No No
For	Раре	rwork Red	duction Act Notice, see the separate	e instructions.					Form 9	90 (2016)

OMB No. 1545-0047

Open to Public

5

6

Cumulative e-File History 2016

FED

Tax Return 3587LB	Return Type 990
Taxpayer Mental Health Center of De	enver
Submitted Date	2017-11-05 16:58:53
Acknowledgement Date	2017-11-05 17:27:33
Status	Accepted
Submission ID	84022720173095000030

MENTAL	HEALTH	CENTER	OF	DENVER

For	m 990 (2016) Page 2
Pa	art III 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
2	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?
	If "Yes," describe these changes on Schedule O.
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 far each program carrier reported.
	the total expenses, and revenue, if any, for each program service reported.
4.0	
	(Code:) (Expenses \$42,293,210. including grants of \$0.) (Revenue \$49,552,334.) 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 \$17,535,027. including grants of \$0.) (Revenue \$19,048,842.)
	ATTACHMENT 2
4c	(Code:) (Expenses \$ 11,807,514. including grants of \$) (Revenue \$ 14,377,942.)
40	
	ATTACHMENT 5
_	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 4
	(Expenses \$ 9,264,035. including grants of \$) (Revenue \$ 11,280,183.)
	Total program service expenses ► 80,899,786.
JSA 6E1	D20 1.000 Form 990 (2016)
	3587LB 5974 3/28/2018 2:49:52 PM 1158870 PAGE 3

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Form 9	90 (2016)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
-	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C</i> ,			
		5		Х
6	Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ŭ	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			
•	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			
	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
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
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		X
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
12a	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		37	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	146		Х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2016)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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):			
	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			37
	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)			37
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	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,	24		Х
20	Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	x	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	34	х	
25.0	or IV, and Part V, line 1.	34 35a	X	
35a		55a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the mapping of section 512(b)(12)2 /f "Yes" complete Schedule P. Part V. line 2	35h	x	
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	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	50		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	5.		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	

MENTAL HEALTH CENTER OF DENVER

Form 990 (2016)

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
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, 117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ſ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-	ſ	x
	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			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	ſ	x
	required to file Form 8282?	7c		A
	If "Yes," indicate the number of Forms 8282 filed during the year	70		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 qualined interior and property, did the organization me round 8059 as required?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.0	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?	TZu		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b	000	(2010

Form 9	90 (2016) MENTAL HEALTH CENTER OF DENVER 74–2499	946	F	Page 6
Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or 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 1b 13			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
2	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
- 5	Did the organization make any significant changes to its governing documents since the phot Point 990 was need?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		
74	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		N
		40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
-	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe in Schedule O how this was done	13	Х	
13 14	Did the organization have a written document retention and destruction policy?	14	Х	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on 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 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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 inter-	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	s: 🕨		

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Page	1
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Part VII	Compen Indepen				ectors,	Trust	ees, r	ley l	Employe	es, Hi	ghest	Compe	ensated	Emp	loyees	s, a	nd
	Check if	Schedu	ule O con	tains a re	esponse	e or no	te to ar	y line	e in this F	Part VII						. [
Section A.	Officers,	Director	s, Truste	es, Key E	mploye	es, and	Highes	Com	npensated	Emplo	/ees						
1a Complete	this tabl	e for al	l persons	required	to be	listed.	Report	com	pensation	for the	e caler	ndar vea	ending	with	or wit	hin	the

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(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									
BOARD CHAIR	0.	x		x				0.	0.	0.
(2)DEBRA DEMUTH	.50									
VICE CHAIR AND TREASURER	0.	X		x				0.	0.	0.
(3)RICK SIMMS	.50									
PAST CHAIR	0.	x		x				0.	0.	0.
(4)MARY HAYNES	.50									
SECRETARY	0.	X		X				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.	Х						0.	0.	0.
(8)LUIS DUARTE	.50									
DIRECTOR	0.	Х						0.	0.	0.
(9)MARJORIE LEWIS	.50									
DIRECTOR	0.	Х						0.	0.	0.
(10)NANCY GARY	.50									
DIRECTOR	0.	Х						0.	0.	0.
(11)PEGGY KOZAL	.50									
DIRECTOR	0.	Х						0.	0.	0.
(12)CHARLES EVERILL	.50									
TREASURER THROUGH 2/2017	2.00	Х		Х				0.	0.	0.
(13) SARAH YOUNGGREN	.50									
DIRECTOR THROUGH 3/2017	0.	X						0.	0.	0.
(14) JENNIFER BRADBURY	.50									
DIRECTOR THROUGH 3/2017	0.	Х						0.	0.	0.

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MENTAL HEALTH CENTER OF DENVER

Form 990 (2016)	
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organizations betweeting integrand int	(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	neck ss pe d a d	ition more rson lirect	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		(F) Estimated amount of other compensation from the
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MENTAL HEALTH CENTER OF DENVER

Form	990	(2016)	
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	(A) Name and title	(B) Average		F	(C Posit				(D) Reportable	(E) Reportable	(F) Estimated
		hours per (do not check more than week (list any box, unless person is bot					s both a	an	compensation from	compensation from related	
		hours for related organizations below dotted line)	or director	Institutional trustee			Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
6)	KRISTI MOCK VP AND COO	40.00				x			242,356.	0.	. 33,32
7)	LYDIA M. PRADO VP OF CHILD AND FAMILY	40.00				x			255,166.	0.	
8)	JODY T. RYAN ADULT SVCS MEDICAL DIRECTOR	40.00				x			330,004.	0.	
9)	JOHN FLYNN VP OF ADULT SERVICES	40.00				x			166,894.	0.	
0)	VI OF ADOLI DERVICED YVETTE BUXTON CHILD AND FAMILY DIRECTOR	40.00				x			364,540.	0.	
1)	WESLEY M. WILLIAMS VP AND CIO	40.00				x			197,574.	0.	
2)	DALLAS FLEMING III PSYCHIATRIST	40.00				-	x		315,036.	0.	
3)	JOHN MENNINGER PSYCHIATRIST	40.00					x		296,791.	0.	
4)	JOHN E.SADLER PSYCHIATRIST	40.00					x		310,165.	0.	
5)	ANDREW P. SYLVESTER PSYCHIATRIST	40.00					x		293,444.	0.	
6)	TINA LE PSYCHIATRIST	40.00					x		274,143.	0.	
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not) wbo		coived more than	\$100.000 of	
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	n ► cer, directo	54 or, or	trus	stee	e, k	ey e	mp	loyee, or highest	t compensated	Yes N
	For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> . Did any person listed on line 1a receive or	sum of rep eater than accrue con	oortab \$15 mpen	le cc 0,00 satio	omp 0? n fr	oens <i>If</i> rom	sation "Yes, any	n ar ," d uni	nd other compens complete Schedu related organizatio	sation from the le J for such	4 X
Se	for services rendered to the organization? If "Y ction B. Independent Contractors	és," comple	te Sch	edule	e J	for s	such	per	son		5
1	Complete this table for your five highest com compensation from the organization. Report of year.										
	(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation

Par	t VII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.								
		Check II Schedule O co	mans a respor	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, and similar amounts not included Noncash contributions included in Total . Add lines 1a-1f	1b 1c 1d tions) 1e grants, 1f n lines 1a-1f: \$	138,954. 1,659,501. 1,178,324.	2,976,779.						
ne				Business Code							
Program Service Revenue	2a b c d e f	MEDICAID COLORADO BEHAVIORAL HEALT PHARMACY CLIENT FEES OTHER PROGRAM SERVICE REV All other program service reve	ENUE	623990 623990 446110 623990 623990	68,891,434. 14,212,187. 6,162,701. 2,058,432. 2,460,254. -233,041.	68,891,434. 14,212,187. 6,162,701. 2,058,432. 2,460,254. -233,041.					
Pro	g	Total. Add lines 2a-2f		·	93,551,967.						
	3 4 5	Investment income (inc and other similar amounts). Income from investment of t Royalties	tax-exempt bond	proceeds	327,612. 0. 0.			327,612.			
	6a b c	Gross rents									
	d 7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 2,882,631. 2,869,563. 13,068.	(ii) Other 51,925. 31,468. 20,457.	0.						
	c d	Gain or (loss)			33,525.			33,525.			
Other Revenue		Gross income from fundral	ising 138,954. line 1c).	0.							
0	c	Net income or (loss) from fur			-67,348.			-67,348.			
	9a	Gross income from gaming See Part IV, line 19		0.							
	b c	Less: direct expenses Net income or (loss) from ga			0.						
	10a	returns and allowances	a								
	b c	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenue	es of inventory		0.						
	44.0	MISCELLANEOUS INCOME	-	900099	509,332.	509,332.					
	11a b c	LOW INCOME HOUSING DEVELO:	PMENT FEE	900099	198,002.	198,002.					
	d	All other revenue									
	e	Total. Add lines 11a-11d			707,334.	01.055.555		000			
JSA	12	Total revenue. See instruction	ns	<u></u>	97,529,869.	94,259,301.		293,789. Form 990 (2016)			

JSA 6E1051 1.000

MENTAL HEALTH CENTER OF DENVER

Check if Schedule Q contains a response or note to any line in this Part IX Op or includes mounts reported on lines 60, 7b, 8b, 9b, and 10b of Part Vill. Total expenses Program service general expenses 1 Gents and other assistance to domestic organizations and domestic organizations. Toreling governments, sen Part IV, line 22. 0. 0. 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 0. 0. 3 Grants and other assistance to foroign organizations, foreign governments, and foreign individuals. See Part IV, lines 13. 0. 0. 4 Benefits paid to of for members. 0. 0. 0. 5 Compensation of current officers, directors, trustees, and key employees 2, 629, 658. 2, 231, 238. 398, 420. 6 Compensation of accruation 4980((1)10) 0. 0. 46, 126, 326. 38, 329, 838. 7, 397, 1777. 8 Parsin plan accruatis and contributions plane accruatis and on exployee contributions plane accruatis and appropriet on this distang services. 3, 309, 511. 2, 653, 248. 632, 138. 10 Payonit takes and vages. 0. 46, 126, 327. 45, 505. 140, 867. 6 Compensation 498		(3) and 501(c)(4) organizations mus				
Ob. 9b, and 10b of Part VIII. Total expenses Program service expenses Management and general expenses 1 Grants and other assistance to domestic individuals. See Part IV, line 21. 0. 0. 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 0. 0. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21. 0. 0. 4 Benefits paid to of or members . 0. 0. 0. 5 Compensation of current officers, directors, trustees, and key employees . 2, 629, 658. 2, 231, 238. 398, 420. 6 Compensation of uncent officers, directors, trustees, and key employees . 46, 126, 326. 38, 329, 838. 7, 397, 177. 8 Pension plan accruals and contributions (include section 4010(k) and 403(b) employer contributions to 10 Payroll taxes . 5, 702, 578. 4, 758, 008. 920, 566. 10 Payroll taxes . 0. 5, 702, 578. 4, 758, 008. 922, 566. 11 Feerofice sciences (con-employees): 0. 0. 50, 000. 50, 000. 11 Feerofice sciences (con-employees):	Ch	neck if Schedule O contains a resp	onse or note to any line	e in this Part IX		
and domestic governments. See Part IV, line 21			(A) Total expenses	Program service	Management and	(D) Fundraising expenses
and obtained of the mission is to end (mine 1) Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 0 0 4 Benefits paid to or for members 0 0 0 5 Compensation of urrent officers, truetes, and key employees 0 0 0 6 Compensation not included above, to disqualified person decorded in section 4950(c)(30) 0 0 46,126,326,38,329,838,7,397,177. 7 Other salaries and wages 46,126,326,38,329,838,7,397,177. 46,526,326,706,528,142,534,55,66,706,528,142,534,55,66,706,528,142,534,55,66,706,528,142,534,55,66,706,528,142,534,136,702,578,4758,008,920,506,16,161,12,653,248,632,138,15,702,578,4758,008,920,506,164,166,126,52,600,166,147,65,128,138,160,00,166,147,65,000,166,147,65,000,166,147,70,771,11,640,169,1,212,571,705,120,77,705,120,7	1 Grants and ot	ther assistance to domestic organizations				
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Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 0. 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, trustese, and key employees 0. 6 Compensation not included above, to disqualified persons described in sectin 4956(c)(3)(8) 0. 7 Other salaries and wages. 2, 629, 658. 2, 231, 238. 398, 420. 8 Pension plan accruals and contributions section 401(k) and 403(b) employer contributions section 401(k) and 403(b) employer contributions section 401(k) and 403(b) employer contributions begal 0. 46, 126, 326. 38, 329, 838. 7, 397, 177. 8 Pension plan accruals and contributions or aprivation and motivations (include section 401(k) and 403(b) employer contributions begal 0. 46, 126, 326. 38, 329, 838. 7, 397, 177. 9 Other employee benefits 0. 0. 0. 0. 1 Rest for services (non-employees): a Management 0. 0. 0. 0. 9 Other (fine Hig amount exceeds 10% of line 25, column (a) amount itsel to generace Statele 0. 0. 0. 0. 0. 1 Advertising and promotion 1.640, 1629, 1.221, 571. 41, 746, 997. 3, 939, 869. 766, 161. 0 Other employee. 0. <td< td=""><td>2 Grants and</td><td>d other assistance to domestic</td><td></td><td></td><td></td><td></td></td<>	2 Grants and	d other assistance to domestic				
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persons (as defined under section 4958(f)(1)) and persons described in section 4968(c)(3)(8)	trustees, and	d key employees	2,629,658.	2,231,238.	398,420.	
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(a) anount, its if if gegetess of schedule 0,	g Other. (If line	e 11g amount exceeds 10% of line 25, column				
11 11 <td< td=""><td>(A) amount, list</td><td>line 11g expenses on Schedule O.)</td><td></td><td></td><td></td><td></td></td<>	(A) amount, list	line 11g expenses on Schedule O.)				
14 Information technology 4,746,997. 3,939,869. 766,161. 15 Royalties 0. 3,676,918. 3,606,147. 70,771. 16 Occupancy 1,471,826. 910,507. 509,274. 17 Travel 1,471,826. 910,507. 509,274. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 65,817. 65,817. 10 Conferences, conventions, and meetings 0. 3,041,529. 2,681,389. 351,321. 20 Depreciation, depletion, and amortization 3,041,529. 2,681,389. 351,321. 21 Insurance 0. 3,041,529. 2,681,389. 351,321. 23 Insurance 0. 3,041,529. 2,681,389. 351,321. 24 Other expenses. Itemize expenses on covered above (List miscellaneous expenses on Schedule O) 9,824,708. 9,824,708. 9,824,708. 2 PHARMACEUTICAL 9,824,708. 2,994,008. 2,994,008. 102,125. 1,160,727. 944,008. 195,985. 1,160,727. 944,008. 195,985. e </td <td>12 Advertising</td> <td>and promotion</td> <td></td> <td></td> <td></td> <td></td>	12 Advertising	and promotion				
15 Royalties 0 16 Occupancy 3,676,918 3,606,147 70,771. 17 Travel 1,471,826 910,507 509,274. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 0. 19 Conferences, conventions, and meetings 0. 65,817. 65,817. 20 Interest 1,268,743. 1,210,181. 57,758. 21 Payments to affiliates 0. 3,041,529. 2,681,389. 351,321. 21 Insurance 3,041,529. 2,681,389. 351,321. 22 Depreciation, depletion, and amortization 3,041,529. 2,681,389. 351,321. 23 Insurance 3,041,529. 2,681,389. 351,321. 24 Other expenses. Itemize expenses on to 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.) 9,824,708. 9,824,708. 2 94,008. 2,994,008. 2,994,008. 102,125. 1 160,727. 944,008. 195,985. e All other expenses 02	13 Office exper	nses				13,625
16 Occupancy 3,676,918. 3,606,147. 70,771. 17 Travel 1,471,826. 910,507. 509,274. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 56,817. 65,817. 19 Conferences, conventions, and meetings 1,268,743. 1,210,181. 57,758. 20 Interest 0. 0. 0. 21 Payments to affiliates 0. 0. 0. 22 Depreciation, depletion, and amortization 3,041,529. 2,681,389. 351,321. 23 Insurance 3,041,529. 2,681,389. 351,321. 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.) 9,824,708. 9,824,708. 2 9,824,708. 9,824,708. 2,994,008. 2,994,008. cMAINTENANCE AND LAB 2,994,008. 2,994,008. 102,125. 1,160,727. 944,008. 195,985. 1,160,727. 944,008. 195,985. e All other expenses 02,024,000 00,020,706	14 Information	technology	4,746,997.	3,939,869.	766,161.	40,967
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21 Payments to affiliates 0. 22 Depreciation, depletion, and amortization 3,041,529. 2,681,389. 351,321. 23 Insurance 805,243. 626,862. 175,394. 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.) 9,824,708. 9,824,708. a PHARMACEUTICAL 9,824,708. 9,824,708. 0. b MEDICAL AND LAB 2,994,008. 2,994,008. 0. c MAINTENANCE AND REPAIRS 569,508. 466,446. 102,125. d MISCELLANEOUS EXPENSES 1,160,727. 944,008. 195,985. e All other expenses 02,024,020. 00,020,705. 10,200,021.	20 Interest		1,268,743.	1,210,181.	57,758.	804
23 Insurance 805,243. 626,862. 175,394. 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.) 9,824,708. 9,824,708. aPHARMACEUTICAL 9,824,708. 9,824,708. 2,994,008. bMEDICAL AND LAB 2,994,008. 2,994,008. 102,125. cMAINTENANCE AND REPAIRS 569,508. 466,446. 102,125. dMISCELLANEOUS EXPENSES 1,160,727. 944,008. 195,985.						
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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.) 9,824,708. 9,824,708. a PHARMACEUTICAL 9,824,708. 9,824,708. b MEDICAL AND LAB 2,994,008. 2,994,008. c MAINTENANCE AND REPAIRS 569,508. 466,446. 102,125. d MISCELLANEOUS EXPENSES 1,160,727. 944,008. 195,985. e All other expenses 02,024,020 00,020,705 10,200,021	23 Insurance		805,243.	626,862.	175,394.	2,987
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b D	(A) amount,	list line 24e expenses on Schedule O.)				
cMAINTENANCE AND REPAIRS 569,508. 466,446. 102,125. dMISCELLANEOUS EXPENSES 1,160,727. 944,008. 195,985. e All other expenses 02,024,020. 00,020,705. 10,200,201.	a PHARMACE	EUTICAL	9,824,708.	9,824,708.		
dMISCELLANEOUS EXPENSES 1,160,727. 944,008. 195,985. e All other expenses	b MEDICAL	AND LAB		2,994,008.		
e All other expenses	c <u>MAINTENA</u>	ANCE AND REPAIRS	569,508.	466,446.		937
	dMISCELLA	ANEOUS EXPENSES	1,160,727.	944,008.	195,985.	20,734
25 Total functional expenses. Add lines 1 through 24e 93,934,929. 80,899,786. 12,390,221.	e All other exp	penses				
			93,934,929.	80,899,786.	12,390,221.	644,922
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if	organization from a con	n reported in column (B) joint costs mbined educational campaign and				

JSA 6E1052 1.000

MENTAL HEALTH CENTER OF DENVER

Form 990 (2016)

Page **11**

Part X				l ago l l
	Check if Schedule O contains a response or note to any line in this P	art X.		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	19,070,642.	1	15,384,891.
2	Savings and temporary cash investments	2,186,889.	2	1,850,282.
3	Pledges and grants receivable, net	2,630,448.	3	2,192,544.
4	Accounts receivable, net	4,315,169.	4	10,860,938.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0 .
7 ets	Notes and loans receivable, net	0.	7	0
Assets ∞ 4	Inventories for sale or use	600,132.	8	605,906.
9	Prepaid expenses and deferred charges	1,192,186.	9	1,266,172.
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 68,027,438.			
k	Less: accumulated depreciation 10b 25,013,374.	43,241,418.	10c	43,014,064.
11	Investments - publicly traded securities	9,885,163.	11	11,877,560.
12	Investments - other securities. See Part IV, line 11	0.	12	0 .
13	Investments - program-related. See Part IV, line 11	2,590,805.	13	2,387,764.
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	3,211,162.	15	2,573,578.
16	Total assets. Add lines 1 through 15 (must equal line 34)	88,924,014.	16	92,013,699.
17	Accounts payable and accrued expenses	9,969,119.	17	11,136,653.
18	Grants payable	0.	18	0
19	Deferred revenue	578,475.	19	1,436,486.
20	Tax-exempt bond liabilities	22,749,189.	20	22,393,532.
21	Escrow or custodial account liability. Complete Part IV of Schedule D	794,958.	21	829,483
<u></u> କ୍ଷ 22	Loans and other payables to current and former officers, directors,			
iliti	trustees, key employees, highest compensated employees, and	-		
Liabilities	disqualified persons. Complete Part II of Schedule L		22	0
23	Secured mortgages and notes payable to unrelated third parties	703,427.	23	703,450
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			0
	of Schedule D	2,720,990. 37,516,158.	25	0 36,499,604.
26	Total liabilities. Add lines 17 through 25 Organizations that follow SEAS 117 (ASC 958) check here ► X and	37,510,150.	26	30,499,004.
Fund Balances 55 65 65 79	complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> 27	Unrestricted net assets	50,774,044.	27	53,392,492.
82 8	Temporarily restricted net assets	633,812.	28	2,121,603.
P 29	Permanently restricted net assets	0.	29	0
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
s 30	Capital stock or trust principal, or current funds		30	
A Ssets 31 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33 Net	Total net assets or fund balances	51,407,856.	33	55,514,095.
34	Total liabilities and net assets/fund balances	88,924,014.	34	92,013,699.
				Form 990 (2016

MENTAL HEALTH CENTER OF DENVI

Form 99	90 (2016)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,5	29,8	69.	
2	Total expenses (must equal Part IX, column (A), line 25)	2 93,934,92				
3	Revenue less expenses. Subtract line 2 from line 1	3	3,594,940.			
4						
5	Net unrealized gains (losses) on investments	5		86,5		
6	Donated services and use of facilities	6	2	24,7	22.	
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					
	<u>33,</u> column (B))	10	55,5	14,0	95.	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<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 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 audi	ted on 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	oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			Х		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	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					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	Х		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service OMB No. 1545-0047

Inspection

e of tl	he organization					Employer identi	fication number		
ITAI	L HEALTH CENTER OF I	DENVER				74-24999	946		
rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	rt.) See instruction	S.		
orga						,			
	·					()()()()			
			-						
	-		conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)(iii). Enter the		
	•		a college or universit	y owned	a or ope	rated by a governm	ental unit described in		
		• • •	romantal unit dagariba	d in cost	ion 170/	L)(4)(A)())			
v	· · · · · ·	•			•		rom the general public		
21		-		ppon in	Jili a yo		ioni ne general public		
				Part II)					
\square	-				operated	in conjunction with a	a land-grant college		
					-	-			
		grant concigo or ag					i lie concige ci		
	receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to on nrelated business taxi 1975. See section 509	certain e able inco (a)(2). (C	xceptions ome (less Complete	s, and (2) no more tha s section 511 tax) fron Part III.)	an 331/3 %of its		
	•	•	•	•					
			•				• • • •		
		-					-		
	the supported organizatio	n(s) the power to	regularly appoint or e	lect a ma					
		•					ing(a) has been in a		
	-		-	the sam	e person		hage the supported		
Γ	\neg $$	•	•	ited in co	onnection	n with and functiona	ally integrated with		
							ing integrated titin,		
							rted organization(s)		
	Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	nat it is a Type I, Type	II, Type III		
					organizati	ion.			
(i) N	ame of supported organization	(ii) EIN	(described on lines 1-10	listed in you	ur governing	support (see	(vi) Amount of other support (see		
above (see instructions)) accument? instructions) instructions)							instructions)		
al									
	NTA: rt I orga orga I I I I I I I I I I I I I	Reason for Public Cha organization is not a private four A church, convention of chu A school described in section A hospital or a cooperative A medical research organiz hospital's name, city, and st An organization operated f section 170(b)(1)(A)(iv). (C A federal, state, or local go X an organization that norma described in section 170(b) A community trust describe An agricultural research orgo or university or a non-land-guniversity: An organization that norma receipts from activities relasing support from gross investma acquired by the organization An organization organized a Support from gross investma acquired by the organization Type I. A supporting organized a of one or more publicly sup Check the box in lines 12a t Type II. A supporting organization Type III functionally integration Supported organization Type III non-functional	VIAL HEALTH CENTER OF DENVER 1 Reason for Public Charity Status (All construction of a private foundation because it A church, convention of churches, or associate A school described in section 170(b)(1)(A)(ii) A hospital or a cooperative hospital service of A medical research organization operated in the benefit of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or gover X an organization that normally receives a sub described in section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or gover X an organization that normally receives a sub described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b) An organization that normally receives: (1) m. receipts from activities related to its exempt f support from gross investment income and u acquired by the organization after June 30, 11 An organization organized and operated exclused for one or more publicly supported organization operated the supporting organization operated exclused for one or more publicly supported organization chere to use supporting organization. You must complete Type I. A supporting organization supervises control or management of the supporting organization supervise (1) must complete Part IV. Type II non-functionally integrated. A supporting its supported organization advected organization supervise (1) functionally integrated, or Type III non-f	TAL HEALTH CENTER OF DENVER 11 Reason for Public Charity Status (All organizations must control or ganization is not a private foundation because it is: (For lines 1 throug A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E A hospital or a cooperative hospital service organization described in a medical research organization operated in conjunction with a hospital's name, city, and state: An organization operated for the benefit of a college or universit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Section 509) An organization that normally receives: (1) more than 331/3 % of its receipts from activities related to its exempt functions - subject to caucy agnization after June 30, 1975. See section 509) An organization organized and operated exclusively to the benefit of one or more publicly supported organizations described in section Check the box in lines 12a through 12d that describes the type of state supporting organization. You must complete Part IV, Sections A Type I. A supporting organization supervised or control the supporting organization (5) (see instructions). You must complete Part IV, Sections A and C. Type II A supporting organization supervised are outproved organization operately integrated. A supporting organization operately with entermination	Image: Status And Status (All organizations must complete organization is not a private foundation because it is: (For lines 1 through 12, the A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association of churches described in section 4 A church, convention of churches, or association organization organization operated for the benefit of a college or university owner section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization that normally receives: (1) more than 331/3% of its support from diversity: An organization that normally receives: (1) more than 331/3% of its support free grapits from activities related to its exempt functions - subject to certain e support from gross investment income and unrelated business taxable income acquired by the organization after June 30, 1975. See section 509(a)(2), (Churche) the benefit of, to prof one or more publicly supported organization sust complete Part IV, Sections A and E. Type II. A supporting organization supervised or controlled in connection control or management of the supporting organization operated. A supporting organization free end to supporting organization (5) (see instructions). You must complete Part IV, Sections A and E. Type II. A supporting organization received a written determiniation from the functionally integrated. A supportin	ITAL INALTH CENTER OF DENVER IT Reason for Public Charity Status (All organizations must complete this pa organization is not a private foundation because it is: (For lines 1 through 12, check only a church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990) A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990) A norganization accomparitive hospital service organization described in section 170(b) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ix) operated for the benefit of a section 170(b)(1)(A)(ix) operated or university or a non-land-grant college of agriculture (see instructions). Enter the r university or a non-land-grant college of agriculture (see instructions). Enter the r university: An organization that normally receives: (1) more than 33/3 % of its support from consequired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II). An organization organized and operated exclusively to the benefit of, to perform th of one or more publicly supported organization section 509(a)(2). (Complete Part IV. Sections 5 and B. Type II. A supporting organization supervised or controlled in connection with its control or management of the supporting organization operated. A supervised, or controlled by its support for organization. You must complete Part IV. Sections A and C. Type III non-functionally integrated. A supporting organization operated in connection with	TAL IFALTH CENTER OF DENVER 74-24995 Reason for Public Charity Status (All organizations must complete this part.) See instruction organization is not a private fundation because it is: (For lines 1 through 12, check only one box) A chould described in section 170(b)(1)(A)(ii), (Altack Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii), A norganization operated for the benefit of a college or university owned or operated by a governm section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A n arganization that normally receives a substantial part of its support from a governmental unit of f described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A corganization organization addition transaction of ascribed in section 170(b)(1)(A)(X), organization transaction and carbod in section 170(b)(1)(A)(X), one organization organization addition and unrelated business taxabile income (less section 591(a)) An organization organization addition addition 170(b)(1)(A)(X) operated in conjunction with a support form gross investment income and unrelated business taxabile income (less section 591(a)) An organization organization addition busines taxabile income (less section 591(a)) An organization organization additively to test for public safety. See section 599(a)(2). Check the box in lines 12 through 12 that describes the type of supporting organization (s) the supported organization operated, supervised or controlled in connection with its supported organization () Type I. A supporting organization operated, supervised or soutrolled by its supported organization(s), the organization operated, supervised in controlled in connection with its support bits supported or		

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Schedule A (Form 990 or 990-EZ) 2016

74-2499946

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

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,034,286.	7,814,819.	7,096,220.	3,792,545.	2,976,779.	28,714,649.				
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	7,034,286.	7,814,819.	7,096,220.	3,792,545.	2,976,779.	28,714,649.				
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										
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						3,058,439.				
	tion B. Total Support						25,656,210.				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	7,034,286.	7,814,819.	7,096,220.	3,792,545.	2,976,779.	28,714,649.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,056.	45,782.	106,575.	224,809.	327,612.	769,834.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.				
11	Total support. Add lines 7 through 10						29,484,483.				
12	Gross receipts from related activities, etc. (s	see instructions)				12	390,301,947.				
13	First five years. If the Form 990 is for organization, check this box and stop here										
Sec	tion C. Computation of Public Sup										
14	Public support percentage for 2016 (li					14	87.02%				
15	Public support percentage from 2015					15	86.66%				
16a	331/3% support test - 2016. If the o	-									
	this box and stop here. The organization			-							
b	331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,										
	check this box and stop here. The orga										
17a	10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is										
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in										
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
h											
a	10%-facts-and-circumstances test - 2										
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
					-	-					
18	supported organization Private foundation. If the organization										
10											
	instructions						<u> </u>				

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2)

Part III (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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	received from disgualified 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						
-	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 6.	(4) 2012	(,	(0) 2011	(4) 2010	(0) 2010	(1) 1 0101
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
b	, , , , , , , , , , , , , , , , , , ,						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is f	0					
	organization, check this box and stop here						
	tion C. Computation of Public Sup		<u> </u>				
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li					17	%
18	Investment income percentage from 2015					18	%
19 a	331/3% support tests - 2016. If the or	ganization did n	ot check the bo	x on line 14, and	d line 15 is mor	e than 331/3	3%, and line
	17 is not more than 331/3%, check th	is box and sto	b here. The org	anization qualifie	s as a publicly	supported o	rganization 🕨 📃
b	331/3% support tests - 2015. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than	331/3 %, and
	line 18 is not more than 331/3%, check	this box and s	t op here. The or	ganization qualifi	es as a publicly	supported o	rganization 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JSA 6E122	21 1.000					Schedule A (F	orm 990 or 990-EZ) 2016
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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

	e A (Form 990 or 990-EZ) 2016		F	Page 5
Part I	V Supporting Organizations (continued)		Vaa	Na
			Yes	No
	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		
	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 Part VI.	11c		
Sectio	on B. Type I Supporting Organizations		V	
			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sectio	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	tructi	ons).	
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		inotru	otional	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nistru	Yes	
2	Activities Test. Answer (a) and (b) below.		163	INU
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? <i>If "Yes," then in Part VI identify</i>			
	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		
-	-			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these</i>			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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 Part VI the role played by the organization in this regard.	3b	000 ==	7) 2042
JSA	Schedule A (Form	390 OL	330-E2	_) 2010

Schedule A (Form 990 or 990-EZ) 2016			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI), See
instructions. All other Type III non-functionally integrated supporting organized			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (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 (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 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-functionally integrated Type III supporting organization (see instructions).

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		e di l'ent i e di
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	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.	5		
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

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

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

16

20

Attach to	Form 990, Form 990-	EZ, or Form 990-PF.	
Information about Schedule B (F	orm 990, 990-EZ, or 990-PF) and its instructions is at	www.irs.gov/form990.

Name of the organization

MENTAL HEALTH CENTER OF DENVER

Employer identification number

74-2499946

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust 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

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1 </u>		\$512,072.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$585,547.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$77,656.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization MENTAL HEALTH CENTER OF DENVER

Employer identification number 74-2499946

	(-)	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(¢	
	φ	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
	(-)	
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
	Description of noncash property given (b)	Description of noncash property given FMV (or estimate) (See instructions) (b) \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1254 1.000

Schedule B (Form 990, 990-EZ, or 99	0-PF) (2016)					Page 4
Name of organization MENTAL	HEALTH	CENTER	OF	DENVER	E	Employer identification number
						74-2499946

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Trans	fer of gift						
	Transferee's name, address, ar			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					
	T	(e) Trans							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No.				1					
(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, ar	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, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
	1		1	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)					

(Form 990 or 990-E2		Organizations Exempt From Incom	o Tax Undor soctio	\sim 501(c) and soction 52	∞ 2016
Department of the Treasury Internal Revenue Service	∕ ► Informa	lete if the organization is described be tion about Schedule C (Form 990 or 9	990-EZ) and its instruc		^{n990.} Inspection
-		on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activit	ies), then
()()	0	Complete Parts I-A and B. Do not complete		No not complete Dort I D	
		on 501(c)(3)) organizations: Complete I	Parts I-A and C below. L	Jo not complete Part I-B.	
 Section 527 organ If the organization and 		plete Part I-A only. on Form 990, Part IV, line 4, or Form	000-E7 Part VI line /	7 (Lobbying Activities) then	
•		that have filed Form 5768 (election un			
	0	that have NOT filed Form 5768 (election			•
If the organization ans Tax) (see separate inst	swered "Yes," ructions), the	on Form 990, Part IV, line 5 (Proxy n	()	, ,	•
	, (5), or (6) org	anizations: Complete Part III.			
Name of organization				Employer ider	tification number
MENTAL HEALTH				74-2499	
Part I-A Comp	lete if the o	organization is exempt under	section 501(c) or	is a section 527 organ	ization.
1 Provide a desc	ription of the	organization's direct and indirect p	olitical campaign ad	ctivities in Part IV. (see in	nstructions for definition
of "political car	npaign activi	ties")			
2 Political campa	ign activity e	xpenditures (see instructions)		▶\$	
3 Volunteer hours	s for political	campaign activities (see instruction	ns)		
Part I-B Comp	lete if the o	organization is exempt under s	section 501(c)(3).		
1 Enter the amou	int of any ex	cise tax incurred by the organizatio	n under section 495	5▶\$	
2 Enter the amou	int of any ex	cise tax incurred by organization m	anagers under secti	on 4955 🚬 🕨 \$	
		a section 4955 tax, did it file Form			
b If "Yes," describ					
		organization is exempt under	section 501(c), ex	cept section 501(c)(3)).
		expended by the filing organization			
		ng organization's funds contributed			
527 exempt fur	nction activit	es		▶\$	
		enditures. Add lines 1 and 2. En			
4 Did the filing or	aanization fil	e Form 1120-POL for this year?		·····	Yes No
5 Enter the name organization ma the amount of	es, addresses ade paymen political con	and employer identification numb ts. For each organization listed, en tributions received that were prom nd or a political action committee (er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organiza I from the filing organizative livered to a separate po	itions to which the filing ation's funds. Also enter litical 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 none, enter -0
(1)			-		
(2)			-		
(3)			-		
(4)					
(5)					
(6)			-		
For Paperwork Reduct	tion Act Notic	e, see the Instructions for Form 990 o	r 990-EZ.	Schedule	C (Form 990 or 990-EZ) 2016

Political Campaign and Lobbying Activities

JSA 6E1264 1.000

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

Sch	iedule C (Form 990 or 990-EZ) 2016 MENTAL	HEALTH CENTER OF DENVER	/4-2	499946 Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	ction under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expense		oup member's
В	Check ► if the filing organization	checked box A and "limited control" provis	ions apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1	a and 1b)		
c	d Other exempt purpose expenditures			
e	e Total exempt purpose expenditures (ad	d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		5% of line 1f)		
		ess, enter -0-		
i		ss, enter -0-		
j		on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

	MENTAL HEALTH CENTER OF DENVER		74-2	2499946
Sche	dule C (Form 990 or 990-EZ) 2016			Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Form	5768
For		(8	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
а	referendum, through the use of: Volunteers?		Х	
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	<u> </u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	x	50,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?			50,000
j	Total. Add lines 1c through 1i		x	50,000
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		-	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2016

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.

SCHEE	DULE	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.

20 16 Open to Public

OMB No. 1545-0047

	artment of the Treasury	Information about Calendul	Attach to Form 990.		a.o/form0000	Open to Public
	nal Revenue Service e of the organization	Information about Schedul	e D (Form 990) and its instructions	s is at www.irs.	Employer identification	Inspection
	-	ENTER OF DENVER			74-249994	
		tions Maintaining Donor Adv	sod Eunds or Othor Similar	r Eunds or A		10
ГС		e if the organization answered			counts.	
	Complete		(a) Donor advised funds		(b) Funds and	other accounts
1	Total number at o	nd of year		·	(4) - 41140 4114	
2		nd of year of contributions to (during year)				
23		of grants from (during year)				
3 4		at end of year				
5		ion inform all donors and donor	advisors in writing that the a	esets held in	donor advised	
5	-	anization's property, subject to the	-			Yes No
6	-	ion inform all grantees, donors, a				
Ŭ	-	e purposes and not for the bene	-	-		
	-	nissible private benefit?		-		Yes No
Pa		ition Easements.				
		e if the organization answered	"Yes" on Form 990, Part IV,	, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all that appl	ly).		
	Preservatio	n of land for public use (e.g., rec	reation or education)	reservation of	a historically imp	portant land area
	Protection of	of natural habitat	Pr	reservation of	a certified histor	ic structure
	Preservatio	n of open space				
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conservation cor	ntribution in th		
		last day of the tax year.			Held at the	End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
С		rvation easements on a certified			20	
d		rvation easements included in (c	•			
		isted in the National Register			2d	
3		rvation easements modified, trar	sferred, released, extinguished	d, or terminat	ed by the organ	ization during the
	tax year 🕨					
4		where property subject to conse				
5	-	ation have a written policy reg			-	
•		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and ei	enforcing conse	rvation easements	during the year
7			ing handling of violations and	anforcing con	wation	anto during the year
7	Amount of expens ▶s	ses incurred in monitoring, inspec	ing, nanoling of violations, and e	enforcing con	servationeasem	ents during the year
8	Γ Ψ	vation easement reported on line 2	(d) above satisfy the requirement	onts of soction	170(b)(4)(B)(i)	
0)(4)(B)(ii)?				
9	In Part XIII descri	ibe how the organization reports	conservation easements in its i	revenue and e	xnense statemer	
Ū		d include, if applicable, the text of			•	
		counting for conservation easeme				
Pa	art III Organiza	tions Maintaining Collections	of Art, Historical Treasures	s, or Other S	Similar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV,	, line 8.		
1a	If the organization	n elected, as permitted under SF torical treasures, or other simila	AS 116 (ASC 958), not to re	port in its rev	venue statement	and balance sheet
	works of art, hist	torical treasures, or other simila ovide, in Part XIII, the text of the fo	ur assets held for public exhi-	ibition, educa	tion, or researc	h in furtherance of
b		n elected, as permitted under \$				
Ň		torical treasures, or other simila				
	public service, pro	vide the following amounts relati	ng to these items:			
		ded in Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
2	If the organizatio	n received or held works of a	t, historical treasures, or othe	er similar as	sets for financia	I gain, provide the
		s required to be reported under S				
а		in Form 990, Part VIII, line 1				
b		Form 990, Part X.			<u></u> ►\$	
ror	raperwork Reduction	n Act Notice, see the Instructions for	F01M 990.		Sche	edule D (Form 990) 2016

1 **7** T UFALTU CENTED

Osha		TAL HEALTH CEN	NIER OF	DENVER				/4-24	99946		2
	dule D (Form 990) 2016 t III Organizations Maintainin	a Collections of	Art List	orical T	roacur	00 0	r Othor	Similar Acc	ate (co		Page 2
Par 3	Using the organization's acquisitio	-									,
3	collection items (check all that appl						ronowing	that are a sig	mincant	use (01 115
а	Public exhibition	y).	d		r evcha	ando r	programs				
b	Scholarly research		e	Other		inge p	logianis				
c	Preservation for future gener	ations									
4	Provide a description of the organ		and evola	in how t	hev fur	thor t	he organiz	zation's evenu	ot nurno	se in	Part
-	XIII.				noy run		no organiz		or purpo	00 111	i un
5	During the year, did the organizatio	n solicit or receive d	onations of	fart histo	orical tre	easure	es or othe	r similar			
•	assets to be sold to raise funds rath								Yes		No
Par	t IV Escrow and Custodial Ar				gamze						
	Complete if the organizati 990, Part X, line 21.	ion answered "Yes							nt on Fo	orm	
1a	Is the organization an agent, truste	e, custodian or othe	r intermed	iary for co	ontribut	ions o	or other ass	ets not			
	included on Form 990, Part X?								Yes	; X	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the foll	lowing tab	le:						
								Amount			
С	Beginning balance				[1c					
d	Additions during the year				[1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am							•	X Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has bee	en pro	vided on P	art XIII			
Par							_				
	Complete if the organizati										
	_	(a) Current year	(b) Prior	-	(c) Two			Three years back	(e) Fou		
1a	Beginning of year balance	262,451.	273	3,558.	2	269,	225.	237,579.		224	,608.
b	Contributions										
С	Net investment earnings, gains,					_					
	and losses	38,125.	- 8	3,470.		7,	030.	34,152.		15	,262
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	0 = 40									
f	Administrative expenses	2,748.		2,637.			697.	2,506.			,291
g	End of year balance	297,828.	262	2,451.	2	273,	558.	269,225.		237	,579.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column	(a)) h	eld as:				
а	Board designated or quasi-endowm	ent 100.0000	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in t	the possession of th	e organiza	tion that a	are helo	d and	administer	ed for the		Yes	No
	organization by:								2-(1)		NO
	(i) unrelated organizations								3a(i)	X	X
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the relate	•				? .	• • • • • •		3b		
4	Describe in Part XIII the intended u t VI Land, Buildings, and Equi		tion's endou	wment fun	ids.						
Par	t VI Land, Buildings, and Equi Complete if the organizat	tion answered "Yes	s" on Forn	n 990, P	art IV, I	line 1	1a. See F	Form 990, Pa	rt X, lin	e 10.	
	Description of property	(a) Cost or	other basis	(b) Cost o	r other ba		(c) Accumul	ated	(d) Book v		
1a	Land	(invest	ment)		ther) 80,35	6	depreciatio	on	5 2	80 '	356.
b	Land Buildings				61,14	_	16,251,	343	32,1		
c D	Buildings Leasehold improvements				39,88		506,				937.
d					90,54		7,860,				558.
e e	Equipment Other				55,50		340,				409.
	Other I. Add lines 1a through 1e. (Column	(d) must equal Form	1000 Part						43,0		
TULA		(a) musi equal FUII	rəəo, rail.	n, coluitil	י <i>ווו , (</i> ם) י		·/••••				

Schedule D (Form 990) 2016

	MENTAL HEALTH	CENTER OF DENVE	ER 74-2499946	
Schedule D (Form 990) 2016			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line	e 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) Financ	ial derivatives			
	/-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
()	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII				
	Complete if the organization answered		, 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)				
Part IX	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Fartix	Other Assets.	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	<u>15</u>
		scription	(b) Book	
(1)	(4) 200			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col	lumn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part	: X,
l.	(a) Description of liability	(b) Book valu	e	
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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MENTAL HEALTH CENTER OF DENVER	MENTAL	HEALTH	CENTER	OF	DENVER
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Schedu	le D (Form 990) 2016		Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	98,719,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,189,467.
3	Subtract line 2e from line 1	3	97,529,869.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	97,529,869.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		04 (12 007
1	Total expenses and losses per audited financial statements	1	94,613,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses 2c Other (Deceribe in Part XIII.) 2d	-	
d			678,168.
е	Add lines 2a through 2d	2e	93,934,929.
3	Subtract line 2e from line 1	3	93,934,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	93,934,929.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<i>JJ</i> , <i>JJ</i> , <i>JJ</i> , <i>JLJ</i> .
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V li	ne 4: Part X line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	не т , ган Л, шие

SEE PAGE 5

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Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

ESCROW AND CUSTODIAL ARRANGEMENTS: MHCD MAINTAINS BANK ACCOUNTS ON BEHALF OF ITS CONSUMERS WHO RECEIVE DISABILITY BENEFITS.

MENTAL HEALTH CENTER OF DENVER

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 2D AMOUNTS INCLUDED IN AUDIT REVENUE BUT NOT ON THE TAX RETURN: FUNDRAISING EVENT EXPENSE 67,348

SCHEDULE D, PART XII, LINE 2D AMOUNTS INCLUDED IN AUDIT EXPENSE BUT NOT ON THE TAX RETURN:

FUNDRAISING EVENT EXPENSE 67,348

	Supplemen	tal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	he organization answe organization entered	ered "Yes" on more than \$7	Form 990, F 15,000 on Fo	Part IV, lines 17, 18, or rm 990-EZ, line 6a.	19, or if the	2016
Department of the Treasury Internal Revenue Service	Information ab	Attach out Schedule G (Form	to Form 990 990 or 990-E			rs.gov/form990.	Open to Public Inspection
Name of the organization						Employer identificati	•
MENTAL HEALTH CE						74-2499946	
	ng Activities. Com				"Yes" on Form	990, Part IV, line	17.
	-EZ filers are not the organization rais	·			activition Chack	all that apply	
a X Mail solicitat		e e lands through			non-government g		
	email solicitations	f			government grants		
c Phone solicit	ations	g			ising events		
d X In-person so	licitations						
b If "Yes," list the 1	s listed in Form 990	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
compensated at h		organization.					
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have r control of outions?	(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 ATTACHMENT 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						52,000	
registration or lice	which the organization of	tion is registered (or licensed	I TO SOLICIT	CONTRIBUTIONS OF	has been notified	i it is exempt from
<u> </u>							
For Paperwork Reduction Ac	t Notice, see the Instruc	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016

Part II

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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		g. eee . eee.pte g. eater than ¢e,e				
			(a) Event #1 GOH BREAKFAST	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	138,954.			138,954.
R	2	Less: Contributions Gross income (line 1 minus	138,954.			138,954.
	Ŭ	line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	18,094.			18,094.
Direct Expenses	7	Food and beverages	23,648.			23,648.
Dire	8	Entertainment	17,514.			17,514.
	9	Other direct expenses	9,092.			9,092.
	10	Direct expense summary. Add lines 4	through 9 in column (d)		►	68,348.
	11	Net income summary. Subtract line 1	0 from line 3, column (d)			-68,348.
Ра	rt I	II Gaming. Complete if the orga	anization answered "Ye	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
		than \$15,000 on Form 990-E	:∠, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colu	umn (d)		
9		nter the state(s) in which the organizat				
a b		the organization licensed to conduct g "No," explain:				Yes No
	_	, ovprann				
		/ere any of the organization's gaming "Yes," explain:			ng the tax year?	Yes No
~	_	, ovprann				

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MENTAL	HEALTH	CENTER	OF	DENVER

Sched	ule G (Form 990 or 990-EZ) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	•	
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		%
b			%
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?		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	Mandatany distributions:		
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds	to	
а			
k	retain the state gaming license?		No
a	Enter the amount of distributions required under state law to be distributed to other exempt organization or spent in the organization's own exempt activities during the tax year b	115	
Par	or spent in the organization's own exempt activities during the tax year s s t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) ar	d (v) and	
Far	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf		
	(see instructions).	onnauon	

Schedule G (Form 990 or 990-EZ) 2016

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ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RDM COMMUNICATIONS 36601 S YOSEMITE STREET, STE 600 DENVER	CONSULTING	×		52,000.	-52,000.
CO 80227					

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SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and High	lest	୬ଲ	16	
			npensated Employees า answered "Yes" on Form 990, Part IV, I	ine 23.	ZU		
	nent of the Treasury		ttach to Form 990.		Open to		
	Revenue Service of the organization	Information about Schedule J (Fo	m 990) and its instructions is at www.irs.	gov/form990. Employer identification		ectio	n
	0	CENTER OF DENVER		74-249994		1	
Part		is Regarding Compensation		74-249994	0		
Fait	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	vided any of the following to or for a	person listed on Forn	า 🗌		
		Section A, line 1a. Complete Part III to					
	First-cla	ss or charter travel	Housing allowance or residence	e for personal use			
	Travel fo	or companions	Payments for business use of p				
	Tax inde	emnification and gross-up payments	Health or social club dues or in	itiation fees			
	Discretio	onary spending account	Personal services (such as, ma	d, chauffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	penses described above? If "No,"	complete Part III to	t		
	explain				1b		
2	•	anization require substantiation prior	• •				
		stees, and officers, including the CEC		tems checked on line			
_					2		
3	organization's	 h, if any, of the following the filing organs CEO/Executive Director. Check all that ization to establish compensation of the 	at apply. Do not check any boxes for m	nethods used by a			
		nsation committee	Written employment contract				
	· ·	dent compensation consultant	X Compensation survey or study				
	·	00 of other organizations	X Approval by the board or comp	ensation committee			
4	During the ye	ar, did any person listed on Form 990, or a related organization:					
а	•	verance payment or change-of-control p	ayment?		4a		X
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		X
С	Participate in	, or receive payment from, an equity-ba	sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	ovide the applicable amounts for ea	ich item in Part III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) of					
5	•	isted on Form 990, Part VII, Section A,	line 1a, did the organization pay or ac	crue any			
_		n contingent on the revenues of:			5.0		X
a h		ion?			5a		X
b		rganization? e 5a or 5b, describe in Part III.			5b		
6		isted on Form 990, Part VII, Section A	line 1a, did the organization pay or ac	crue any			
5	-	n contingent on the net earnings of:	inte ta, dia tro organization pay of ac				
а	-	ion?			6a		X
b		rganization?			6b		X
	•	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization	provide any nonfixed	ł		
	payments not	described on lines 5 and 6? If "Yes," d	escribe in Part III.				X
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contra	ct that was subject			
		I contract exception described in			•		
					8		X
9		line 8, did the organization also foll					
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2016

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Page 2

Schedule J (Form 990) 2016

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

Denefits (B)(i)-(D) 2 8,748 707,519 2 8,748 707,519 2 8,748 707,519 2 8,748 707,519 2 0. 226,103 3 15,660 430,092 4 15,660 430,092 4 15,660 275,677 5 15,660 277,200 6 277,288 275,677 5 18,804 358,083 6 27,288 198,215 6 27,288 198,215 7 373,815 333,059 6 27,288 333,059 6 27,288 333,059 7 8,748 333,059 8 748 333,059 8 8,748 311,360 9 8,748 311,360 9 8,748 311,360 9 6 6,561 9 6,561 280,704			(B) Breakdown of W-2 and/	of W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Obst. CLARK 0 520, 942 166, 441. 2,213. 9,275. 8,748. 707,519 Restreme AN CASON 0 10 10. 0. 0.0 0.0 226,103 CORRASY M. CASON 0 183,110. 36,048. 1,933. 6,043. 0.0 226,103 CHRRY J. A. CLARK 0 30,0502. 101,161. 0.0 0.0 226,103 CHRAST M. CASON 0 30,052. 101,161. 0.0 0.0 226,103 CHRAST M. CASON 0 13,152. 0.155.4 0.0 0.0 226,577 CHRAST M. PRADO 0 171,558. 70,161. 667. 6,033. 27,288. 275,577 P and Control M. PRANO 0 193,132. 61,354. 680. 6,374. 15,660. 230,092 CODY T. STAN 0 10,334.65 61,354. 690.3 27,288 27,500 CODY P. PLAND 0 10,334.65 61,354.67 69,35 27,500 27,500	(A) Name and Title		(i) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Instruct ACC Instruct ACCC Instruct ACC Instruct ACCC Instruct ACC Instruct ACCC Inst	CARL CLARK	Ξ		66,	21	-	-	,519	
CORRENT 0 182,120 36,048 1,297 6,042 0 226,103 PAR OF DEFINIT 0 302,692 10 1,297 9,275 15,660 430,092 PERKLA 0 302,692 101,161 1,297 9,275 15,660 430,092 PERKLA 0 171,528 70,161 6,033 27,288 27,587 PERTINOCK 0 193,132 61,354 660 6,334 15,660 430,092 CUDA 0 193,132 61,354 611 9,275 18,804 305,677 ODENTRAND 0 199,312 61,354 611 9,275 18,804 375,677 ODENTRAND 0 119,309 61,354 53,716 611 9,275 18,804 358,093 ODENTRAND 0 119,309 7405 11,297 9,275 18,804 358,013 ODENTRAND 0 119,309 7405 11,297 9,275 18,904 373	PRESIDENT AND CEO	(ii)		.0	0.				
restruction 01 0.0	FORREST M. CASON	Ξ		36,	, 89	-	.0	L,	
Older Deline Cherker, A. CLARK, P. & CLARK, P. & CLARK, M. M. CAMER, M. M	2^{VP} and cfo through 8/2016	(.0	.0				
The feature meator, orected (n) (n)<	CHERYL A. CLARK	Ξ		101,16	, 29	-	2	60	
RHISTI MOCK () 171,528. 70,161. 667. 6,033. 27,288. 275,677 R MB CAD () 171,528. 70,161. 667. 6,033. 27,288. 275,670. R MB CAD () 193,125. 61.34. 6.03 6.374. 15,660. 277,200 P READO () 193,125. 61.1 9,275. 18,804. 358,083 ODDY T. RYAM () 119,309. 47,405. 611. 9,275. 18,804. 358,083 ODD R PERTON () 119,309. 47,405. 611. 9,275. 18,804. 358,083 ODD READER () 119,309. 47,405. 0.1 0.2 27,288. 198,215 P ORDIN RENTOR () 119,309. 47,405. 0.2	3 VP & CHIEF MEDICAL OFFICER	(ii)		.0	0.				
reade coord (m) (m) <t< td=""><td>KRISTI MOCK</td><th>Ξ</th><td>171,</td><td>70,16</td><td>667.</td><td>,03</td><td>7,28</td><td>5,67</td><td></td></t<>	KRISTI MOCK	Ξ	171,	70,16	667.	,03	7,28	5,67	
Lyperia 0 193,132 61,334. 680 6,374. 15,660 277,200 ro oculla morphility 0 275,687 53,706 0 9,275 18,804. 358,083 ro oculla morphility 0 275,687 53,706 0 9,275 18,804. 358,083 out serverses 0 275,687 53,706 77,200 0 9,275 19,333 198,215 OUT Serverses 0 119,309 47,405 180 6,033 27,288 198,215 OUT Serverses 0 303,449 59,794 1,033 0 202,989 OUT Serverses 0 154,898 42,4488 188 5,415 0 27,288 133,405 MENDER DEXPRON 0 154,465 188 5,415 8,748 332,465 MENDER DESPERTING 0 269,400 27,288 332,465 332,465 MENDER DESPERTING 0 269,400 27,288 332,465 332,465	4 VP AND COO	(ii)		.0	.0				
The Parture (n) (n) <th< td=""><td>LYDIA M. PRADO</td><th>Ξ</th><td>193,1</td><td>61,35</td><td>680.</td><td>, 37</td><td>2</td><td>7,200</td><td></td></th<>	LYDIA M. PRADO	Ξ	193,1	61,35	680.	, 37	2	7,200	
JODY T. RYAN 0 275,687 53,706 611. 9,275. 18,804. 358,083 DUT SKEN MEDICIE 0 119,309. 47,405. 18,804. 358,083 DE ALTANIX 0 119,309. 47,405. 18,041. 358,083 PE ALTANIX 0 119,309. 47,405. 190. 4,033 198. 197,218. PE ALTANIX 0 303,449. 59,794. 1,297. 9,275. 0. 373,815 PE ALTA SELENTIN 0 154,898. 42,488. 1,297. 9,275. 0. 27,288. 198,215 MELLASE FLEMING ITI 0 154,896. 45,309. 237.465 9,275. 8,748. 333,059 MELLASE FLEMING ITI 0 269,490. 45,309. 237.58 333,059 333,059 MELLASE FLEMING ITI 0 269,490. 45,309. 9,275. 8,748. 333,059 MERENDER 0 269,490. 24,565. 9,275. 8,748. 333,059 <t< td=""><td>5VP OF CHILD AND FAMILY</td><th>(</th><td></td><td>.0</td><td>.0</td><td></td><td></td><td></td><td></td></t<>	5 VP OF CHILD AND FAMILY	(.0	.0				
DURL STORM DIRECTOR (p) (1)	JODY T. RYAN	Ξ		53,70	611.	, 27	, w	58,08	
JOHN FLYNN (0) 119,309 47,405 180 4,033 27,288 198,215 <i>P</i> OF ADDT SERVICES (0) 00 00 00 00 00 $373,815$ <i>P</i> VEDETE BUXTON (0) $303,449$ $59,794$ $1,297$ $9,275$ 0 $373,815$ <i>P</i> VEDETE BUXTON (0) $303,449$ $59,794$ $1,297$ $9,275$ 0 0 $373,815$ <i>P</i> VEDETE BUXTON (0) $154,890$ $42,489$ $12,927$ $9,275$ $9,275$ 0 0 $202,989$ <i>P</i> ADD CO (0) $269,490$ $45,309$ $237,465$ $333,465$ $333,465$ <i>P</i> ADD CO (0) $241,219$ $54,595$ 977 $8,386$ $27,288$ $332,465$ <i>P</i> ADD MENNINGER (0) $241,219$ $29,165$ $332,465$ $332,465$ <i>P</i> ADDEN (0) $271,210$ $27,212$ $8,748$ $332,465$ <i>P</i> ADDEN MENNINGER (0) $271,312$	6 ADULT SVCS MEDICAL DIRECTOR	1		.0	.0				
P. OF ADULT SERVICES (n) 0.0 0.0 0.0 0.0 373,815 YUETTE BUXTON (n) 303,449 59,794 1,297 9,275 0 373,815 MELLAS PLANTON (n) 303,449 59,794 1,297 9,275 0 373,815 MELLAS PLANTON (n) 154,898 42,488 188 5,415 0 202,989 PAD CIO (n) 269,490 45,309 237 9,275 8,748 333,059 PAD CIO (n) 269,490 45,309 237 9,275 8,748 333,059 OLINAS FLEMING III (n) 269,490 45,309 237 9,275 8,748 332,465 SCHIARLET (n) 214,121 45,455 9,716 8,748 332,465 SCHIARLET (n) 276,199 54,555 317,150 317,150 SCHIARLET (n) 276,192 21,720 8,748 317,50 SCHIARLET (n) 27460	JOHN FLYNN	Ξ	119	47,40	180.	,03	, 28	98,21	
NVETTE BUXTON (0) 303,449 59,794. 1,297. 9,275. 0. 373,815 HILD ADD FAMILY DIRRECOR (0) 154,898 59,714. 0. 0. 373,815 MESLEY N. WILLIAMS (1) 154,898. 42,488. 1,297. 9,275. 0. 202,989 MESLEY N. WILLIAMS (1) 269,490. 45,309. 237. 9,275. 0. 0. 202,989 PADLIAS TERMING III (1) 269,490. 45,309. 237. 9,275. 0. 202,989 ORMININGER (1) 241,219. 54,595. 977. 8,748. 333,465 ODIN E.SADLER (1) 241,219. 54,595. 977. 8,748. 311,50 ODIN E.SADLER (1) 27,299. 29,112. 4,854. 3,992. 0. 31,4157 ODIN E.SADLER (1) 27,288 31,716 31,730 32,446. 31,730 ONUN E.SADLER (1) 27,199. 29,112 4,854. 3,992. <t< td=""><td>7 VP OF ADULT SERVICES</td><th>(</th><td></td><td>.0</td><td>.0</td><td></td><td></td><td></td><td></td></t<>	7 VP OF ADULT SERVICES	(.0	.0				
HILD AND FAMILY DIRCOR (n)	YVETTE BUXTON	Ξ	303	9,79	, 29	, 27	.0	3,81	
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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. Part III Supplemental Information

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Schedule J (Form 990) 2016

				-			COLORADO HEALTH FACILITIES AUTHORITY	H.T.OR SAL'T	T.T.T.YOI	Č	OMB No 1545-0047	45-0047
SCHEDULE N (Form 990)	Complete if	Supplemental Information on I aX-EXempt BONdS if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide c explanations, and any additional information in Part VI.	al Intor answered ations, and	The strest on Form the strest on Formation and addition the strest on the strest on Formation the strest on the st	DN I AX rm 990, F al inform	A-EXem Part IV, line ation in Pa	Supplemental Information on 1 ax-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.	criptions,		5	201	16
Department of the Treasury Internal Revenue Service	► Informa	ition about Sche	dule K (For	Attach to Form 990. Form 990) and its instri	m 990. ts instruc	tions is at	Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	1 <i>990</i> .			Open to Public Inspection	Public
ation	CENTER OF DENVER								Empl 7	Employer identification number 74-2499946	ication n 946	umber
Part I Bond Issues												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	e price	(f) Description of purpose	if purpose	(g) Defeased		(h) On behalf of issuer	(i) Pooled financing
									Yes	No Yes	0	Yes No
A COLORADO HEALTH AN	A COLORADO HEALTH AND FACILITIES AUTHORITY	84-0752932	19648AS30	02/19/2014	23,2	23, 285, 000. CO	CONSTRUCTION AND REFUNDING	UNDING SERIES	×		×	×
B												+
U												
D												
Part II Proceeds							1				1	
1 Amount of honds ratirad	s ratirad				A	9 773	B	о				
	:		-	•								
	Annount of borlds regainy dereased.			· · ·	22,96	2,963,180.						
	S				1,655	5,000.						
5 Capitalized inter	•											
6 Proceeds in refu	Proceeds in refunding escrows	-	· · ·	- - - - -								
7 Issuance costs from proceeds	from proceeds	· · ·	-	-	40	402,087.						
8 Credit enhancen	Credit enhancement from proceeds	· · · ·	-									
9 Working capital	•	· · ·	-	-								
	Capital expenditures from proceeds	· · ·	•	•		8,607,043.						
	Other spent proceeds.	•	- - - - -	- - - - -	12,299	9,050.						
	roceeds		-	•								
13 Year of substan	Year of substantial completion	-		•	GTUZ		-	;	:	;	_	
11 More the honde	Wore the honde issued as nort of a current refunding issue?				Yes	o N	Yes No	Yes	No.	Yes		No
	Were the bonds issued as part of an advance refunding issue?	:	•	:	1	×						
	Has the final allocation of proceeds been made?	: :		· · ·	×	1						
17 Does the organization ma	Does the organization maintain adequate books and records	ks and records	9		×							
Part III Private Bu	Private Business Use	- - - - - -	-	•			_				-	
					A		В	с П			۵	
1 Was the organi	Was the organization a partner in a partnership, or a member of	o, or a member	of an LLC,		Yes	No	Yes No	Yes	No	Yes		No
	which owned property financed by tax-exempt bonds?	ds?		- - - - -		X						
2 Are there any bond-financed p	Are there any lease arrangements that may result in private business bond-financed property?	result in private	business	use of		Х						
For Paperwork Reducti	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r Form 990.								Schedule K (Form 990) 2016	(Form 9	90) 2016
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COLORADO HEALTH FACILITIES AUTHORITY

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there any management or service contracts that may result in private the any management or service contracts that may result in private the set of bond/intender/polenty)	Schedule K (Form 990) 2016 Datt III Private Business I Ise <i>(Continued</i>)	COLORADO F	НЕАГ,ТН Е	FACITITTES	F.S. AUTHORITY	ратту			Page 2
The formal particular service contracts that may result in private pressure of the any many magment or service contracts that may result in private business use of the X Yes No.									
mere sub or frond financed property	Are there any management or service contracts that may result in								
the contraction of the contracti	business use of bond-financed property?		X						
there any research agreements that may result in private business use of other free consetion contaction fourthely engage bond conset of other ratio consetion 50. does the organization fourthely engage bond conset of other ratio consetion 50. (10)(3) organization fourthely engage bond conset of other ratio consetion 50. (10)(3) organization in a private business use by writes at the percentage of financed property used in a private business use by and at the percentage of financed property used in a private business use by and at the percentage of financed property used in a private business use by and at the percentage of financed property used in a private business use by and at the percentage of financed property used in a private business use by and at the bond state meet the private security of percentaent	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the financed prop								
real contraction for the neutron or other is a contraction or other is a contraction or outmany research greatments tracted on the financed property used in a private business use by any at the percentage of financed property used in a private business use by an asterion SOI (SOI organization, a state or focal government	Are there any research agreements that may result in private business bond-financed property?		X						
$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$									
sr the percentage of financed property used in a private business use as a the percentage of financed property carried on by your organization, the resetub S01(c)(3) and trade of payments eachity carried on by your organization of a stank the private section of any of the bond issue of a stank the private section of any of the bond issue of a stank the private section of any of the bond issue of a stank the private section of any of the bond issue of any your organization state of the private section stank the bond issue of any of the bond issue of any of any of the percentage of bond financed property sold of section and any of the bond issue of any of the percentage of bond financed property sold of case and the private section state is the related as an any remedial action taken pursuant to Regulations sections 11.14.12 and 11.45.27			%		%		%		%
al of lines 4 and 5	Enter the percentage of financed property used in a private business use result of unrelated trade or business activity carried on by your organiz another section 501(c)(3) organization, or a state or local government		%		%		%		%
s the bond issue meet the private security or payment test?XNNNthere been a safe or disposition of any of the bond-intanced property of a method in a contranced property sold or the bond series issued?XNNNtest beine 88, enter the percentage of bond-intanced property sold or cost of the Bas, enter the percentage of bond-intanced property sold or cost of the 88, enter the percentage of bond-intanced property sold or cost of the 88, enter the percentage of bond-intanced property sold or cost of the sale was any remediated in accordance with the cost intance Regulations sections 1141-12 and 1145-27NNNthe organization established written procedures to ensure that all qualified bonds of the issue are remediated in accordance with the qualitients under Regulations sections 1141-12 and 1145-27NNoNoNothe organization established written procedures to ensure that all qualified form 8038-T, Arbitrage Rebate, Yield Reduction and the issue are remediated in accordance with the qualitient inder Round Regulations sections 1141-12 and 1145-27NoNosNosNosthe organization restar field form 8038-T, Arbitrage Rebate, Yield Reduction and the issue are remediated in accordance with the duption are all the 1 did the following apply?NosNosNosNosNosthe organization of the size are remediated in accordance with the duption are accordance with the organization or the governmental size error or an organization	Total of lines 4 and 5		%		%		%		%
The relation state or disposition of any of the bond-financed property to a growth mean soft o(1:0) organization since the bonds were issued? X X X X X X X Y <td>Does the bond issue meet the private security or payment test?</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Does the bond issue meet the private security or payment test?		Х						
es' to line 8a, enter the percentage of bond-financed property sold or			Х						
about the organization established written pursuant to Regulations. mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm			à		6		ò		6
the organization established written procedures to ensure that all qualified bonds of the issue are remediated in accordance with the interments under Regulations sections 1.141-12 and 1.145-2? x <td></td> <td></td> <td>0/</td> <td></td> <td>0/</td> <td></td> <td>0/</td> <td></td> <td>٩</td>			0/		0/		0/		٩
Arbitrage A B C ative is suer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and alty in Lieu of Arbitrage Rebate? Yes No Yes No ative in Lieu of Arbitrage Rebate? No Yes No Yes No ion to line 1, did the following apply? No Yes No Yes No ion to line 1, did the following apply? X X Yes No Yes No ate not due yet? X X X Yes No Yes No eption to rebate? X X X X Yes No Yes No rebate due? X X X X Yes No Yes No rebate due? X X X X Yes No Yes Yes No Yes Yes No Yes		×							
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Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?YesNoYesNoYesNoIf "No" to line 1, did the following apply?If "No" to line 1, did the following apply?XXYesYesYesRebate not due yet?XXXYesYesYesYesRebate not due yet?XXXYesYesYesRebate not due yet?XXYesYesYesYesRebate not due yet?XXXYesYesYesRebate not due yet?XXXYesYesYesNo rebate due?XXXXYesYesNo rebate due?XesXXXYesYesNo rebate due?XesXesXesYesYesNo rebate due?XesXesXesYesYesNo rebate due?YesXesXesYesYesNo rebate due?YesXesXesYesYes		A			m		~		
If "No" to line 1, did the following apply"	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction Penalty in Lieu of Arbitrage Rebate?	Yes	No	Yes	No	Yes	No	Yes	No
Rebate not due yet?XNo rebate?XXNo rebateException to rebate?No rebate due?XXXXNo rebate due?No rebate due?XXXXIf "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.XXXXIf "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.XXXXIf "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.XXXXIf "Ness" to line 2c, provide in Part VI the date the rebate computation was performed.XXXXIf "Ness" to line 2c, provide in Part VI the date into a qualified medge with respect to the bond issue?XXXXName of providerXXXXXXXTerm of hedgeXXXXXXXWas the hedge superintegrated?XXXXXXWas the hedge terminated?XXXXXX									
Exception to rebate? X X X X X X X No rebate due? X X X X X X X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. X X X X X If a the bond issue a variable rate issue? X X X X X X Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X X X X Name of provider X X X X X X Term of hedge. X X X X X Was the hedge superintegrated? X X X X Was the hedge terminated? X X X X		Х							
No rebate due? X			X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	No rebate due?		X						
Is the bond issue a variable rate issue? X X X X Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X X X Name of provider X X X X X Term of hedge with respect to the bond issue? X X X X Name of provider X X X X X Vast he hedge superintegrated? X X X X X Was the hedge terminated? X	computation								
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Name of provider Name of provider Image: Second se	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х						
Term of hedge	Name of provider								
Was the hedge terminated?					_				
was the heage terminated?	Was the hedge superintegrated?								
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SCHEDULE K, PART II, LINE 3, COLUMN (A)

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

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

REDEMPTION PRICE AT MATURITY.

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

THE AMOUNT REPORTED ON LINE 11 (\$12,299,050) REPRESENTS THE AMOUNT USED

TO CURRENTLY REFUND A PRIOR ISSUE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



 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.

 Name of the organization
 Employer ide

Employer identification number

MENTAL HEALTH CENTER OF DENVER

74-2499946

FORM 990, PART VI, SECTION A, LINE 1A COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD: THE BOARD OF DIRECTORS, BY RESOLUTION, MAY DESIGNATE ONE OR MORE STANDING COMMITTEES, INCLUDING BUT NOT LIMITED TO, AN EXECUTIVE COMMITTEE CONSISTING OF TWO OR MORE OF THE MHCD BOARD OF DIRECTORS. SUCH COMMITTEE OR COMMITTEES SHALL HAVE SUCH NAMES AND EXERCISE SUCH POWERS OF THE BOARD OF DIRECTORS AS MAY BE DETERMINED BY RESOLUTION OF THE BOARD OF DIRECTORS. THE PRESENCE OF A MAJORITY OF THE MEMBERS OF A COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS BY THE THE ACTION OF A MAJORITY OF THE COMMITTEE MEMBERS PRESENT AT COMMITTEE. MEETINGS AT WHICH A QUORUM IS PRESENT SHALL BE THE ACTION OF SUCH COMMITTEE. THE BOARD HAS DESIGNATED THE EXECUTIVE COMMITTEE TO ACT WITH THE FULL AUTHORITY OF THE BOARD BETWEEN MEETINGS. THE EXECUTIVE COMMITTEE DID NOT MAKE ANY DECISION ON BEHALF OF THE FULL BOARD DURING FISCAL YEAR 2016. THE FULL BOARD VOTED TO REMOVE THE EXECUTIVE COMMITTEE'S AUTHORITY TO ACT ON ITS BEHALF IN FISCAL YEAR 2016.

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.

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FORM 990, PART VI, SECTION B, LINE 11B FORM 990 REVIEW PROCESS: THE AUDIT COMMITTEE WILL REVIEW THE COMPLETED FORM 990 WITH THE PREPARER, AN OUTSIDE CPA FIRM. THE COMPLETED FORM 990 IS THEN PRESENTED TO THE ENTIRE BOARD PRIOR TO FILING.

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

FORM 990, PART VI, SECTION B, LINES 15A & 15B EXECUTIVE COMPENSATION POLICY AND PROCEDURES: THE BOARD RETAINED THE FIRM OF LONGNECKER AND ASSOCIATES TO COMPLETE A CEO SALARY COMPARABILITY STUDY. THIS IS COMPLETED APPROXIMATELY EVERY THREE YEARS. LONGNECKER AND ASSOCIATES USES A NUMBER OF SURVEYS, COMPARING SALARIES BASED ON THE SIZE OF THE ORGANIZATION, HEALTHCARE, MENTAL HEALTH, NON-PROFIT, 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 LONGNECKER AND ASSOCIATES AS WELL AS MSEC DATA AND OTHER SOURCES OF INFORMATION IN DETERMINING THE CEO'S SALARY AND INCENTIVE COMPENSATION. THE PROCESS WAS LAST UNDERTAKEN IN 2015.

A SIMILAR PROCESS IS UNDERTAKEN FOR THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. SIMILARLY, THE BOARD RETAINED THE SERVICES OF THE FIRM OF LONGNECKER AND ASSOCIATES TO PREPARE A SALARY COMPARABILITY STUDY FOR THESE OTHER INDIVIDUALS. 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 AUTHORIZED THE CEO TO OPERATE WITHIN THE PARAMETERS OF THE AGREED UPON COMPENSATION STRUCTURE. THIS PROCESS WAS LAST PERFORMED IN 2015 FOR THE EXECUTIVE TEAM.

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 FORMS 990 ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

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

MHCD 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. Page 2

Employer identification number 74-2499946

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 & WELL-BEING PROVIDES ACCESS TO FRESH PRODUCE AND HEALTHY PROTEIN FROM AN URBAN FARM AND AQUAPONICS GREENHOUSE. WE PARTNER WITH COMMUNITY ORGANIZATIONS TO OFFER NUTRITIONAL PROGRAMS, PEDIATRIC DENTISTRY AND PRESCHOOL TO ALLOW COMMUNITY MEMERS OF ALL AGES TO CONNECT, LEARN NEW SKILLS, AND FIND SUPPORTS NEEDED TO INCREASE THEIR HEALTH AND WELL-BEING.

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

Schedule O (Form 990 or 990-EZ) 2016		Page 2
Name of the organization	Employer identification number	
MENTAL HEALTH CENTER OF DENVER	74-2499946	

ATTACHMENT 3 (CONT'D)

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-OCCURING 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.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	IS	ATTACHMENT 4	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
REHABILITATION SERVICES:		9,264,035.	11,280,183.
SUPPORTS INDIVIDUALS IN ACHIEVING EDUCATIONAL,			
EMPLOYMENT AND PERSONAL DEVELOPMENT OPPORTUNTIES			
THEY NEED TO LEAD SUCCESSFUL AND EMPOWERED LIVES			
WITH ITS NATIONALLY RECOGNIZED APPROACH,			
2SUCCEED HELPS PEOPLE LIVING WITH MENTAL ILLNESS			
ADVANCE IN THEIR RECOVERY BY MATCHING THEM WITH			
EDUCATIONAL AND WORK OPPORTUNITIES ALIGNED WITH			
THEIR INTERESTS AND STRENGTHS.			

TOTALS

9,264,035. 11,280,183.

Schedule O (Form 990 or 990-EZ) 2016

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2016		Page 2
Name of the organization	Employer id	lentification number
MENTAL HEALTH CENTER OF DENVER	74-2	2499946
	ATTACHME	NT 5 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHE	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DENEUVE CONSTRUCTION SERVICES	CONSTRUCTION SVCS	9,119,241.
2344 SPRUCE ST, SUITE B		
BOULDER, CO 80302		
NETSMART TECHNOLOGIES INC	ELECTR MED RCD SVCS	2,146,901.
PO BOX 823519		
PHILADELPHIA, PA 19182		
TAYLOR KOHRS LLC	CONSTRUCTION SVCS	885,996.
12160 PENNYSLVANIA		
THORNTON, CO 80241		
HOSTING.COM INC	CLOUD SERVICE	2,076,713.
PO BOX 824164	CLOUD SERVICE	2,070,713.
PHILADELPHIA, PA 19182		
PHILADELPHIA, PA 19102		
MAXIM HEALTHCARE SERVICES	TEMPORARY STAFFING	853,339.
122558 COLLECTIONS CENTER DR	TEM OVART DIAPTING	
CHICAGO, IL 60693		

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SCHEDULE R (Form 990) Department of the Treasury Internal Review	Complet Media	Related Orgal Complete if the organiza	nizations a tion answered "Ye ▶ Attach nedule R (Form 990	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	d Partnersh t IV, line 33, 34, 35b is at <i>www.irs.gov/f</i> c	, 36, or 37. rm990.		OMB No. 1545-0047 2016 Open to Public Inspection	5-0047 6 ublic
	CENTER OF DENVER						Employer ide	Employer identification number 74-2499946	nber
Part I Identific	Identification of Disregarded Entities. Co	Complete if the	organization an	he organization answered "Yes" on Form 990, Part IV, line 33.	[–] orm 990, Part I	V, line 33.			
	(a) (if applicable) of disregarded entity	arded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling	olling.
		81-	81-0823822		(Gauge) - 60 - 00			6	
4141 E. DICKENSON	ISON PLACE DENVER,	CO 80222	H	HOUSG PROJECT	CO	.0	185.	MHCD	
(2)									
(3)									
(4)									
(5)									
(9)									
Part II one or m	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	janizations. Co	. Complete if the c the tax year.	. Complete if the organization answered the tax year.	ered "Yes" on Fo	"Yes" on Form 990, Part IV, line 34 because it had	line 34 because	it had	
Nan	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	e Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led ?
								Yes	No
(1) SABIN GROUP INC 4141 EAST DICKENSON PLACE	DENVER, CO	2510947	DNISUOH	CO	501(C)(3)	LINE 10	MHCD	×	
(2) SABIN GROUP I 4141 EAST DICKENSON PLACE	DENVER, CO	L171536	DUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	×	
(3) PARK EAST HOUSE INC 4141 EAST DICKENSON	PLACE DENVER, CO	2374685	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	×	
(4) LOWELL TERRACE CORP 4141 EAST DICKENSON	PLACE DENVER, CO	601975	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	×	
(5)									
(9)									
(0)									
(1)									
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.		_	_		Schedule	Schedule R (Form 990) 2016	0) 2016
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Schedule R (Form 990) 2016												Page 2
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organizati because it had one or more related organizations treated as a partnership during the tax year.	ated Organizations r more related orga	s Taxable anization		Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ted as a partnership during the tax year.	the organizatic the tax year.	n answered "Ye	ss" on	Form	990, Part IV, I	line 3.	4	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	al (g) Share of end-of- year assets		Disp roportionate a llocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country					Yes	No		Yes 1	No	
(1) SANDERSON LLLLP 37-1799349												
4141 E. DICKENSON PLACE DENVER	R HOUSING PROJE	CO	SANDERSON LLC	HOUSING		0.	185.	×	0.	×	_	.0100
(2)												
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(2)							+				-	
Part IV Identification of Related Organizations Taxable as a Ine 34 because it had one or more related organizati	ated Organizations ad one or more rela	s Taxable ated orga		Corporation or Trust. Complete if the organization answered "Yes" ions treated as a corporation or trust during the tax year.	mplete if the o mor trust durii	rganization ans rgthe tax year.	vered	"Yes" (on Form 990, Part IV,	, Part	́≥́	
(a Name, address, and Ell	(a) Name, address, and EIN of related organization		(b) Primary activity	ctivity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Shar in	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
												Yes No
(1)												
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(3)												
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											· ·					•			•	:			action thre	(d) Method of determining
rt IV, line 34, 35b, or 36.		sted in Parts II-IV?																					ered relationships and trans	(c) Amount involved
es" on Form 990, Pa		related organizations lis																					this line, including cove	(b) Transaction
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	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?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	 Dividends from related organization(s) 	 a Sale of assets to related organization(s) 	h Purchase of assets from related organization(s).	i Exchange of assets with related organization(s).	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s).	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	and the second		q Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s).	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 thresholds	(a) Name of related organization

		type (a-s)		amount involved
(1)	(1) SABIN GROUP INC	D	446,631.	INTERCOMPANY
(2)	(2) SABIN GROUP I	D	237,666.	INTERCOMPANY
(3)	(3) LOWELL TERRACE CORP	D	151,633.	INTERCOMPANY
(4)	(4) PARK EAST HOUSE	Д	203,243.	INTERCOMPANY
(5)	(5) SANDERSON LLLP	Д	1,330,312.	INTERCOMPANY
(9)	(6) SABIN GROUP INC	К	357,484.	357,484. CASH/ALLOC
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Note: 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e 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	1
h Purchase of assets from related organization(s)	1h	1
Evolutions of according to according (a)		

90) 2016	Schedule R (Form 990) 2016	Sch		JSA
				(6)
				(5)
				(4)
	CASH/ALLOC	74,284.	Ø	(3) PARK EAST HOUSE
	CASH/ALLOC	72,737.	Ø	(2) SABIN GROUP I
	CASH/ALLOC	213,863.	Ø	(1) SABIN GROUP INC
mining ed	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	action thresholds.	covered relationships and transaction thresholds.	his line, including cov	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including
	-			r Other transfer of cash or property to related organization(s)
	 1q			q Reimbursement paid by related organization(s) for expenses
	1p			p Reimbursement paid to related organization(s) for expenses.
	10			o Sharing of paid employees with related organization(s)
_	1 1 1 2			 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)
	1			I Performance of services or membership or fundraising solicitations for related organization(s)
_	- - - - -			k Lease of facilities, equipment, or other assets from related organization(s)
	-			j Lease of facilities, equipment, or other assets to related organization(s).
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	- - - - - -			 Point of assets from related organization(s)
				f Dividends from related organization(s).
				1 1 1
	1e			
	10 10		· · · · · · · · · · · · · · · · · · ·	 Gent, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s)

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or ones revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(b) (c) (c) <th></th> <th>Schedule R (Form 990) 2016</th>																	Schedule R (Form 990) 2016
s" on Form 9 ore than five parships	(g) Share of end-of-year assets																	-
swered "Yes onducted mo	(f) Share of total income																	
anization an rganization c	(e) Are all partners section 501(c)(3) organizations?																	-
ete if the orga gh which the or d exclusion for	Predominant Predominant income (related, unrelated, excluded from tax under sections 512-514)																	
ership. Compl rtnership throug uctions regardin	(c) Legal domicile (state or foreign country)																	
table as a Partne tity taxed as a particular	(b) Primary activity																	
Part VI Unrelated Organizations Taxable as a Partnership. Provide the following information for each entity taxed as a partnersh or cross revenue) that was not a related organization. See instructions	(a) Name, address, and EIN of entity	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	JSA 6E1310 1.000

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 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2016