



Part 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:

WE KNOW THE PURSUIT TO LIVE, FEEL AND BE WELL LOOKS DIFFERENT FOR EACH PERSON. AT WELLPPOWER, WE POWER THE PURSUIT OF WELL-BEING BY PROMOTING THE VITAL CONNECTION BETWEEN A PERSON'S MENTAL HEALTH AND OVER ALL WELL-BEING. OUR NATIONALLY RECOGNIZED SERVICES HELP CHILDREN, FAMILIES AND ADULTS IN THE DENVER COMMUNITY CREATE A PATH TO LIVING HAPPIER AND HEALTHIER LIVES.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes

☐ No

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?

☐ Yes

☒ No

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, for each program service reported.

4a	(Code: ) (Expenses \$ 56,500,495 including grants of \$ ) (Revenue \$ 71,122,303 ) ADULT RECOVERY SERVICES: WELLPPOWER WAS FOUNDED IN 1989 AS THE COMMUNITY MENTAL HEALTH CENTER SERVING THE PEOPLE OF DENVER. OVER THE PAST THREE DECADES, OUR ORGANIZATION HAS GROWN AND EVOLVED TO MEET THE CHANGING NEEDS OF OUR COMMUNITIES. WE ADDED A RANGE OF NEW PROGRAMS, INCLUDING ONES DEVELOPED AND PILOTED AS THE FIRST IN THE NATION, AND EXPANDED OUR WORKFORCE FROM A FEW DOZEN TO NEARLY 1,000 STAFF. WE ARE NATIONAL LEADERS IN BEHAVIORAL HEALTH. OUR APPROACH TO SERVING OUR COMMUNITIES - MEETING PEOPLE WHERE THEY ARE, SERVING THOSE WHO HAVE BEEN GIVEN UP ON BY EVERYONE ELSE, CONTINUOUSLY DEVELOPING NEW AND BETTER WAYS OF HELPING PEOPLE THRIVE - IS BASED ON THE BELIEF THAT WE CAN, AND MUST, CHANGE THE LANDSCAPE OF BEHAVIORAL HEALTH IN THE STATE OF COLORADO. WE PROUDLY HOLD DIVERSITY, EQUITY AND INCLUSIVENESS AS AN INTEGRAL PART OF OUR MISSION AND GOALS. WELLPPOWER PROVIDES EXTRAORDINARY EXPERIENCES AND SUPPORTS PEOPLE ACROSS THE LIFESPAN ON THEIR WELL-BEING JOURNEY. EACH YEAR, WE PROVIDE TREATMENT, PREVENTION, AND CRISIS SERVICES TO MORE THAN 20,000 PEOPLE AT OUR 35 SITES AND AT NEARLY 200 ADDITIONAL COMMUNITY LOCATIONS. WE REACH AN ADDITIONAL 40,000-50,000 PEOPLE THROUGH CONSULTATION AND OUTREACH SERVICES AND COMMUNITY TRAININGS. WE OFFER A RANGE OF PSYCHIATRIC MEDICATION MANAGEMENT, OUTPATIENT TREATMENT, ENHANCED OUTPATIENT, INTENSIVE CASE MANAGEMENT AND HIGH INTENSITY TREATMENT SERVICES FOR ADULTS. THE RECOVERY CENTER OFFERS INTEGRATED CARE WITH ON-SITE PRIMARY CARE MEDICAL STAFF TO ADDRESS PHYSICAL CARE AND DENTAL SERVICES, AS WELL AS AN ON-SITE PHARMACY AND A HOUSING SERVICES OFFICE. OUR WELLSHIRE BEHAVIORAL SERVICES CLINIC SERVES ADULTS WITH COMMERCIAL INSURANCE. PUBLIC SAFETY & LAW ENFORCEMENT: SUPPORT TEAM ASSISTED RESPONSE (STAR) SENDS A TRAINED MENTAL HEALTH CLINICIAN AND PARAMEDIC TO LOW-RISK AND LOW-ACUITY EMERGENCY CALLS, MOST OF WHICH ARE RELATED TO HOMELESSNESS, SUBSTANCE USE AND MENTAL HEALTH CONCERNS. THE TEAM PROVIDES DIRECT CLINICAL DE-ESCALATION; WATER, FOOD, CLOTHING AND BASIC MEDICAL ATTENTION; AND CONNECTION TO ADDITIONAL COMMUNITY RESOURCES, WHICH PREVENTS ARRESTS, INJURIES OR NEED FOR ARMED POLICE BACKUP. THE CO-RESPONDER PROGRAM PAIRS LICENSED PROFESSIONAL BEHAVIORAL HEALTH CLINICIANS WITH DENVER POLICE DEPARTMENT OFFICERS WHO RESPOND TOGETHER TO CALLS INVOLVING PEOPLE EXPERIENCING BEHAVIORAL HEALTH ISSUES AND/OR CO-OCCURRING SUBSTANCE USE ISSUES. CRISIS CARE: IN PARTNERSHIP WITH COLORADO CRISIS SERVICES, WE OPERATE THE DENVER 24/7 WALK-IN CRISIS CENTER. 24-HOUR HELP IS AVAILABLE AT THIS AND SEVERAL OTHER STATEWIDE LOCATIONS OR BY CALLING 1-844-493-8255 OR BY TEXTING "TALK" TO 38255 OR VISITING COLORADOCRISIS SERVICES.ORG. BEHAVIORAL HEALTH SOLUTIONS CENTER IS A 24/7/365 FIRST RESPONDER DROP-OFF LOCATION FOR PEOPLE WHO ARE EXPERIENCING A BEHAVIORAL HEALTH CRISIS AND IS DENVER'S FIRST CRISIS STABILIZATION CLINIC. IF ADMITTED, THE PERSON SERVED WILL STAY IN A PRIVATE ROOM AND HAVE ACCESS TO A RANGE OF ON-SITE TREATMENT SERVICES SUCH AS MEDICAL EVALUATIONS, INDIVIDUAL AND GROUP THERAPY SESSIONS, RECREATIONAL ACTIVITIES, PHYSICAL HEALTH SUPPORT AND CONNECTIONS TO COMMUNITY RESOURCES, INCLUDING AN ON-SITE TRANSITIONAL SHELTER AVAILABLE FOR UP TO 30 DAYS AFTER DISCHARGE. INNOVATION: WELLPPOWER IS THE NATION'S FIRST - AND ONLY - BEHAVIORAL HEALTH CENTER WITH ITS OWN INNOVATION LAB TO LEVERAGE TECHNOLOGY AND ACCELERATE MORE EQUITABLE ACCESS TO CARE. YOU@YOURBEST, AN ONLINE PLATFORM THAT OFFERS PERSONALIZED RESOURCES AND INFORMATION. MINECRAFT PLAY THERAPY, WHERE YOUTH GROUPS CAN SECURELY MEET FOR ONLINE PLAY THERAPY. SIMULATION THERAPIES USING VIRTUAL REALITY.
4b	(Code: ) (Expenses \$ 19,213,398 including grants of \$ ) (Revenue \$ 21,410,276 ) CHILD AND FAMILY SERVICES: THE DAHLIA CAMPUS FOR HEALTH & WELL-BEING IS AN AWARD-WINNING AND INNOVATIVE 46,000 SQUARE FOOT CENTER WITH CLASSROOMS, COMMUNITY AND THERAPY SPACE, ONE OF THE AREA'S LARGEST AQUAPONICS GREENHOUSES AND FOUR ACRES OF GARDEN AND FARM SPACE. DAHLIA CAMPUS FEATURES AN INCLUSIVE PRESCHOOL, A DAY TREATMENT SCHOOL, AND COMMUNITY EVENTS TO PROMOTE WELL-BEING. RIGHTSTART FOR INFANT MENTAL HEALTH IS A MENTAL HEALTH PROGRAM FOR PREGNANT WOMEN AND FAMILIES WITH CHILDREN AGES BIRTH TO 5 YEARS. EMERSON ST. FOR TEENS & YOUNG ADULTS PROVIDES A SUPPORTIVE COMMUNITY FOR TEENS AND YOUNG ADULTS AGES 15-26 SEEKING CONNECTION AND BELONGING. EL CENTRO DE LAS FAMILIAS PROVIDES BILINGUAL (SPANISH AND ENGLISH) MENTAL HEALTH SERVICES TO ADULTS, YOUTH, CHILDREN AND FAMILIES FROM THE LATINO/A/X AND HISPANIC COMMUNITY.
4c	(Code: ) (Expenses \$ 15,217,075 including grants of \$ ) (Revenue \$ 15,515,818 ) REHABILITATION SERVICES: 2SUCCEED IN EMPLOYMENT TEACHES PROFESSIONAL SKILLS, PROVIDES CAREER ASSESSMENTS AND MATCHES PEOPLE WITH DENVER AREA BUSINESSES WHO ARE LOOKING FOR DEPENDABLE AND MOTIVATED EMPLOYEES. 2SUCCEED IN EDUCATION OFFERS COMPUTER CLASSES; A PAID CULINARY TRAINING PROGRAM; ART STUDIO INSTRUCTION; MUSIC EDUCATION; COLLEGE SUPPORT, GED CLASSES AND VOCATIONAL SKILLS TRAINING; AND AN ARRAY OF FITNESS, NUTRITION, SOCIAL, SPIRITUAL AND RECREATIONAL CLASSES. RESOURCE CENTERS HELP PEOPLE MEET THEIR BASIC NEEDS THROUGH DONATIONS OF ESSENTIALS, FROM CLOTHING FOR JOB INTERVIEWS TO FOOD AND TOYS FOR THEIR FAMILIES.
	(Code: ) (Expenses \$ 8,541,945 including grants of \$ ) (Revenue \$ 7,960,122 ) RESIDENTIAL PROGRAMS:
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) 14 RESIDENTIAL TREATMENT HOMES WITH
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROGRAMS THAT TEACH LIFE SKILLS,
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) OFFER GROUP TREATMENT AND VARY IN
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) LENGTH RANGING FROM FOUR TO 90 DAYS,
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) WITH LONGER STAYS POSSIBLE DEPENDING
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ON NEED.
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) NINE APARTMENT BUILDINGS PROVIDE AN
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) OPPORTUNITY TO LIVE INDEPENDENTLY AS
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PART OF A WIDER COMMUNITY, OFTEN FOR
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE FIRST TIME, IN UNITS WITH ONSITE
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROPERTY MANAGEMENT.
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MORE THAN 1,000 TENANT BASED HOUSING
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) VOUCHERS FOR LONG-TERM STABLE HOUSING.
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PERMANENT SUPPORTIVE HOUSING MODEL, A
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) NATIONALLY RECOGNIZED APPROACH TO ENDING
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) HOMELESSNESS THAT COMBINES HOUSING WITH
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) WRAPAROUND SERVICES.
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PART OF DENVER'S SOCIAL IMPACT BOND
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (SIB) INITIATIVE, SANDERSON APARTMENTS
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) UNITS) IS THE FIRST OF ITS KIND TO USE
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE PRINCIPLES OF TRAUMA INFORMED DESIGN
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) IN ITS ARCHITECTURE.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 8,541,945 including grants of \$ ) (Revenue \$ 7,960,122 )
4e	Total program service expenses ► 99,472,913

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," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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 Yes	
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 Yes	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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)?	11f	No
12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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	No

Part IV

Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	No
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	Yes
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	No
c	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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	No
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	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	Yes
27	Did the organization provide Part VII or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes
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	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	163
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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	1,175			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes			
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .		3a			No	
b		If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . .		3b				
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b		Enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .		6a			No	
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).						
a		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			No	
b		If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		7b				
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a				
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:						
a		Gross income from members or shareholders . . . . .		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a				
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 . . . . .		13b				
c		Enter the amount of reserves on hand . . . . .		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . .		14b				
15		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	Yes			
16		If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.		17				



Part VI

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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.	17		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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		No
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		

Section 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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ 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 interest policy, 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 records:

ANGELA OAKLEY 4141 E DICKENSON PLACE DENVER, CO 80222 (303) 504-6500

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARL CLARK MD ..... PRESIDENT AND CEO	41.0 ..... 2.5			X				1,001,793	0	19,291
(2) JODY T RYAN ..... VP, CHIEF MEDICAL OFFICER	40.0 ..... 0.0				X			597,788	0	22,613
(3) KRISTI MOCK ..... VP AND COO	41.0 ..... 2.5			X				482,371	0	23,397
(4) YVETTE BUXTON ..... CHILD AND FAMILY MEDICAL DIREC	40.0 ..... 0.0				X			483,429	0	17,010
(5) ANGELA OAKLEY ..... VP AND CFO	41.0 ..... 2.5			X				450,006	0	33,902
(6) CASEY H WOLF ..... PSYCHIATRIST	40.0 ..... 0.0					X		401,214	0	26,775
(7) JOHN FLYNN ..... VP, ADULT SERVICES	40.0 ..... 0.0				X			364,878	0	21,070
(8) KENNETH J MACINTYRE ..... PSYCHIATRIST	40.0 ..... 0.0					X		364,953	0	18,942
(9) DAVID M WEISS ..... PSYCHIATRIST	40.0 ..... 0.0					X		354,591	0	26,591
(10) MARK A KABAT ..... PSYCHIATRIST	40.0 ..... 0.0					X		343,268	0	33,012
(11) DAWN DAVENPORT ..... VP, CHILD AND FAMILY SERVICES	40.0 ..... 0.0				X			335,594	0	29,795
(12) JASON W RODRIGUEZ ..... PSYCHIATRIST	40.0 ..... 0.0					X		338,545	0	18,207
(13) WESLEY M WILLIAMS ..... VP, CHIEF INFORMATION OFFICER	40.0 ..... 0.0				X			307,650	0	20,639
(14) ANN BOYD ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
(15) NANCY GARY ..... LIFETIME DIRECTOR	0.5 ..... 0.0	X						0	0	0
(16) LINDSAY RAUCH ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0
(17) DEBRA DEMUTH ..... DIRECTOR	0.5 ..... 0.0	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RYAN KIRKPATRICK TREASURER	0.5 0.0	X		X				0	0	0
(19) DAWN SMITH DIRECTOR	0.5 0.0	X						0	0	0
(20) THERESA PIARROT SECRETARY	0.5 0.0	X		X				0	0	0
(21) MARTIN HOUGAARD DIRECTOR	0.5 0.0	X						0	0	0
(22) EDIE SONN DIRECTOR	0.5 0.0	X						0	0	0
(23) BRUCE SCHROFFEL DIRECTOR	0.5 0.0	X						0	0	0
(24) BARBARA YONDORF DIRECTOR	0.5 0.0	X						0	0	0
(25) MARY HAYNES VICE CHAIR	0.5 0.0	X		X				0	0	0
(26) MARJORIE LEWIS DIRECTOR	0.5 2.5	X						0	0	0
(27) PEGGY KOZAL BOARD CHAIR	0.5 0.0	X		X				0	0	0
(28) PAT CORTEZ DIRECTOR	0.5 0.0	X						0	0	0
(29) BORJA BOFARULL DIRECTOR BEG 2/22	0.05 0.0	X						0	0	0
(30) CRAIG KRAMER DIRECTOR BEG 2/22	0.05 0.0	X						0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,826,080	0	311,244

2

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

80

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
		Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
NETSMART TECHNOLOGIES, PO BOX 823519 PHILADELPHIA, PA 191823519	IT - MEDICAL RECORD	1,673,160
NEUDESIC LLC, 200 SPECTRUM CENTER DR SUITE 2000 IRVINE, CA 92618	FHIR API SERVICES	1,337,884
METRO BUILDING SOLUTIONS, PO BOX 461356 GLENDALE, CO 80246	CLEANING SERVICES	945,265
SECURITAS SECURITY SERVICES USA INC, PO BOX 57220 LOS ANGELES, CA 900747220	SECURITY SERVICES	891,379
MICHAEL'S OF DENVER CATERING INC, 6385 W 52ND AVE SUITE 3A ARVADA, CO 80002	CLIENT FOOD CATERER	728,352

2

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

40



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(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			1a Federated campaigns . . . . .		1a		
Amt Similar Amounts			b Membership dues . . . . .		1b		
			c Fundraising events . . . . .		1c		
			d Related organizations		1d		
			e Government grants (contributions)		1e 12,793,651		
			f All other contributions, gifts, grants, and similar amounts not included above		1f 2,061,614		
			g Noncash contributions included in lines 1a - 1f:\$		1g		
			h Total. Add lines 1a-1f . . . . .		14,855,265		
Program Service Revenue	2a Medicaid	Business Code					
		623990	88,081,756	88,081,756			
	b Colorado Behavioral Health	623990	16,173,138	16,173,138			
	c Pharmacy	446110	9,029,996	9,029,996			
	d Client Fees	623990	1,963,663	1,963,663			
	e Other Program Service Revenue	623990	1,055,280	1,055,280			
	f All other program service revenue.						
9 Total. Add lines 2a-2f. . . . .		116,303,833					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		711,468			711,468	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties . . . . .		0				
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss) . . . . .		0				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	57,635	219,025			
	b Less: cost or other basis and sales expenses	7b		111,296			
	c Gain or (loss)	7c	57,635	107,729			
	d Net gain or (loss) . . . . .		165,364				165,364
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	0				
	b Less: direct expenses	8b	0				
	c Net income or (loss) from fundraising events . . . . .		0				
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0				
	b Less: direct expenses	9b	0				
	c Net income or (loss) from gaming activities . . . . .		0				
	10a Gross sales of inventory, less returns and allowances . . . . .	10a	0				
	b Less: cost of goods sold	10b	0				
	c Net income or (loss) from sales of inventory . . . . .		0				
	Miscellaneous Revenue		Business Code				
11a EQUITY IN EQUITY INVESTEE	900099	-295,314	-295,314				
b							
c							
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . .		-295,314					
12 Total revenue. See instructions . . . . .		131,740,616	116,008,519			876,832	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,962,143	3,365,556	596,587	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	64,911,280	52,293,999	12,617,281	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,766,726	1,359,900	406,826	
9 Other employee benefits . . . . .	9,003,615	7,029,280	1,974,335	
10 Payroll taxes . . . . .	4,730,738	3,643,254	1,087,484	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	227,670	1,230	226,440	
c Accounting . . . . .	149,170		149,170	
d Lobbying . . . . .	59,996		59,996	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,827,318	865,153	962,165	
12 Advertising and promotion . . . . .	694,794	694,794		
13 Office expenses . . . . .	2,351,520	692,077	1,659,443	
14 Information technology . . . . .	5,191,340	495,967	4,695,373	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	4,561,083	4,055,850	505,233	
17 Travel . . . . .	525,330	287,054	238,276	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	26,517		26,517	
20 Interest . . . . .	1,306,622	1,167,097	139,525	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	3,330,047	2,007,715	1,322,332	
23 Insurance . . . . .	547,950	328,418	219,532	
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.)				
a Pharmaceutical	12,076,932	12,076,932		
b Medical and Lab	3,156,927	3,156,927		
c Maintenance and Repairs	1,494,206	1,261,844	232,362	
d Miscellaneous Expenses	4,762,414	4,689,866	72,548	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	126,664,338	99,472,913	27,191,425	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		18,871,088	1	21,267,622	
	2	Savings and temporary cash investments . . . . .		1,575,941	2	1,543,484	
	3	Pledges and grants receivable, net . . . . .		2,662,618	3	4,962,506	
	4	Accounts receivable, net . . . . .		6,313,688	4	7,568,007	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		613,151	5	1,145,782	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	6	0	
	7	Notes and loans receivable, net . . . . .		0	7	0	
	8	Inventories for sale or use . . . . .		652,393	8	821,959	
	9	Prepaid expenses and deferred charges . . . . .		2,154,685	9	2,715,516	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	85,654,357			
	b	Less: accumulated depreciation . . . . .	10b	39,211,383	46,960,857	10c	46,442,974
	11	Investments—publicly traded securities . . . . .		22,088,824	11	20,237,422	
	12	Investments—other securities. See Part IV, line 11 . . . . .		0	12	0	
	13	Investments—program-related. See Part IV, line 11 . . . . .		1,688,104	13	1,392,790	
	14	Intangible assets . . . . .		0	14	0	
	15	Other assets. See Part IV, line 11 . . . . .		7,311,522	15	7,845,973	
16	Total assets: Add lines 1 through 15 (must equal line 33) . . . . .		110,892,871	16	115,944,035		
Liabilities	17	Accounts payable and accrued expenses . . . . .		11,881,371	17	15,516,299	
	18	Grants payable . . . . .		0	18	0	
	19	Deferred revenue . . . . .		0	19	0	
	20	Tax-exempt bond liabilities . . . . .		20,790,059	20	20,319,189	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		1,559,452	21	1,517,129	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		3,517,500	23	3,517,500	
	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 of Schedule D . . . . .		5,079,717	25	4,259,618	
	26	Total liabilities: Add lines 17 through 25 . . . . .		42,828,099	26	45,129,735	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions . . . . .		66,924,622	27	69,579,564	
	28	Net assets with donor restrictions . . . . .		1,140,150	28	1,234,736	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds . . . . .			29		
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .			30		
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .			31		
	32	Total net assets or fund balances . . . . .		68,064,772	32	70,814,300	
	33	Total liabilities and net assets/fund balances . . . . .		110,892,871	33	115,944,035	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,740,616
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,664,338
3	Revenue less expenses. Subtract line 2 from line 1	3	5,076,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,064,772
5	Net unrealized gains (losses) on investments	5	-2,326,750
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	70,814,300

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**



Name of the organization MENTAL HEALTH CENTER OF DENVER	Employer identification number 74-2499946
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,898,937	8,248,107	7,274,156	12,656,602	14,855,265	46,933,067
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	3,898,937	8,248,107	7,274,156	12,656,602	14,855,265	46,933,067
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						786,624
<b>6 Public support.</b> Subtract line 5 from line 4.						46,146,443

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. .	3,898,937	8,248,107	7,274,156	12,656,602	14,855,265	46,933,067
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	332,830	1,069,984	1,116,756	755,122	711,468	3,986,160
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
<b>11 Total support.</b> Add lines 7 through 10						50,919,227

**12** Gross receipts from related activities, etc. (see instructions) . . . . .

**12**

510,381,528

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

☐

Section C. Computation of Public Support Percentage

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .

**14**

90.627 %

**15** Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .

**15**

87.010 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☒

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☐

**17a 10%-facts-and-circumstances test—2021.** 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 . . . . .

☐

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 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 supported organization . . . . .

☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV

Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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.		
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.		

Section 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).		

Section 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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2 above, 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.		

Section 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 instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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? If "Yes" or "No", provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			



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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |
|---|----------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |
| <b>5</b> Depreciation and depletion   | <b>5</b> |
| <b>6</b> 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) | <b>6</b> |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |
|--|-----------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):                                  |           |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |

**Section C - Distributable Amount**

Current Year

- |  |          |
|--|----------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI ). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016. . . . .			
b From 2017. . . . .			
c From 2018. . . . .			
d From 2019. . . . .			
e From 2020. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017. . . . .			
b Excess from 2018. . . . .			
c Excess from 2019. . . . .			
d Excess from 2020. . . . .			
e Excess from 2021. . . . .			

**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).

Facts And Circumstances Test

Return Reference

Explanation

## Additional Data

[Return to Form](#)

<div>Software ID:</div> <div>Software Version:</div>	
--	--

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization MENTAL HEALTH CENTER OF DENVER	Employer identification number 74-2499946
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(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				



Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		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.		
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.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers? .....		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
c	Media advertisements? .....		No	
d	Mailings to members, legislators, or the public? .....		No	
e	Publications, or published or broadcast statements? .....		No	
f	Grants to other organizations for lobbying purposes? .....		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		59,996
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
i	Other activities? .....		No	
j	Total. Add lines 1c through 1i .....			59,996
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ....		No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....			
c	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 expenditures from the prior year? .....	3	

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).		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 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.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	WELLPPOWER 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 WELLPPOWER. WELLPPOWER ALSO HAS AN ANNUAL LEGISLATIVE BRIEFING FOR STATE LEGISLATORS.

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization  
MENTAL HEALTH CENTER OF DENVER

Employer identification number  
74-2499946

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$  
(ii) Assets included in Form 990, Part X . . . . . ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$  
b Assets included in Form 990, Part X . . . . . ▶ \$

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

Cat. No.  
52283D

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	472,608	349,155	356,333	319,680	297,828
b Contributions . . . . .				25,000	
c Net investment earnings, gains, and losses	-31,435	127,400	-2,380	14,958	24,938
d Grants or scholarships . . . . .	2,650		1,278		
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	4,729	3,947	3,520	3,305	3,086
g End of year balance . . . . .	433,794	472,608	349,155	356,333	319,680

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 94.000 %

b

Permanent endowment ▶ 6.000 %

c

Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		10,983,074		10,983,074
b Buildings . . . . .		52,349,650	23,688,281	28,661,369
c Leasehold improvements		1,055,064	826,298	228,766
d Equipment . . . . .		20,096,582	14,530,718	5,565,864
e Other . . . . .		1,169,987	166,086	1,003,901
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				46,442,974

Part VII

Investments - Other Securities.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)Deposits	41,495
(2)Due from Affiliates	5,331,476
(3)Right of Use Asset	2,473,002
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	7,845,973

Part X

Other Liabilities.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	4,259,618

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 ☐

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	129,729,400
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	-2,326,750
b	Donated services and use of facilities . . . . .	2b	315,534
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-2,011,216
3	Subtract line 2e from line 1 . . . . .	3	131,740,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	131,740,616

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	126,979,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	315,534
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	315,534
3	Subtract line 2e from line 1 . . . . .	3	126,664,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	126,664,338

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	ESCROW AND CUSTODIAL ARRANGEMENTS: WELLPower MAINTAINS BANK ACCOUNTS ON BEHALF OF PEOPLE IT SERVES WHO RECEIVE DISABILITY BENEFITS.
SCHEDULE D, PART V, LINE 4	PURPOSE OF ENDOWMENT FUNDS: TO HELP SUSTAIN WELLPower'S FUTURE GROWTH.

## Additional Data

[Return to Form](#)

Software ID:

Software Version:



Name of the organization MENTAL HEALTH CENTER OF DENVER	Employer identification number 74-2499946
--	--

Part I

Questions Regarding Compensation

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

Part II

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CARL CLARK MD PRESIDENT AND CEO	(i)	502,890	489,840	9,063	10,150	9,141	1,021,084	0
	(ii)	0	0	0	0	0	0	0
2ANGELA OAKLEY VP AND CFO	(i)	305,779	144,100	127	10,150	23,752	483,908	0
	(ii)	0	0	0	0	0	0	0
3KRISTI MOCK VP AND COO	(i)	271,237	210,768	366	6,606	16,791	505,768	0
	(ii)	0	0	0	0	0	0	0
4CASEY H WOLF PSYCHIATRIST	(i)	308,849	92,282	83	10,490	16,285	427,989	0
	(ii)	0	0	0	0	0	0	0
5KENNETH J MACINTYRE PSYCHIATRIST	(i)	285,526	78,989	438	9,839	9,103	383,895	0
	(ii)	0	0	0	0	0	0	0
6DAVID M WEISS PSYCHIATRIST	(i)	275,844	77,606	1,141	9,799	16,792	381,182	0
	(ii)	0	0	0	0	0	0	0
7MARK A KABAT PSYCHIATRIST	(i)	270,107	73,034	127	9,296	23,716	376,280	0
	(ii)	0	0	0	0	0	0	0
8JASON W RODRIGUEZ PSYCHIATRIST	(i)	264,835	73,255	455	9,116	9,091	356,752	0
	(ii)	0	0	0	0	0	0	0
9WESLEY M WILLIAMS VP, CHIEF INFORMATION OFFICER	(i)	191,748	115,775	127	6,844	13,795	328,289	0
	(ii)	0	0	0	0	0	0	0
10YVETTE BUXTON CHILD AND FAMILY MEDICAL DIREC	(i)	350,506	132,557	366	6,628	10,382	500,439	0
	(ii)	0	0	0	0	0	0	0
11JOHN FLYNN VP, ADULT SERVICES	(i)	203,648	160,992	238	7,256	13,814	385,948	0
	(ii)	0	0	0	0	0	0	0
12JODY T RYAN VP, CHIEF MEDICAL OFFICER	(i)	360,688	236,862	238	5,782	16,831	620,401	0
	(ii)	0	0	0	0	0	0	0
13DAWN DAVENPORT VP, CHILD AND FAMILY SERVICES	(i)	200,765	134,746	83	6,120	23,675	365,389	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: CERTAIN EMPLOYEES OF THE FILING ORGANIZATION ARE ELIGIBLE FOR BONUSES BASED UPON THE ORGANIZATION ACHIEVING CERTAIN PERFORMANCE METRICS. HOWEVER, ALL BONUSES ARE DISCRETIONARY AND SUBJECT TO BOARD APPROVAL.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization  
MENTAL HEALTH CENTER OF DENVER

Employer identification number

74-2499946

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH AND FACILITIES AUTHORITY	84-0752932	19648AS30	02-19-2014	23,285,000	CONSTRUCTION AND REFUNDING SERIES		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired . . . . .	3,025,000							
2 Amount of bonds legally defeased . . . . .	0							
3 Total proceeds of issue . . . . .	22,963,180							
4 Gross proceeds in reserve funds . . . . .	1,658,061							
5 Capitalized interest from proceeds . . . . .	0							
6 Proceeds in refunding escrows . . . . .	0							
7 Issuance costs from proceeds . . . . .	402,087							
8 Credit enhancement from proceeds . . . . .	0							
9 Working capital expenditures from proceeds . . . . .	0							
10 Capital expenditures from proceeds . . . . .	8,607,043							
11 Other spent proceeds . . . . .	12,299,050							
12 Other unspent proceeds . . . . .	0							
13 Year of substantial completion . . . . .	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? . . . . .	X							
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? . . . . .		X						
16 Has the final allocation of proceeds been made? . . . . .	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						

**Part IV Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b>	Name of provider . . . . .	0							
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .	0							
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
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.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**



Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.					
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ \$ . ▶					
\$					

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CARL CLARK MD	CEO	SPLIT DOLLAR LIFE IN		X	1,145,782	1,145,782		No	Yes		Yes	
Total						1,145,782						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
------------------	-------------

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization  
MENTAL HEALTH CENTER OF DENVER

Employer identification number

74-2499946

Return Reference	Explanation
FORM 990, PART III, LINE 2	NEW PROGRAM SERVICES: WELLPower LAUNCHED A NEW PROGRAM ON MAY 16, 2022, THAT PROVIDES UP TO THREE, ONLINE THERAPY SESSIONS TO ADULTS 18 AND OLDER, NO INSURANCE NEEDED. THE GOAL OF THERAPYDIRECT IS TO PROVIDE TIMELY, EASY AND CONVENIENT ACCESS TO MENTAL HEALTH SERVICES FOR METRO DENVER RESIDENTS, WITH A SPECIFIC FOCUS ON REDUCING BARRIERS TO CARE. STAFF ARE TRAINED IN INTERVENTION CARE, ENSURING EACH SESSION IS IMPACTFUL.
FORM 990, PART VI, SECTION A, LINE 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 WELLPower. ANY CHANGE OR AMENDMENT TO THE BYLAWS REGARDING THE MAYOR'S POWER TO APPOINT DIRECTORS MUST ALSO BE APPROVED IN WRITING BY THE MAYOR OF THE CITY AND COUNTY OF DENVER.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS: THE AUDIT/FINANCE COMMITTEE WILL REVIEW THE COMPLETED FORM 990 WITH THE PREPARER, AN OUTSIDE CPA FIRM. THE COMPLETED FORM 990 IS THEN PRESENTED TO THE ENTIRE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	HOW THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED: WELLPower 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 WELLPower OR ITS COMPONENTS TO AFFECT A DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTION. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 15A, 15B	EXECUTIVE COMPENSATION POLICY AND PROCEDURES: THE BOARD RETAINED THE FIRM OF HARLON GROUP TO COMPLETE A SALARY COMPARABILITY STUDY FOR THE CEO IN MAY 2022. HARLON GROUP USES A NUMBER OF SURVEYS, COMPARING SALARIES BASED ON THE SIZE OF THE ORGANIZATION, HEALTHCARE, MENTAL HEALTH, NONPROFIT, REGION, AND OTHER FACTORS. THE BOARD HAS A CEO COMPENSATION SUBCOMMITTEE WHICH IS COMPRISED OF THE PERSONNEL COMMITTEE AND EXECUTIVE COMMITTEE MEMBERS WHO CONSIDER THE DATA REPORTED FROM HARLON GROUP AS WELL AS MSEC DATA AND OTHER SOURCES OF INFORMATION IN DETERMINING THE CEO'S SALARY AND INCENTIVE COMPENSATION. THE BOARD THEN HAS OVERSIGHT AND COMMUNICATION WITH THE CEO OVER THE EXECUTIVE TEAM COMPENSATION PACKAGES, REVIEWS PERFORMANCE METRICS WITHIN THE COMPENSATION PACKAGE QUARTERLY, AND AUTHORIZES THE CEO TO OPERATE WITHIN THE PARAMETERS OF THE AGREED UPON COMPENSATION STRUCTURE.
FORM 990, PART VI, SECTION C, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PREVIOUSLY FILED 990 FORMS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MENTAL HEALTH CENTER OF DENVER

Employer identification number  
74-2499946

Related Organizations and Unrelated Partnerships

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SANDERSON LLC 4141 E DICKENSON PLACE DENVER, CO 80222 81-0823822	HOUSG PROJECT	CO		97,816	MHCD

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SABIN GROUP INC 4141 EAST DICKENSON PLACE  DENVER, CO 80222 74-2510947	HOUSING	CO	501(C)(3)	LINE 10	MHCD	Yes	
(2) SABIN GROUP I 4141 EAST DICKENSON PLACE  DENVER, CO 80222 84-1171536	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Yes	
(3) PARK EAST HOUSE INC 4141 EAST DICKENSON PLACE  DENVER, CO 80222 74-2374685	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Yes	
(4) LOWELL TERRACE CORP 4141 EAST DICKENSON PLACE  DENVER, CO 80222 31-1601975	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Yes	
(5) WESLEY HOUSE INC 4141 EAST DICKENSON PLACE  DENVER, CO 80222 47-2677053	HOUSING	CO	501(C)(3)	LINE 10	SABINGRP INC	Yes	
(6) MHCD EMPLOYEE HARDSHIP FUND 4141 EAST DICKENSON PLACE  DENVER, CO 80222 85-0680253	EMERG ASSISTA	CO	501(C)(3)	LINE 10	MHCD	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SANDERSON LLLP  4141 E DICKENSON PLACE DENVER, CO 80222 37-1799349	HOUSING PROJET	CO	SANDERSON LLC	RELATED (HOUSING)	-52	947		No		Yes		0.010 %

Part IV

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

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

**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) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** 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) . . . . .

**l** 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) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**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) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

**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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SABIN GROUP INC	D	841,613	INTERCOMPANY
(2)SABIN GROUP I	D	401,407	INTERCOMPANY
(3)PARK EAST HOUSE	D	287,378	INTERCOMPANY
(4)LOWELL TERRACE CORP	D	460,580	INTERCOMPANY
(5)WESLEY HOUSE	D	183,155	INTERCOMPANY
(6)SANDERSON LLLP	D	3,731,581	CASH/BOOK VALUE
(7)SABIN GROUP INC	R	340,636	CASH/ALLOCATION
(8)SABIN GROUP I	R	37,244	CASH/ALLOCATION
(9)PARK EAST HOUSE	R	16,447	CASH/ALLOCATION
(10)LOWELL TERRACE CORP	R	102,828	CASH/ALLOCATION
(11)WESLEY HOUSE	R	29,437	CASH/ALLOCATION



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

**Additional Data**

[Return to Form](#)

Software ID:

Software Version: