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AMENDED RETURN - SECTION 512(A) (7) REPEAL  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687  
**2017**

Form **990-T**

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year

**D** Employer identification number (Employees' trust, see instructions)  
74-2499946

**E** Unrelated business activity codes (See instructions)  
900099

Name of organization (  Check box if name changed and see instructions )  
**MENTAL HEALTH CENTER OF DENVER**

Number, street, and room or suite no. If a P O box, see instructions  
4141 E. DICKENSON PLACE

City or town, state or province, country, and ZIP or foreign postal code  
DENVER, CO 80222

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity ▶

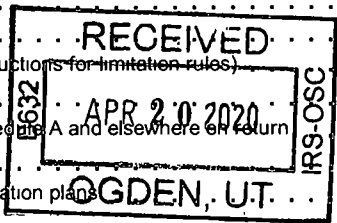
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ ANGELA OAKLEY Telephone number ▶ 303-504-6500

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedules A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	0.



SCANNED JUL 16 2020

Part III Tax Computation

Table with 4 rows (35-40) and 2 columns. Row 35: Organizations Taxable as Corporations. Row 36: Trusts Taxable at Trust Rates. Row 37: Proxy tax. Row 38: Alternative minimum tax. Row 39: Tax on Non-Compliant Facility Income. Row 40: Total.

Part IV Tax and Payments

Table with 10 rows (41-50) and 2 columns. Row 41: Foreign tax credit. Row 42: Subtract line 41e from line 40. Row 43: Other taxes. Row 44: Total tax. Row 45: Payments. Row 46: Total payments. Row 47: Estimated tax penalty. Row 48: Tax due. Row 49: Overpayment. Row 50: Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 rows (51-53) and 2 columns (Yes/No). Row 51: At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... Row 52: During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Row 53: Enter the amount of tax-exempt interest received or accrued during the tax year.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date 04/14/20, Title CFO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only: Print/Type preparer's name ADAM R SMITH CPA, Preparer's signature Adam Smith, Date 04/11/2020, Firm's name BKD, LLP, Firm's address 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848, Firm's EIN 44-0160260, Phone no 719 471-4290, PTIN P00958966

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property descriptions (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1) through (4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col 3 plus col 4). Includes a Totals row with instructions.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b>						
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

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

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

- 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
- 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX  
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
- 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....
- 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184  
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....
- 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181  
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....
- 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439  
FROM FORM 4136

TAX PAID WITH ORIGINAL 990-T FILED 10,307.  
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TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS 10,307.

FEDERAL FOOTNOTES

FORM 990T - EXPLANATION FOR AMENDMENT  
IN DECEMBER 2019 , CONGRESS PASSED LEGISLATION THAT INCLUDED A  
RETROACTIVE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7) THIS  
RETURN IS AMENDED TO REFLECT THAT REPEAL.

INTERNAL REVENUE CODE SECTION 512(A)(7) HAD WRONGLY SUBJECTED  
NONPROFIT ORGANIZATIONS LIKE MENTAL HEALTH CENTER OF DENVER TO INCOME  
TAX ON EXPENSES INCURRED IN PROVIDING QUALIFYING TRANSPORTATION  
FRINGES TO THEIR EMPLOYEES.

THIS AMENDED FORM 990-T IS BEING FILED TO REQUEST AN IMMEDIATE REFUND  
OF ALL INCOME TAXES, PENALTIES, AND INTEREST CHARGED OR OTHERWISE  
ACCRUED TO MENTAL HEALTH CENTER OF DENVER ON AMOUNTS THAT ARE NO  
LONGER CONSIDERED TAXABLE.

THE FOLLOWING LINES HAVE BEEN AMENDED FOR THE 2017 FORM 990-T.

LINE 12 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 13 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 19 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 29 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 30 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 34 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 35C - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 40 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 42 - CHANGED TO \$0 BASED ON 512(A)(7) REPEAL  
LINE 45G - CHANGED TO \$10,307 FOR TAX PAID ON ORIGINAL FILED RETURN  
BERFORE 512(A)(7) REPEAL  
LINE 49 - CHANGED TO \$10,307 BASED ON REFUND DUE TO 512(A)(7) REPEAL  
LINE 50 - CHANGED TO \$10,307 BASED ON REFUND DUE TO 512(A)(7) REPEAL