

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
ASPENPOINTE INC GROUP RETURN  
% ASPENPOINTE INC  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
675 SOUTHPOINTE CT SUITE 210  
City or town, state or province, country, and ZIP or foreign postal code  
COLORADO SPRINGS, CO 80906

**D** Employer identification number  
90-0528134  
**E** Telephone number  
(719) 572-6197  
**G** Gross receipts \$ 69,114,281

**F** Name and address of principal officer  
Susan Seiler  
675 SOUTHPOINTE CT 210  
COLORADO SPRINGS, CO 80906

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 9701

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527  
**J** Website: ▶ WWW.ASPENPOINTE.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation **M** State of legal domicile

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO PROVIDE EXCEPTIONAL BEHAVIORAL HEALTH CARE TO OUR COMMUNITY ONE PATIENT AT A TIME

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |   |
|--|---|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 8 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 7 |
| <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | 0 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 9 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               |   |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 486,606    | 664,555      |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 59,788,695 | 63,503,828   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 268,925    | 201,490      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 1,838,795  | 1,582,105    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 62,383,021 | 65,951,978   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 36,378,718 | 40,191,008   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 13,200       |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,200                 |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 20,512,306 | 23,377,871   |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 56,891,024 | 63,582,079   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 5,491,997  | 2,369,899    |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 28,997,163                | 32,815,904  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 3,869,115                 | 4,807,847   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 25,128,048                | 28,008,057  |

**Part II Signature Block**

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

**Sign Here**  
\*\*\*\*\*  
Signature of officer  
Date 2018-05-15  
LLOYD K LIGHT CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Adam R Smith CPA  
Preparer's signature Adam R Smith CPA  
Date  
Check  if self-employed PTIN P00958966  
Firm's name ▶ BKD LLP Firm's EIN ▶  
Firm's address ▶ 111 South Tejon Suite 800 Phone no (719) 471-4290  
Colorado Springs, CO 809039848

**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

TO PROVIDE EXCEPTIONAL BEHAVIORAL HEALTH CARE TO OUR COMMUNITY ONE PATIENT AT A TIME

**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 \$ 54,969,216 including grants of \$ ) (Revenue \$ 63,503,828 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 54,969,216

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   | Yes |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .   |     | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .   | Yes |    |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .   | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .  |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .   | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . |     | No |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .   |     | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | No |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | No |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>  | Yes |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | No |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 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 [X]

Table with columns: Question, Yes, No. Rows include: 1a-1b (Forms 1096, W-2G), 1c (backup withholding), 2a-2b (Form W-3, federal returns), 3a-3b (unrelated business income, Form 990-T), 4a-4b (foreign accounts, FBAR), 5a-5c (prohibited tax shelter transactions), 6a-6b (charitable contributions), 7 (Section 170(c) organizations), 8 (Sponsoring organizations), 9a-9b (Sponsoring organizations), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a-12b (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a-14b (indoor tanning services).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DONNA FINNICLE<br>HS CHAIR - Through 12/2016          | 1 0<br>0 0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) CONNIE RICKARD<br>HS SECRETARY - through 10/2016      | 1 0<br>0 0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) CAROLINA STEEN<br>HS DIRECTOR                         | 1 0<br>0 0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) DEBBIE COONTS<br>HS DIRECTOR - Through 12/2016        | 1 0<br>0 0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) MICHAEL PATTINSON<br>CEO, PRESIDENT, & DIRECTOR       | 1 0<br>40 0  | X   |                       | X       |              |                              |        | 0  | 379,030   | 82,217  |
| (6) Stacey Lutz Davidson<br>Foundation Director-thru 2/17 | 1 0<br>0 0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) Steve Everson<br>Foundation Director                  | 1 0<br>1 0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Shawn Raintree<br>Foundation Director                 | 1 0<br>1 0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) LLOYD KEVIN LIGHT<br>CFO                              | 1 0<br>40 0  |   |                       | X       |              |                              |        | 0  | 226,148   | 16,490  |
| (10) SUSAN SEILER<br>COO                                  | 0 0<br>40 0  |   |                       | X       |              |                              |        | 0  | 213,280   | 26,478  |
| (11) Kimberly Shreve<br>General Counsel                   | 0 0<br>40 0  |   |                       |         | X            |                              |        | 0  | 192,241   | 7,897   |
| (12) JASON CURD<br>MEDICAL DIRECTOR                       | 0 0<br>40 0  |   |                       |         |              | X                            |        | 0  | 297,381   | 27,397  |
| (13) BRYCE CALLISTER<br>PYSCHIATRIST                      | 0 0<br>40 0  |   |                       |         |              | X                            |        | 0  | 261,653   | 39,514  |
| (14) RACHEL Wilkenson<br>Lead PSYCHIATRIST                | 0 0<br>40 0  |   |                       |         |              | X                            |        | 0  | 169,940   | 41,347  |
| (15) ANDREW SEDILLO<br>Lead PYSCHIATRIST                  | 0 0<br>40 0  |   |                       |         |              | X                            |        | 0  | 228,695   | 36,990  |
| (16) Paul Mattox<br>Psychiatrist                          | 0 0<br>40 0  |   |                       |         |              | X                            |        | 0  | 193,284   | 23,473  |



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|--|---|--|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .   | <b>1f</b>  | 664,555  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____   | 200,863  |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 664,555  |   |  |  |
| <b>Program Service Revenue</b>   |   | Business Code  |  |   |  |  |
|  | <b>2a</b> PATIENT SERVICE REVENUE . . . . .   | 900099   | 61,963,954   | 61,963,954                              |  |  |
|  | <b>b</b> MAINTENANCE CONTRACTS . . . . .  | 900099   | 431,635  | 431,635                                 |  |  |
|  | <b>c</b> TRAINING REVENUE . . . . .   | 624310   | 873,821  | 873,821                                 |  |  |
|  | <b>d</b> OTHER REVENUE . . . . .  | 900099   | 234,418  | 234,418                                 |  |  |
|  | <b>e</b> _____ . . . . .  |  |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .  |  |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                    |   | 63,503,828   |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |  | 181,068  |   | 181,068  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  | 0  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  | 0  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .   | (i) Real   |  |   |  |  |
|  |   | 3,496,997  |  |   |  |  |
|  |   | <b>b</b> Less rental expenses . . . . .                        | 1,914,892  |   |  |  |
|  |   | <b>c</b> Rental income or (loss) . . . . .                     | 1,582,105  | 0                                       |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |  | 1,582,105  |   | 1,582,105  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory . . . . .  | (i) Securities   |  |   |  |  |
|  |   | 1,267,633  |  | 200                                     |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses . . . . . | 1,245,272  |   | 2,139  |  |
|  |   | <b>c</b> Gain or (loss) . . . . .                              | 22,361   |   | -1,939   |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  | 20,422   |   | 20,422   |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |  |   |  |  |
|  |   | 0  |  |   |  |  |
| <b>b</b> Less direct expenses . . . . .                                      |   | 0  |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   | 0  |  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  |  |   |  |  |
|  | 0   |  |  |   |  |  |
|  | <b>b</b> Less direct expenses . . . . .   | 0  |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .               |   | 0  |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |  |  |   |  |  |
|  | 0   |  |  |   |  |  |
|  | <b>b</b> Less cost of goods sold . . . . .  | 0  |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .              |   | 0  |  |   |  |  |
| <b>11a</b> Miscellaneous Revenue . . . . .                                   | Business Code   |  |  |   |  |  |
|  | <b>b</b> _____ . . . . .  |  |  |   |  |  |
|  | <b>c</b> _____ . . . . .  |  |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .  |  |  |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d . . . . .   |  | 0  |   |  |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 65,951,978   | 63,503,828   |   | 1,783,595  |  |

**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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 0                     |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 2,369,343             | 1,777,506                       | 591,837                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 29,307,908            | 25,216,672                      | 4,091,236                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 688,231               | 604,932                         | 83,299                                 |                             |
| <b>9</b> Other employee benefits.   | 5,640,827             | 4,467,898                       | 1,172,929                              |                             |
| <b>10</b> Payroll taxes.  | 2,184,699             | 1,889,058                       | 295,641                                |                             |
| <b>11</b> Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b> Management.  | 0                     |                                 |  |                             |
| <b>b</b> Legal.   | 21,673                | 11,471                          | 10,202                                 |                             |
| <b>c</b> Accounting.  | 24,550                |                                 | 24,550                                 |                             |
| <b>d</b> Lobbying.  | 75,000                | 17,500                          | 57,500                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 13,200                |                                 |  | 13,200                      |
| <b>f</b> Investment management fees.  | 0                     |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 11,221,099            | 10,760,003                      | 461,096                                |                             |
| <b>12</b> Advertising and promotion.  | 246,905               | 35,670                          | 211,235                                |                             |
| <b>13</b> Office expenses.  | 1,457,246             | 1,236,775                       | 220,471                                |                             |
| <b>14</b> Information technology.   | 1,300,379             | 730,803                         | 569,576                                |                             |
| <b>15</b> Royalties.  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy.  | 655,626               | 451,526                         | 204,100                                |                             |
| <b>17</b> Travel.   | 623,138               | 544,755                         | 78,383                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 96,842                | 61,056                          | 35,786                                 |                             |
| <b>20</b> Interest.   | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates.   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 1,681,354             | 1,360,619                       | 320,735                                |                             |
| <b>23</b> Insurance.  | 492,161               | 354,809                         | 137,352                                |                             |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> DIRECT PROGRAM EXPENSE   | 5,172,083             | 5,172,083                       |  |                             |
| <b>b</b> BAD DEBT EXPENSE   | 197,904               | 197,904                         |  | 0                           |
| <b>c</b> DUES   | 111,911               | 78,176                          | 33,735                                 |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 63,582,079            | 54,969,216                      | 8,599,663                              | 13,200                      |
| <b>26</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 8,741,749                | <b>1</b>   | 2,428,819          |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 435,090                  | <b>2</b>   | 618,667            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>   | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 2,125,534                | <b>4</b>   | 2,417,914          |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0                        | <b>6</b>   | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>   | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>   | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 360,832                  | <b>9</b>   | 290,282            |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 42,384,959               |            |                    |
|   | <b>b</b> Less accumulated depreciation  | 21,164,977               |            |                    |
|   |   | 12,062,831               | <b>10c</b> | 21,219,982         |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 5,214,127                | <b>11</b>  | 5,783,240          |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 57,000                   | <b>12</b>  | 57,000             |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>  | 0                  |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                         | 0   | <b>15</b>                | 0          |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 28,997,163  | <b>16</b>                | 32,815,904 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 3,606,454                | <b>17</b>  | 4,295,605          |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>  | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 101,383                  | <b>19</b>  | 349,695            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>  | 0                  |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>  | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>  | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>  | 0                  |
|   | <b>25</b> 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  | 161,278                  | <b>25</b>  | 162,547            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 3,869,115                | <b>26</b>  | 4,807,847          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets   | 25,128,048               | <b>27</b>  | 27,931,247         |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                        | <b>28</b>  | 0                  |
|   | <b>29</b> Permanently restricted net assets   | 0                        | <b>29</b>  | 76,810             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 25,128,048  | <b>33</b>                | 28,008,057 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 28,997,163  | <b>34</b>                | 32,815,904 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 65,951,978 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 63,582,079 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 2,369,899  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 25,128,048 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  | 510,110    |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 28,008,057 |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br/>                     If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>   |           |     |    |
| <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br/>                     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<br/> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | <b>2a</b> |     | No |
| <p><b>b</b> Were the organization's financial statements audited by an independent accountant?<br/>                     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<br/> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>                            | <b>2b</b> |     | No |
| <p><b>c</b> 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?<br/>                     If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>   | <b>2c</b> |     |    |
| <p><b>3a</b> 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?</p>   | <b>3a</b> | Yes |    |
| <p><b>b</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</p>  | <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0528134

**Name:** ASPENPOINTE INC GROUP RETURN

Form 990 (2016)

---

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O FOR DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS RELATED TO CREATING OPPORTUNITIES AND PROVIDING BEHAVIORAL HEALTH SOLUTIONS FOR INDIVIDUALS AND COMMUNITIES

---

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPENPOINTE INC GROUP RETURN

Employer identification number

90-0528134

**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 or 990-EZ))
- 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 **section 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 in 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 1
- g Provide the following information about the supported organization(s)

| (i)<br>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 |   |   |
| (A) ASPENPOINTE INC                   | 421600485 | 10   | Yes   |    | 0   | 0   |
| <b>Total</b>                          | 1         |  |   |    | 0   | 0   |

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |         |         |         |         |         |          |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   |         |         |         |         |         |          |
| <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) |         |         |         |         |         |          |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
|--|--|---------|---------|---------|---------|-----------|----------|
| <b>7</b>   | Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b>  | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))  |         |         |         |         |           |          |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions)  |         |         |         |         | <b>12</b> |          |
| <b>13</b>  | <b>First five years.</b> 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**

|            |   |           |  |
|------------|---|-----------|--|
| <b>14</b>  | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b>  | Public support percentage for 2015 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a</b> | <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |           |  |
| <b>b</b>   | <b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |  |
| <b>17a</b> | <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>      |           |  |
| <b>b</b>   | <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |  |
| <b>18</b>  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a)2012    | (b)2013    | (c)2014    | (d)2015    | (e)2016    | (f)Total    |
|--|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 1,646,019  | 1,732,801  | 1,042,208  | 486,606    | 664,555    | 5,572,189   |
| <b>2</b>   | 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 | 47,342,520 | 50,605,168 | 53,781,259 | 59,788,695 | 63,159,164 | 274,676,806 |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |            |            |            |            |            | 0           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |            |            |            |            |            | 0           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |            |            |            |            |            | 0           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  | 48,988,539 | 52,337,969 | 54,823,467 | 60,275,301 | 63,823,719 | 280,248,995 |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |            |            |            |            |            | 0           |
| <b>b</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           |            |            |            |            |            | 0           |
| <b>c</b>   | Add lines 7a and 7b  |            |            |            |            |            | 0           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |            |            |            |            |            | 280,248,995 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a)2012    | (b)2013    | (c)2014    | (d)2015    | (e)2016    | (f)Total    |
|--|--|------------|------------|------------|------------|------------|-------------|
| <b>9</b>   | Amounts from line 6  | 48,988,539 | 52,337,969 | 54,823,467 | 60,275,301 | 63,823,719 | 280,248,995 |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 3,827,507  | 3,754,311  | 3,953,930  | 4,054,574  | 4,022,729  | 19,613,051  |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 5,306      | 3,323      |            |            |            | 8,629       |
| <b>c</b>   | Add lines 10a and 10b  | 3,832,813  | 3,757,634  | 3,953,930  | 4,054,574  | 4,022,729  | 19,621,680  |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |            |            |            |            |            | 0           |
| <b>12</b>  | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))  |            |            |            |            |            | 0           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 52,821,352 | 56,095,603 | 58,777,397 | 64,329,875 | 67,846,448 | 299,870,675 |
| <b>14</b>  | <b>First five years.</b> 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**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>15</b> | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 93.457% |
| <b>16</b> | Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> | 93.347% |

**Section D. Computation of Investment Income Percentage**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>17</b> | Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 6.543% |
| <b>18</b> | Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> | 6.653% |

**19a 33 1/3% support tests—2016.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2015.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No        |
|----------|--|----------|-----------|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> |          |           |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>  |          |           |
|          |  | <b>1</b> | <b>No</b> |
|          |  | <b>2</b> | <b>No</b> |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No        |
|----------|---|----------|-----------|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |          |           |
|          |   | <b>1</b> | <b>No</b> |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No        |
|----------|--|----------|-----------|
| <b>1</b> | 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? |          |           |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |          |           |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |          |           |
|          |  | <b>1</b> | <b>No</b> |
|          |  | <b>2</b> | <b>No</b> |
|          |  | <b>3</b> | <b>No</b> |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |           |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify 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.</i> |           |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |           |  |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |           |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |           |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |           |  |
|          |  | <b>2a</b> |  |
|          |  | <b>2b</b> |  |
|          |  | <b>3a</b> |  |
|          |  | <b>3b</b> |  |

**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. **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  | 0              |                             |
| <b>2</b> Recoveries of prior-year distributions   | 0              |                             |
| <b>3</b> Other gross income (see instructions)  | 0              |                             |
| <b>4</b> Add lines 1 through 3  | 0              |                             |
| <b>5</b> Depreciation and depletion   | 0              |                             |
| <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) | 0              |                             |
| <b>7</b> Other expenses (see instructions)  | 0              |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | 0              |                             |

**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>a</b> Average monthly value of securities  | 0              |                             |
| <b>b</b> Average monthly cash balances  | 0              |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | 0              |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | 0              |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI) 0  |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | 0              |                             |
| <b>3</b> Subtract line 2 from line 1d   | 0              |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | 0              |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | 0              |                             |
| <b>6</b> Multiply line 5 by .035  | 0              |                             |
| <b>7</b> Recoveries of prior-year distributions   | 0              |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | 0              |                             |

**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> | 0            |
| <b>2</b> Enter 85% of line 1  | <b>2</b> | 0            |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> | 0            |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> | 0            |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> | 0            |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> | 0            |
| <b>7</b> <input type="checkbox"/> 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)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  | 0                   |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    | 0                   |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  | 0                   |
| <b>4</b> Amounts paid to acquire exempt-use assets  | 0                   |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  | 0                   |
| <b>6</b> Other distributions (describe in Part VI) See instructions   | 0                   |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  | 0                   |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | 0                   |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   | 0                   |
| <b>10</b> Line 8 amount divided by Line 9 amount  | 0 %                 |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                     |   | 0  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                     | 0   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> From 2013. . . . . 0  |                                     |   |  |
| <b>d</b> From 2014. . . . . 0  |                                     |   |  |
| <b>e</b> From 2015. . . . . 0  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   | 0                                   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     | 0   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                     |   | 0  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   | 0                                   |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7<br>\$ 0   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     | 0   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   | 0                                   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     | 0   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   | 0  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c   | 0                                   |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> Excess from 2013. . . . . 0   |                                     |   |  |
| <b>c</b> Excess from 2014. . . . . 0   |                                     |   |  |
| <b>d</b> Excess from 2015. . . . . 0   |                                     |   |  |
| <b>e</b> Excess from 2016. . . . . 0   |                                     |   |  |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference            | Explanation   |
|-----------------------------|---|
| Schedule A, Part I, Line 12 | This Group Return includes the following organizations, exempt under section 509(a)(2) -A<br>spenPointe Health Services EIN 84-0602716 -AspenPointe Employment EIN 84-1191609 -AspenP<br>ointe Enterprises EIN 32-0098858 -Aspenpointe Health Network EIN 20-4048014 -AspenPointe<br>Foundation EIN 84-0893577 As Well as the following organizations, exempt under section 5<br>09(a)(3) as Type II Supporting Organizations -Aspenpointe Youth Directions EIN 84-068141<br>4 -Aspenpointe Properties EIN 84-1119153 |

**990 Schedule A, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| Schedule A, Part IV, Section C, Line 1 | <p>HOW CONTROL/MANAGEMENT OF THE SUPPORTING ORGANIZATION IS VESTED IN THE SAME PERSONS THAT CONTROL/MANAGE THE SUPPORTED ORGANIZATION ALL BOARD MEMBERS OF THE TWO SUPPORTING ORGANIZATIONS, ASPENPOINTE YOUTH DIRECTIONS (EIN 84-0681414) AND ASPENPOINTE PROPERTIES (EIN 84-119153) SERVE AS BOARD MEMBERS OR OFFICERS OF THE SUPPORTED ORGANIZATION, ASPENPOINTE, INC (EIN 42-1600485) FURTHER, THE SUPPORTED ORGANIZATION, ASPENPOINTE, INC (EIN 42-1600485) IS THE SOLE MEMBER OF BOTH SUPPORTED ORGANIZATIONS, APPROVES THE APPOINTMENT OF ALL SUPPORTING ORGANIZATION BOARD MEMBERS, AND APPROVES ALL CHANGES TO THE SUPPORTING ORGANIZATIONS' BYLAWS THE MANAGEMENT OF THE SUPPORTED ORGANIZATION, ASPENPOINTE, INC , INCLUDING THE CEO, CFO, AND COO ALL PROVIDE THE DAY-TO-DAY MANAGMENT OF THE SUPPORTED ORGANIZATIONS ALL OF THIS SUPPORTS CONTROL BY THE SUPPORTED ORGANIZATION, BUT DOESN'T TECHNICALLY MEET THE MAJORITY OF EACH BOARD TO ANSWER "YES" FOR SCHEDULE A, PART IV, SECTION C, LINE 1</p> |

Schedule A Form 990 of 990-E 2016

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2016**  
  
**Open to Public Inspection**

**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<br>ASPENPOINTE INC GROUP RETURN | Employer identification number<br>90-0528134 |
|--|--|

**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  
**2** Political expenditures ▶ \$ \_\_\_\_\_  
**3** Volunteer hours \_\_\_\_\_

**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?  Yes  No  
**4a** Was a correction made?  Yes  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?  Yes  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- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**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 |
|--|----------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)   |                                  |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)   |                                  |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)   |                                  |                             |
| <b>d</b> Other exempt purpose expenditures   |                                  |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)   |                                  |                             |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns  |                                  |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)   |                                  |                             |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-  |                                  |                             |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-  |                                  |                             |
| <b>j</b> 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? |                                  |                             |

| 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                                       |

Yes  No

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b> 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 |     |    |        |
| <b>a</b> Volunteers?  |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |        |
| <b>c</b> Media advertisements?  |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 75,000 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |        |
| <b>i</b> Other activities?  |     | No |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    | 75,000 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> 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? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**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 | LOBBYING EXPENSES Aspenpointe pays a lobbyist to monitor pending legislation and to schedule meetings with politicians for Aspenpointe to present their view and to advise Aspenpointe as needed The amount disclosed above is the portion of the total amount that was paid to the lobbyist by the entities included in the group return |

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ASPENPOINTE INC GROUP RETURN

**Employer identification number**  
90-0528134

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> 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

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |

**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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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 |
|---|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 114,310         | 114,310       | 114,310           | 114,310             | 114,897            |
| <b>b</b> Contributions . . . . .                                  |                 |               |                   |                     |                    |
| <b>c</b> Net investment earnings, gains, and losses               | 14,043          | 827           | 151               | 19,843              | 8,684              |
| <b>d</b> Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 12,839          |               |                   | 18,772              | 10,220             |
| <b>f</b> Administrative expenses . . . . .                        | 1,204           | 827           | 151               | 1,071               | -949               |
| <b>g</b> End of year balance . . . . .                            | 114,310         | 114,310       | 114,310           | 114,310             | 114,310            |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 32 810 %
  - b** Permanent endowment ▶ 67 190 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  | 326,177                              | 2,829,861                       |                              | 3,156,038      |
| <b>b</b> Buildings  | 5,920,055                            | 24,816,865                      | 14,535,971                   | 16,200,949     |
| <b>c</b> Leasehold improvements   |                                      | 140,378                         | 112,318                      | 28,060         |
| <b>d</b> Equipment . . . . .  | 331,940                              | 3,726,420                       | 3,950,507                    | 107,853        |
| <b>e</b> Other . . . . .  | 960,748                              | 3,332,515                       | 2,566,181                    | 1,727,082      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶ |                                      |                                 |                              | 21,219,982     |

**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<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>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)  |                |   |
| <b>Total.</b> (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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (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)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

**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              |
| SECURITY DEPOSITS  | 162,547        |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 162,547        |

**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.

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

**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.

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

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0528134

**Name:** ASPENPOINTE INC GROUP RETURN

## Supplemental Information

| Return Reference           | Explanation   |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | ENDOWMENTS PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS THE PRINCIPAL IS TO BE HELD IN PERPETUITY WITHIN INVESTMENTS AND THE PROCEEDS ARE TO BE USED TO SUPPORT THE BEHAVIORAL HEALTH MISSION THE BOARD HAS ALSO DESIGNATED NET ASSETS FOR THE CHARLES VORWALLER ENDOWMENT FUND |

## Supplemental Information

| Return Reference           | Explanation  |
|----------------------------|--|
| SCHEDULE D, PART X, LINE 2 | UNCERTAIN TAX POSITIONS Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements |

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

**2015**  
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |  |
|--|--|
| Name of the organization<br>ASPENPOINTE INC GROUP RETURN | Employer identification number<br>90-0528134 |
|--|--|

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in 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.</p>   | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> 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 in line 1a?</p>  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> 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:</p>   |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>   | <b>4b</b>  | Yes  |  |  |  |  |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p>  | <b>4c</b>  | No   |  |  |  |  |   |  |  |  |
| <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>5</b> 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:</p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>5a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>6</b> 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:</p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>6a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>   | <b>7</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>8</b> 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.</p>  | <b>8</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

**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 and/or 1099-MISC compensation |                                     |                                     | (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 |  |                         |                                 |  |
| 1 JASON CURD<br>MEDICAL DIRECTOR                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 284,381  | 3,000                               | 10,000                              | 10,600   | 16,797                  | 324,778                         | 0  |
| 2 BRYCE CALLISTER<br>PSYCHIATRIST                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 260,453  | 1,200                               | 0                                   | 10,600   | 28,914                  | 301,167                         | 0  |
| 3 RACHEL Wilkenson<br>Lead PSYCHIATRIST              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 168,980  | 960                                 | 0                                   | 7,308  | 34,039                  | 211,287                         | 0  |
| 4 ANDREW SEDILLO<br>Lead PYSCHIATRIST                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 227,495  | 1,200                               | 0                                   | 9,383  | 27,607                  | 265,685                         | 0  |
| 5 MICHAEL PATTINSON<br>CEO, PRESIDENT, &<br>DIRECTOR | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 311,476  | 0                                   | 67,554                              | 60,600   | 21,617                  | 461,247                         | 0  |
| 6 LLOYD KEVIN LIGHTCFO                               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 188,047  | 20,000                              | 18,101                              | 7,338  | 9,152                   | 242,638                         | 0  |
| 7 SUSAN SEILERCOO                                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 180,280  | 15,000                              | 18,000                              | 7,406  | 19,072                  | 239,758                         | 0  |
| 8 Paul MattoxPsychiatrst                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 191,584  | 1,700                               | 0                                   | 7,824  | 15,649                  | 216,757                         | 0  |
| 9 Kimberly Shreve<br>General Counsel                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|  | (ii) | 182,241  | 0                                   | 10,000                              | 6,906  | 991                     | 200,138                         | 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 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. MICHAEL PATTINSON PARTICIPATES IN A 457(F) PLAN THROUGH ASPENPOINTE, INC, A RELATED ORGANIZATION. DURING 2016, A 457(F) PAYOUT WAS MADE IN THE AMOUNT OF \$49,554 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION. IN ADDITION, THE related organization CONTRIBUTES 50,000 EACH YEAR TO MR. PATTINSON'S 457(F) PLAN. THIS AMOUNT IS REPORTED AS DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN (C). |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 90-0528134  
**Name:** ASPENPOINTE INC GROUP RETURN

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name and Title                                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (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 |  |                         |                                 |   |
| 1 JASON CURD<br>MEDICAL DIRECTOR                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 284,381  | 3,000                               | 10,000                              | 10,600   | 16,797                  | 324,778                         | 0   |
| 1 BRYCE CALLISTER<br>PSYCHIATRIST                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 260,453  | 1,200                               | 0                                   | 10,600   | 28,914                  | 301,167                         | 0   |
| 2 RACHEL Wilkenson<br>Lead PSYCHIATRIST              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 168,980  | 960                                 | 0                                   | 7,308  | 34,039                  | 211,287                         | 0   |
| 3 ANDREW SEDILLO<br>Lead PSYCHIATRIST                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 227,495  | 1,200                               | 0                                   | 9,383  | 27,607                  | 265,685                         | 0   |
| 4 MICHAEL PATTINSON<br>CEO, PRESIDENT, &<br>DIRECTOR | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 311,476  | 0                                   | 67,554                              | 60,600   | 21,617                  | 461,247                         | 0   |
| 5 LLOYD KEVIN LIGHTCFO                               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 188,047  | 20,000                              | 18,101                              | 7,338  | 9,152                   | 242,638                         | 0   |
| 6 SUSAN SEILERCOO                                    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 180,280  | 15,000                              | 18,000                              | 7,406  | 19,072                  | 239,758                         | 0   |
| 7 Paul Mattox Psychiatrist                           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 191,584  | 1,700                               | 0                                   | 7,824  | 15,649                  | 216,757                         | 0   |
| 8 Kimberly Shreve<br>General Counsel                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 182,241  | 0                                   | 10,000                              | 6,906  | 991                     | 200,138                         | 0   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPENPOINTE INC GROUP RETURN

Employer identification number  
90-0528134

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               |                            |   |  |   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              | X                          | 40  | 103,433  | Fair Market Value   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( Furniture ) . . . . .                                   | X                          | 2   | 97,430   | Fair Market Value   |
| 26 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 27 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 28 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . **30a** No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . **32a** No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|     | Yes | No |
|-----|-----|----|
| 30a |     | No |
| 31  |     | No |
| 32a |     | No |

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference          | Explanation  |
|---------------------------|--|
| Part I, Column a, Line 20 | Number of Contributions The number on line 20 of column a represents the number of visits by pharmaceutical companies to the organization when contributions were received |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

ASPENPOINTE INC GROUP RETURN

Employer identification number

90-0528134

**990 Schedule O, Supplemental Information**

| Return Reference                | Explanation   |
|---------------------------------|---|
| FORM 990, PAGE 1, QUESTION H(C) | ENTITIES INCLUDED IN GROUP RETURN THE ASPENPOINTE INC GROUP RETURN IS A GROUP OF SUBSIDIARY ORGANIZATIONS OF ASPENPOINTE INC UNDER GROUP EXEMPTION #9701 THE FOLLOWING ENTITIES ARE INCLUDED IN THIS GROUP RETURN -ASPENPOINTE HEALTH NETWORK EIN 20-4048014 -ASPENPOINTE ENTERPRISES EIN 32-0098858 -ASPENPOINTE HEALTH SERVICES EIN 84-0602716 -ASPENPOINTE YOUTH DIRECTIONS EIN 84-0681414 -ASPENPOINTE FOUNDATION EIN 84-0893577 -ASPENPOINTE PROPERTIES EIN 84-1119153 -ASPENPOINTE EMPLOYMENT EIN 84-1191609 -ASPENPOINTE GROUP RETURN EIN 90-0528134 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>     | <b>Explanation</b>   |
|-----------------------------|--|
| FORM 990, PART III, LINE 4A | <p>Program Service accomplishments It has been another year of progress for AspenPointe with significant additions in the 2016-17 fiscal year that included new partnerships, new programs and new facilities in our commitment to providing superior whole-person health care in the Pikes Peak Region These changes will undoubtedly result in more access to care, better outcomes and healthier communities Our two new locations, slated to officially open in Fiscal Year 2017-18, are in historically underserved areas of Colorado Springs North and Southeast AspenPointe Woodmen and AspenPointe Jet Wing will provide much-needed services in these areas, but will also allow us to relocate administrative roles from other sites such as our Lehman facility and provide more clinical care at Lehman AspenPointe Woodmen will be our second 24/7 walk-in crisis center and outpatient care facility in Colorado Springs This site, located at the NorthCare Building near the St Francis Medical Center off Powers Boulevard and Woodmen Road, provides crisis care at any time to anyone, regardless of age or ability to pay Our Jet Wing facility is a 70,000-square-foot building at the intersection of Jet Wing Drive and Fountain Boulevard It will house our contact center in addition to a full continuum of mental health and substance misuse services for all ages There is also the opportunity to provide physical health care at this location through partnerships such as the one we started this year with Value Care Health Clinic Our two organizations combined forces to establish a Health Home at our Moreno adult facility to provide physical care along with existing behavioral health, substance misuse, pharmaceutical and laboratory services Over 1,700 visits have occurred from its opening in October 2016 till June 2017 This new partnership has allowed a one-stop ease of access for patients as they receive various treatment Adapting to the current health care needs of our community, AspenPointe also initiated two significant programs this year The Seven Challenges and Zero Suicide The Seven Challenges is a youth-focused, evidenced-based substance misuse program Zero Suicide enables our entire organization to identify and respond to those individuals, prone to suicidality, who may need additional care These areas are of growing concern for the communities we serve as we continue to offer new solutions</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| Form 990,<br>Part V, Line<br>2a | No Form W-3 is filed for the members of the AspenPointe Group because the employees of AspenPointe Group are compensated through a related organization, which is reimbursed by the the members of Aspenpointe Group for these employees' services |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2 | RELATIONSHIPS AMONG BOARD MEMBERS MICHAEL PATTINSON, KEVIN LIGHT, KELLY PHILLIPS-HENRY AND SUSAN SEILER HAVE A BUSINESS RELATIONSHIP AS THEY ARE DIRECTORS OF ASPENPOINTE MANAGEMENT, A RELATED ORGANIZATION TAXABLE AS A CORPORATION |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | MEMBERS ASPENPOINTE, INC IS THE SOLE MEMBER OF ALL OF THE SUBSIDIARY COMPANIES OF THE GROUP |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | MEMBER APPROVAL OF DECISIONS ASPENPOINTE, INC APPROVES THE APPOINTMENT OF ALL OF THE BOARD MEMBERS OF THE SUBSIDIARIES |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | MEMBER APPROVAL OF CHANGES TO GOVERNING DOCUMENTS ASPENPOINTE, INC APPROVES ALL CHANGES TO SUBSIDIARY'S BYLAWS |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | FORM 990 REVIEW PROCESS THE FORM 990 RETURN IS PREPARED BY A THIRD PARTY AND GOES THROUGH A DETAILED REVIEW BY THE CONTROLLER AND CFO OF THE ORGANIZATION ONCE REVIEWED, THE RETURN IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD WHERE THEY WILL CONDUCT A SECONDARY REVIEW AND RECOMMEND THE FILING OF THE 990 TO THE BOARD OF DIRECTORS ONCE APPROVAL IS MADE, A FINAL COPY OF THE 990 WILL BE SENT TO THE BOARD VIA EMAIL AND THE 990 WILL BE ELECTRONICALLY FILED WITH THE IRS |

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation  |
|---|--|
| <p>FORM 990, PART VI, SECTION B, LINE 12C</p> | <p>CONFLICT OF INTEREST POLICY AND PROCESS THE ORGANIZATION HAS A COMPREHENSIVE CORPORATE COMPLIANCE PROGRAM WHICH COVERS STAFF AND DIRECTORS COMPLIANCE IS MONITORED THROUGH INTERNAL AUDITS OF BILLING, MEDICAL CHARTING, ACCOUNTING, AND THE COMPLIANCE PROGRAM ITSELF THE ORGANIZATION EDUCATES STAFF ON COMPLIANCE ON AN ONGOING BASIS AND CONDUCTS AN ANNUAL ONLINE QUESTIONNAIRE TO CONFIRM STAFF UNDERSTANDING OF THE PROGRAM THE PROGRAM UTILIZES A HOTLINE FOR REPORTING OF SUSPECTED COMPLIANCE ISSUES THE HOTLINE IS RUN BY A THIRD PARTY VENDOR AND OFFERS ANONYMITY TO THE REPORTER THE STAFF IS EDUCATED ON THE HOTLINE'S USE AND ACCESS ON AN ONGOING BASIS AND THIS KNOWLEDGE IS AN IMPORTANT PART OF THE ANNUAL STAFF QUESTIONNAIRE DESIGNATED PERSONNEL WORKING IN AREAS AFFECTING COMPLIANCE REPORT TO THE BOARD OF DIRECTORS' COMPLIANCE SUBCOMMITTEE ON A QUARTERLY BASIS THE COMPLIANCE COMMITTEE REPORTS DIRECTLY TO THE BOARD THE CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND TO ALL STAFF OF ALL COMPANIES THE COMMITTEE OR THE BOARD MAY MAKE DETERMINATIONS OF WHETHER OR NOT AN ACTUAL CONFLICT OF INTEREST EXISTS THE INDIVIDUAL WITH THE CONFLICT CANNOT PARTICIPATE IN THE DECISION MAKING PROCESS AND IS NOT PERMITTED TO VOTE ON THE PROPOSED TRANSACTION CREATING THE CONFLICT THE SUBCOMMITTEE OR THE BOARD MAY INVESTIGATE ANY SUSPECTED FAILURES TO REPORT A CONFLICT AND MAY TAKE APPROPRIATE DISCIPLINARY ACTION OR CORRECTIVE ACTION EACH YEAR THE BOARD OF DIRECTORS IS GIVEN A COMPLIANCE REPORT ON THE PREVIOUS YEAR'S COMPLIANCE PROGRAM FOLLOWING THIS PRESENTATION, EACH BOARD MEMBER IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT WHICH CONFIRMS THEIR UNDERSTANDING OF, AND AGREEMENT WITH, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY THE INDIVIDUAL WITH THE CONFLICT CANNOT PARTICIPATE IN THE DECISION MAKING PROCESS AND IS NOT PERMITTED TO VOTE ON THE PROPOSED TRANSACTION CREATING THE CONFLICT THE SUBCOMMITTEE OR THE BOARD MAY INVESTIGATE ANY SUSPECTED FAILURES TO REPORT A CONFLICT AND MAY TAKE APPROPRIATE DISCIPLINARY ACTION OR CORRECTIVE ACTION EACH YEAR THE BOARD OF DIRECTORS IS GIVEN A COMPLIANCE REPORT ON THE PREVIOUS YEAR'S COMPLIANCE PROGRAM FOLLOWING THIS PRESENTATION, EACH BOARD MEMBER IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT WHICH CONFIRMS THEIR UNDERSTANDING OF, AND AGREEMENT WITH, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                  | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A &<br>15B | EXECUTIVE COMPENSATION COMPENSATION IS PAID BY A RELATED ORGANIZATION, ASPENPOINTE INC I<br>N FEBRUARY 2016, ASPENPOINTE INC ENGAGED THE HARLON GROUP, AN EXTERNAL COMPENSATION CONSU<br>LTING FIRM, TO COMPLETE A FORMAL REVIEW OF SENIOR LEADERSHIP POSITIONS INCLUDING CEO, COO,<br>CFO, AND CHIEF MEDICAL OFFICER THE RESULTS OF THE REVIEW WERE PROVIDED TO THE BOARD OF D<br>IRECTORS FOR CONSIDERATION IN ESTABLISHING CEO OVERALL COMPENSATION PACKAGE THEIR DECISIO<br>N AND DELIBERATIONS WERE APPROPRIATELY DOCUMENTED |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| FORM 990, PART VII      | BOARD AND OFFICER LISTING THE GROUP RETURN INCLUDES THE FOLLOWING ENTITIES -ASPENPOINTE EMPLOYMENT -ASPENPOINTE ENTERPRISES -ASPENPOINTE PROPERTIES -ASPENPOINTE YOUTH DIRECTIONS -ASPENPOINTE HEALTH NETWORK -ASPENPOINTE TELECARE LLC THE ABOVE ENTITIES HAVE A 3 PERSON BOARD COMPRISED OF THE PRESIDENT/CEO, COO AND CFO -ASPENPOINTE HEALTH SERVICES -ASPENPOINTE FOUNDATION THE ABOVE ENTITIES HAVE A BOARD OF VOLUNTEER COMMUNITY MEMBERS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|--|
| FORM 990,<br>PART XII,<br>LINE 2B | CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALL MEMBERS OF THE GROUP WERE PART OF A CONSOLIDATED AUDIT HOWEVER, BASED ON IRS INSTRUCTIONS FOR A GROUP RETURN, QUESTION 2B MAY ONLY BE ANSWERED YES IF ALL MEMBERS HAD SEPARATE AUDITS ASPENPOINTE DOES HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT ASPENPOINTE HEALTH SERVICES AND ASPENPOINTE HEALTH NETWORK ARE TWO ENTITIES INCLUDED WITHIN THIS GROUP RETURN WHICH HAD SINGLE AUDITS THAT WERE REQUIRED AND COMPLETED |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| FORM 990<br>PART IX<br>LINE 11G | DESCRIPTION PROVIDER AND SUNCONTRACT SERV TOTAL FEES 8692156 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                             |
|---------------------------------|--|
| FORM 990<br>PART IX<br>LINE 11G | DESCRIPTION CONTRACT DOCTORS TOTAL FEES 841500 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                       |
|---------------------------------|--|
| FORM 990<br>PART IX<br>LINE 11G | DESCRIPTION CONSULTING TOTAL FEES 797869 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                           |
|---------------------------------|--|
| FORM 990<br>PART IX<br>LINE 11G | DESCRIPTION TEMPORARY HELP TOTAL FEES 840603 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                       |
|---------------------------------|--|
| FORM 990<br>PART IX<br>LINE 11G | DESCRIPTION COMMISSIONS TOTAL FEES 48971 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPENPOINTE INC GROUP RETURN

**Employer identification number**

90-0528134

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ASPENPOINTE TELECARE LLC<br>220 RUSKIN DRIVE<br>COLORADO SPRINGS, CO 80910<br>20-2788182 | MEDICAL MGMT            | CO   | -5,289              | -111,295                  | aspen inc                        |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization                               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) ASPENPOINTE INC<br>220 RUSKIN DRIVE<br>COLORADO SPRINGS, CO 80910<br>42-1600485 | MGMT & ADMIN            | CO   | 501(C)(3)                  | LINE 10   | NA                               |  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of related organization                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) AspentPt BLDERS LLC<br><br>220 RUSKIN<br>co springs, CO 80910<br>26-1579796 | CONSTRUCTION            | CO   | NA                               |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)Aspenpointe Management Inc<br><br>220 Ruskin Dr<br>Colorado Springs, CO 80910<br>84-1116981 | Mgmt Services           | CO   | ASPEN ENTERP                     | C Corp   |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |

**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

|  | Yes       | No  |
|--|-----------|-----|
| <b>1</b> 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? |           |     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | Yes |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | Yes |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | Yes |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | Yes |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | Yes |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | Yes |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | Yes |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | Yes |

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



---

**Part VII**    **Supplemental Information**

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

---