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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

COLORADO ACCESS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

11100 EAST BETHANY DR

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

AURORA, CO 80014

F Name and address of principal officer

PHILIP J REED

11100 EAST BETHANY DR

AURORA, CO 80014

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 ▶

I Tax-exempt status

501(c)(3)

501(c) (4) ◀ (insert no)

4947(a)(1) or

527

J Website: ▶

WWW COACCESS COM

K Form of organization

Corporation

Trust

Association

Other ▶

L Year of formation

1994

M State of legal domicile

CO

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

DEDICATED TO THE OPERATION OF A HEALTH PLAN DESIGNED TO IMPROVE ACCESS TO NEEDED HEALTHCARE

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

370,672

341,467,798

165,005

260,809

342,264,284

0

0

33,392,584

0

296,886,739

330,279,323

11,984,961

Beginning of Current Year

53,834,944

33,825,036

20,009,908

Current Year

408,682

372,307,125

240,057

895,533

373,851,397

0

0

36,970,053

0

331,044,631

368,014,684

5,836,713

End of Year

63,010,195

39,870,582

23,139,613

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

PHILIP J REED CFO

Type or print name and title

2019-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-11-11

Check if self-employed

PTIN P00614618

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 8181 E TUFTS AVENUE SUITE 600

DENVER, CO 802372521

Phone no (303) 740-9400

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **Yes** ☐ **No**
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ **Yes** ☐ **No**
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	56,078,556	including grants of \$	(Revenue \$	58,324,961)
See Additional Data						

4b	(Code)	(Expenses \$	59,038,162	including grants of \$	(Revenue \$	59,019,882)
See Additional Data						

4c	(Code)	(Expenses \$	88,182,198	including grants of \$	(Revenue \$	91,142,099)
See Additional Data						















(Code)	(Expenses \$	139,159,720	including grants of \$	(Revenue \$	163,820,183)
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THE PRIMARY COMPONENT OF OTHER PROGRAM SERVICES CONSIST OF THE FOLLOWING 1) THIRD-PARTY ADMINISTRATOR SERVICES (CLAIMS PAYMENT, NETWORK DEVELOPMENT AND MANAGEMENT, CUSTOMER SERVICE) PROVIDED TO THE STATE OF COLORADO'S DEPARTMENT OF HEALTH CARE POLICY AND FINANCING FOR THE DEPARTMENT'S CHILD HEALTH PLAN PLUS STATE MANAGED CARE NETWORK THESE SERVICES WERE ALSO PROVIDED THROUGH JUNE 30TH, 2018 TO BEHAVIORAL HEALTH CARE, INC. THE MEDICAID BEHAVIORAL HEALTH ORGANIZATION IN THE EAST DENVER METRO COUNTIES OF ADAMS, ARAPAHOE AND DOUGLAS (CLAIMS PAYMENT, CUSTOMER SERVICE AND STATE MANDATED FINANCIAL REPORTING) 2) THE COMPANY ALSO MANAGED THE ASO CONTRACTS FOR THREE OF THE SEVEN REGIONS IN THE STATE'S REGIONAL CARE COLLABORATIVE ORGANIZATION (RCCO) PROGRAM THROUGH JUNE 30TH, 2018 3) THROUGH JUNE 30TH, 2018, ACCESS BEHAVIORAL CARE NORTHEAST COVERED THE COST OF BEHAVIORAL HEALTHCARE AND THE ASSOCIATED ADMINISTRATIVE EXPENSES FOR ALL MEDICAID ELIGIBLE INDIVIDUALS WITHIN THE NORTHEAST REGION, WHICH INCLUDED THE COUNTIES OF CHEYENNE, ELBERT, KIT CARSON, LARIMER, LINCOLN, LOGAN, MORGAN, PHILLIPS, SEDGWICK, WASHINGTON, WELD, AND YUMA

4d Other program services (Describe in Schedule O)
 (Expenses \$ 139,159,720 including grants of \$) (Revenue \$ 163,820,183)

4e Total program service expenses ► 342,458,636

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,783	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
				8	
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders				11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 PHILIP REED 11100 EAST BETHANY DR AURORA, CO 80014 (720) 744-5100

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MITZI MORAN CHAIR	3 00	X						0	0	0
(2) JANE SCHUMAKER VICE CHAIR	3 00	X						0	0	0
(3) CARL CLARK SECRETARY	3 00	X						0	0	0
(4) JEFF HARRINGTON TREASURER	3 00	X						0	0	0
(5) CODY BELZLEY BOARD MEMBER	3 00	X						0	0	0
(6) KATHLEEN MCCREARY BOARD MEMBER	3 00	X						0	0	0
(7) SIMON SMITH BOARD MEMBER	3 00	X						0	0	0
(8) ROBIN WITTENSTEIN BOARD MEMBER	3 00	X						0	0	0
(9) BEN BYNUM MD BOARD MEMBER	3 00	X						0	0	0
(10) MARSHALL THOMAS MD PRESIDENT/CEO	36 00			X				0	658,873	0
(11) PHILIP J REED SVP/CFO	40 00			X				0	367,029	22,330
(12) GRETCHEN F MCGINNIS VP, HEALTH SYSTEMS & ACC CARE	40 00			X				0	331,979	34,135
(13) ALEXIS GIESE MD SVP, HEALTHCARE SYSTEMS & CMO	24 00			X				0	353,567	0
(14) ANN E EDELMAN VP, LEGAL SERVICES	40 00			X				0	251,552	16,460
(15) JEAN BARKER VP, STRATEGIC SERVICES &	40 00			X				0	250,269	15,096
(16) PAULA KAUTZMANN CIO	40 00			X				0	77,566	5,698
(17) APRIL ABRAHAMSON VP, HEALTH PLAN OPERATION	40 00			X				0	277,236	21,174

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT BREMER VP OF NETWORK STRATEGY	40 00			X				0	230,954	28,402
(19) ELIZABETH STRAMMIELLO CHIEF COMPLIANCE OFFICER	40 00			X				0	191,927	29,860
(20) BETHANY HIMES VP, PROVIDER ENGAGEMENT	40 00			X				0	196,737	10,515
(21) SCOTT HUMPHREYS MEDICAL DIRECTOR, BEHAVIORAL HEALTH	40 00					X		0	220,456	28,733
(22) KIMBERLY BORDSTROM MEDICAL DIRECTOR, BEHAVIORAL HEALTH	40 00					X		0	212,218	31,243
(23) SORINA SIMION-RODGERS MEDICAL DIRECTOR, BEHAVIORAL HEALTH	40 00					X		0	193,941	5,436
(24) SCOTT NOGAJEWSKI DIRECTOR OF ACCOUNTING/CON	40 00					X		0	185,294	7,075
(25) CYNTHIA DALTON SR DIRECTOR OF IT	40 00					X		0	161,058	13,753

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	0	4,160,656	269,910

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

1e

Government grants (contributions)

1e

218,895

1f

All other contributions, gifts, grants, and similar amounts not included above

1f

189,787

1g

Noncash contributions included in lines 1a - 1f \$

1h

Total. Add lines 1a-1f

408,682

Program Service Revenue

2a

BEHAVIORAL HEALTH

Business Code

524114

118,408,342

118,408,342

2b

ACCESS BEHAVIOR HEALTH

524114

93,052,922

93,052,922

2c

CHILDREN'S HEALTH INSU

524114

91,068,589

91,068,589

2d

TPA REVENUE

524292

69,769,574

69,769,574

2e

ACCESS ADVANTAGE

524114

7,698

7,698

2f

All other program service revenue

2g

Total. Add lines 2a-2f

372,307,125

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

240,057

240,057

4

Income from investment of tax-exempt bond proceeds

5

Royalties

6a

Gross rents

(i) Real

(ii) Personal

6b

Less rental expenses

6c

Rental income or (loss)

6d

Net rental income or (loss)

7a

Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

7b

Less cost or other basis and sales expenses

7c

Gain or (loss)

7d

Net gain or (loss)

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18

a

8b

Less direct expenses

b

8c

Net income or (loss) from fundraising events

9a

Gross income from gaming activities See Part IV, line 19

a

9b

Less direct expenses

b

9c

Net income or (loss) from gaming activities

10a

Gross sales of inventory, less returns and allowances

a

10b

Less cost of goods sold

b

10c

Net income or (loss) from sales of inventory

11a

Miscellaneous Revenue

Business Code

900099

895,533

895,533

11b

ALL OTHER REVENUE

11c

11d

All other revenue

11e

Total. Add lines 11a-11d

895,533

12

Total revenue. See Instructions

373,851,397

372,307,125

0

1,135,590

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,187,688	2,360,164	827,524	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	25,697,641	19,026,534	6,671,107	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	965,186	714,624	250,562	
9 Other employee benefits.	5,111,458	3,784,523	1,326,935	
10 Payroll taxes.	2,008,080	1,486,783	521,297	
11 Fees for services (non-employees):				
a Management.	6,290,535	4,657,512	1,633,023	
b Legal.	45,174		45,174	
c Accounting.	246,661		246,661	
d Lobbying.	70,000		70,000	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	569,514	421,668	147,846	
12 Advertising and promotion.	254,992	188,796	66,196	
13 Office expenses.	2,646,896	1,959,762	687,134	
14 Information technology.	23,221,877	17,193,478	6,028,399	
15 Royalties.				
16 Occupancy.	2,175,886	1,611,026	564,860	
17 Travel.	217,997	161,405	56,592	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	47,314	35,031	12,283	
20 Interest.	203,606	150,750	52,856	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,005,897	744,766	261,131	
23 Insurance.	330,625	244,795	85,830	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a HEALTHCARE EXPENSE	269,758,862	269,758,862		
b SALES/USE TAX EXPENSE	590,978	437,560	153,418	
c DUES AND SUBSCRIPTIONS	349,294	258,617	90,677	
d CREDENTIALING FEES	56,721	41,996	14,725	
e All other expenses	22,961,802	17,219,984	5,741,818	
25 Total functional expenses. Add lines 1 through 24e.	368,014,684	342,458,636	25,556,048	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	38,259,064	1	42,232,901
	2 Savings and temporary cash investments	6,644,346	2	6,753,873
	3 Pledges and grants receivable, net	56,463	3	45,448
	4 Accounts receivable, net	14,974,479	4	21,226,401
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	-6,099,408	15	-7,248,428
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,834,944	16	63,010,195	
Liabilities	17 Accounts payable and accrued expenses	33,165,152	17	39,180,809
	18 Grants payable		18	
	19 Deferred revenue	196,288	19	109,903
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	463,596	25	579,870
	26 Total liabilities. Add lines 17 through 25	33,825,036	26	39,870,582
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	2,300,000	31	2,300,000
	32 Retained earnings, endowment, accumulated income, or other funds	17,709,908	32	20,839,613
33 Total net assets or fund balances	20,009,908	33	23,139,613	
34 Total liabilities and net assets/fund balances	53,834,944	34	63,010,195	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	373,851,397
2	Total expenses (must equal Part IX, column (A), line 25)	2	368,014,684
3	Revenue less expenses Subtract line 2 from line 1	3	5,836,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,009,908
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,707,008
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,139,613

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Statutory Basis</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 84-1297547
Name: COLORADO ACCESS

Form 990 (2018)

Form 990, Part III, Line 4a:

THROUGH JUNE 30TH 2018, THE STATE OF COLORADO OPERATED ITS MEDICAID BEHAVIORAL HEALTH PROGRAM AS A CARVE-OUT THEY DIVIDED THE STATE INTO FIVE REGIONS AND COMPETITIVELY BID FOR AT-RISK BEHAVIORAL HEALTH ORGANIZATIONS (BHO) ACCESS BEHAVIORAL CARE COVERED THE COST OF BEHAVIORAL HEALTH CARE AND THE ASSOCIATED ADMINISTRATIVE EXPENSES FOR ALL MEDICAID ELIGIBLE INDIVIDUALS WITHIN THE CITY AND COUNTY OF DENVER BHO REGION ACCESS BEHAVIORAL CARE - DENVER PROVIDED BEHAVIORAL HEALTHCARE TO UNDERSERVED MEDICAID MEMBERS OF THE CITY AND COUNTY OF DENVER THROUGH JUNE 30TH 2018 ACCESS BEHAVIORAL CARE - DENVER PROVIDED BEHAVIORAL HEALTHCARE TO APPROXIMATELY 192,000 UNDERSERVED MEDICAID MEMBERS OF THE CITY AND COUNTY OF DENVER FROM 1/1/19 THROUGH 6/30/19

Form 990, Part III, Line 4b:

AS OF JULY 1ST, 2018, THE STATE OF COLORADO OPERATED ITS MEDICAID BEHAVIORAL HEALTH PROGRAM AS A CARVE-OUT. THEY DIVIDED THE STATE INTO SEVEN REGIONS AND COMPETITIVELY BID FOR AT-RISK BEHAVIORAL HEALTH ORGANIZATIONS (BHO). ACCOUNTABLE CARE COLLABORATIVE BEHAVIORAL HEALTH REGION 5 COVERS THE COST OF BEHAVIORAL HEALTH CARE AND THE ASSOCIATED ADMINISTRATIVE EXPENSES FOR ALL MEDICAID ELIGIBLE INDIVIDUALS WITHIN THE CITY AND COUNTY OF DENVER. BHO REGION ACCOUNTABLE CARE COLLABORATIVE BEHAVIORAL HEALTH REGION 5 PROVIDED BEHAVIORAL HEALTHCARE TO APPROXIMATELY 210,000 UNDERSERVED MEDICAID MEMBERS OF THE CITY AND COUNTY OF DENVER BEGINNING 7/1/18 THROUGH 12/31/18.

Form 990, Part III, Line 4c:

CHILD HEALTH PLAN PLUS (CHP+) COVERS THE COST OF HEALTH CARE AND THE ASSOCIATED ADMINISTRATION FOR THE ELIGIBLE POPULATION UNDER THE FEDERAL
CHILD HEALTH INSURANCE PLAN (CHIP) CHILD HEALTH PLAN PLUS PROVIDED HEALTHCARE AND ADMINISTRATIVE SERVICES FOR OVER 48,000 UNDERPRIVILEGED
CHILDREN THROUGHOUT 2018

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DLN: 93493315040279

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COLORADO ACCESS

Employer identification number

84-1297547

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶			0

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
LOSS ADJUSTMENT EXPENSE RESERVE	579,870	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	579,870	

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	303,643,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	303,643,651
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,765
b	Other (Describe in Part XIII)	4b	69,985,981
c	Add lines 4a and 4b	4c	70,207,746
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	373,851,397

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

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

1	Total expenses and losses per audited financial statements	1	297,806,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	297,806,938
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	221,765
b	Other (Describe in Part XIII)	4b	69,985,981
c	Add lines 4a and 4b	4c	70,207,746
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	368,014,684

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: 84-1297547
Name: COLORADO ACCESS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COMPANY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM PAYMENT OF FEDERAL AND STATE INCOME TAXES AS A 501(C)(4) ORGANIZATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING STATUTORY-BASIS FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	TPA REVENUE 69,769,574 REINSURANCE EXPENSE 216,407

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	TPA REVENUE 69,769,574 REINSURANCE EXPENSE 216,407

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization COLORADO ACCESS	Employer identification number 84-1297547
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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)		
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.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For 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.

See Additional Data Table

Schedule J (Form 990) 2018

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
PART I, LINE 7	THE ORGANIZATION HAS A BONUS PLAN THAT CONSISTS OF 4 PERCENTAGE TIERS UP TO 25% FOR CEO, UP TO 20% FOR CFO, SENIOR VPS AND VPS, UP TO 15% FOR EXECUTIVE DIRECTORS AND UP TO 10% FOR DIRECTORS. HALF OF THE BONUS IS PAID IF THE EMPLOYEE'S AREA OF RESPONSIBILITY MEETS ALL CORPORATE GOALS CONSISTING OF FINANCIAL SOUNDNESS, ENGAGEMENT, QUALITY AND STRATEGY. INDIVIDUAL PERFORMANCE ACCOUNTS FOR THE OTHER HALF OF THE BONUS PAID. THIS BONUS POLICY WAS APPROVED IN THE 2018 BUDGET. THE ORGANIZATION APPROVED A 2% STAFF SALARY POOL IN THE 2018 BUDGET BASED ON EMPLOYEE'S PERFORMANCE AND CONTRIBUTION. TYPICALLY, THE BONUS IS RECOMMENDED BY THE MANAGERS OF EACH DEPARTMENT AND APPROVED BY THEIR RESPECTIVE VICE PRESIDENT. DR. MARSHALL THOMAS, CEO OF COLORADO ACCESS, AND DR. ALEXIS GIESE ARE LEASED EMPLOYEES, AND AS SUCH, THE EXPENSES SHOWN ON THE COMPENSATION SCHEDULE REPRESENT THE AMOUNT THAT IS PAID TO UNIVERSITY OF COLORADO MEDICINE--FORMALLY UNIVERSITY PHYSICIANS, INC (UPI) BECAUSE THESE INDIVIDUALS ARE EMPLOYEES OF UNIVERSITY OF COLORADO MEDICINE, NOT COLORADO ACCESS. NO BENEFITS ARE PAID BY COLORADO ACCESS.



Additional Data

Software ID:
Software Version:
EIN: 84-1297547
Name: COLORADO ACCESS

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				
MARSHALL THOMAS MD PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	532,873	126,000	0	0	0	658,873	0
PHILIP J REED SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	249,571	74,000	43,458	11,648	10,682	389,359	0
GRETCHEN F MCGINNIS VP, HEALTH SYSTEMS & ACC CARE	(i)	0	0	0	0	0	0	0
	(ii)	240,814	67,750	23,415	10,319	23,816	366,114	0
ALEXIS GIESE MD SVP, HEALTHCARE SYSTEMS & CMO	(i)	0	0	0	0	0	0	0
	(ii)	295,367	58,200	0	0	0	353,567	0
ANN E EDELMAN VP, LEGAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	167,666	49,939	33,947	7,599	8,861	268,012	0
JEAN BARKER VP, STRATEGIC SERVICES & OPERATION	(i)	0	0	0	0	0	0	0
	(ii)	174,922	50,250	25,097	7,885	7,211	265,365	0
APRIL ABRAHAMSON VP, HEALTH PLAN OPERATION	(i)	0	0	0	0	0	0	0
	(ii)	202,228	56,250	18,758	8,481	12,693	298,410	0
ROBERT BREMER VP OF NETWORK STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	146,597	46,455	37,902	7,436	20,966	259,356	0
ELIZABETH STRAMMIELLO CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	141,164	39,589	11,174	6,394	23,466	221,787	0
BETHANY HIMES VP, PROVIDER ENGAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	145,364	38,391	12,982	4,284	6,231	207,252	0
SCOTT HUMPHREYS MEDICAL DIRECTOR, BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	169,578	19,576	31,302	8,017	20,716	249,189	0
KIMBERLY BORDSTROM MEDICAL DIRECTOR, BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	203,412	1,875	6,931	6,674	24,569	243,461	0
SORINA SIMION-RODGERS MEDICAL DIRECTOR, BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	181,189	12,239	513	5,436	0	199,377	0
SCOTT NOGAJEWSKI DIRECTOR OF ACCOUNTING/CON	(i)	0	0	0	0	0	0	0
	(ii)	152,841	15,906	16,547	6,775	300	192,369	0
CYNTHIA DALTON SR DIRECTOR OF IT	(i)	0	0	0	0	0	0	0
	(ii)	149,887	5,000	6,171	6,342	7,411	174,811	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
COLORADO ACCESS**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

84-1297547

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 1	COLORADO ACCESS IS DEDICATED TO THE OPERATION OF A COMPETITIVE HEALTH PLAN DESIGNED TO IMPROVE ACCESS TO NEEDED HEALTHCARE DIRECTLY FOR ENROLLED MEMBERS AND INDIRECTLY, THROUGH ITS PARTNERS, TO ALL UNDERSERVED COLORADANS WITH AN EMPHASIS ON PRIMARY CARE AND THE MAINTENANCE OF THE CONTINUUM OF CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	AS OF 7/1/18, THE STATE OF COLORADO ORGANIZED THE REGIONAL STRUCTURE FOR BEHAVIORAL AND PHYSICAL HEALTH THE REORGANIZATION CREATED NEW PROGRAMS, CALLED REGIONAL ACCOUNTABLE ENTITIES (RAE) COLORADO ACCESS BID ON AND WON RAE REGIONS 3 AND 5 REGION 3 CONSIST OF ADAMS, ARAPAHOE, DOUGLAS, AND ELBERT COUNTIES REGIONS 5 CONSISTS OF DENVER COUNTY ON 7/1/18, COLORADO ACCESS BEGAN PAYING CLAIMS UNDER THESE NEW RAE PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	DUE TO THE REORGANIZATION BY THE STATE OF COLORADO IN REGARDS TO BEHAVIORAL AND PHYSICAL HEALTH REGIONS, THE ACCESS BEHAVIORAL CARE DENVER (ABCD) AND ACCESS BEHAVIORAL CARE NORTHEAST (ABCNE) ENDED ON 6/30/19 COLORADO ACCESS CONTINUED TO PAY RUN-OUT CLAIMS THROUGH THE END OF 2018 AND INTO 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	ON JULY 1, 2013, THE ORGANIZATION ASSIGNED ALL EMPLOYEES AND THEIR RESPECTIVE DUTIES TO ACCESS MANAGEMENT SERVICES, LLC, A WHOLLY OWNED SUBSIDIARY OF THE ORGANIZATION, THROUGH ITS SUBSIDIARY, ACCESS DIVERSIFIED SERVICES, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION CURRENTLY HAS THREE MEMBER CORPORATIONS, EACH HAVING ONE VOTING RIGHT 1) COLORADO COMMUNITY CORPORATION, DESIGNATED AS THE "CCMCN MEMBER", 2) CHILDREN'S HOSPITAL COLORADO, DESIGNATED AS THE "TCH MEMBER", AND 3) A JOINT MEMBERSHIP HELD BETWEEN UNIVERSITY PHYSICIANS, INC AND UNIVERSITY OF COLORADO HEALTH, DESIGNATED AS THE "UNIVERSITY MEMBER"

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH CORPORATE MEMBER HAS THE RIGHT TO DESIGNATE ONE INDIVIDUAL AS THEIR MEMBER'S REPRESENTATIVE WHO SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS COMING BEFORE A MEETING OF THE MEMBERS THESE INDIVIDUALS HAVE BEEN DESIGNATED "CLASS A DIRECTORS" UNANIMOUS APPROVAL OF THE MEMBERS IS REQUIRED, WITH RESPECT TO ANY MATTER REQUIRED TO BE SUBMITTED TO A VOTE OF THE MEMBERS IN ACCORDANCE WITH THE ARTICLES, BYLAWS OR THE ACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>PER THE CORPORATION BYLAWS (CURRENT VERSION DATED JUNE 27, 2014), VOTING BY MEMBERS - EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS COMING BEFORE A MEETING OF THE MEMBERS. ALL OTHER MATTERS SHALL REQUIRE ACTION BY THE BOARD OF DIRECTORS. THE UNANIMOUS VOTE OF THE MEMBERS ENTITLED TO VOTE SHALL BE THE ACT OF THE MEMBERS IN EVERY CASE WHERE THE VOTE OF THE MEMBERS IS EXPRESSLY REQUIRED BY THE ACT, THESE BYLAWS OR THE ARTICLES. WITHOUT LIMITING THE FOREGOING, MEMBERS ARE ENTITLED TO VOTE, AND UNANIMOUS APPROVAL OF THE MEMBERS IS REQUIRED, WITH RESPECT TO ANY MATTER REQUIRED TO BE SUBMITTED TO A VOTE OF THE MEMBERS IN ACCORDANCE WITH THE ARTICLES, THESE BYLAWS OR THE ACT, INCLUDING THE FOLLOWING: (I) THE ELECTION AND REMOVAL OF CLASS A DIRECTORS, (II) THE APPROVAL OF AMENDMENTS TO THE ARTICLES OR THESE BYLAWS THAT WOULD AFFECT THE RIGHTS, PRIVILEGES, PREFERENCES, RESTRICTIONS, OR CONDITIONS OF THE MEMBERS OR AFFECT THE MEMBERS' QUORUM, VOTING, DISSOLUTION, REDEMPTION, TRANSFER OF MEMBERSHIP INTERESTS, OR DIVISION OF THE MEMBERS INTO TWO OR MORE CLASSES OF MEMBERS, (III) THE APPROVAL OF THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF THE CORPORATION OTHER THAN IN THE USUAL AND REGULAR COURSE OF BUSINESS, (IV) THE APPROVAL OF A PLAN OF MERGER, (V) THE APPROVAL OF VOLUNTARY DISSOLUTION OF THE CORPORATION, (VI) A DETERMINATION AND AUTHORIZATION OF INDEMNIFICATION, IF MEMBER APPROVAL IS REQUIRED UNDER ARTICLE VI HEREOF, (VII) THE ADMISSION OF ADDITIONAL MEMBERS IN ACCORDANCE WITH THE PROCESSES SET FORTH IN THE MEMBERS AGREEMENT AND NOT INCONSISTENT WITH THE ARTICLES, (VIII) THE REMOVAL OF A MEMBER, (IX) THE TRANSFER OF MEMBERSHIP INTERESTS IN ACCORDANCE WITH THE MEMBERS AGREEMENT, AS DEFINED BELOW, (X) IF DISTRIBUTIONS TO MEMBERS ARE AUTHORIZED BY THE BOARD OF DIRECTORS, PURSUANT TO SECTION 38(D)(VI), THE ALLOCATION OF SUCH DISTRIBUTIONS AMONG THE MEMBERS, AND THEIR DESIGNEES WHO WOULD QUALIFY TO RECEIVE A DISTRIBUTION IN ACCORDANCE WITH THE ARTICLES, (XI) OF THE ARTICLES, AS SET FORTH IN THE ARTICLES OR IN THE CORPORATION'S MISSION STATEMENT. ALL OTHER MATTERS SHALL REQUIRE BOARD ACTION, IN ACCORDANCE WITH ARTICLE III.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE INFORMATION FOR THE IRS 990 RETURN IS PREPARED BY THE COMPANY'S CONTROLLER AND REVIEWE D BY PERSONNEL FROM THE COMPANY'S HUMAN RESOURCES AND LEGAL DEPARTMENTS, AND THE CFO THE CFO PRESENTS THE COMPLETED RETURN TO THE COMPANY'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD WHO IN TURN PRESENTS IT TO THE FULL BOARD AS PART OF THE COMMITTEE'S STANDAR D FINANCIAL REPORT THIS IS DONE PRIOR TO FILING THE RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IF A POTENTIAL CONFLICT OF INTEREST OF AN OFFICER, DIRECTOR OR KEY EMPLOYEE IS IDENTIFIED, DISCUSSION IS HELD AMONG THE BOARD MEMBERS TO IDENTIFY THE POTENTIAL RISK, WITHOUT THE IDENTIFIED PARTY PRESENT A VOTE IS TAKEN BY THE BOARD TO EITHER REMOVE THE PARTY OR INSTITUTE, AN APPROPRIATE ACTION NEEDED TO BE TAKEN TO REDUCE THE LEVEL OF RISK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES A CONSULTING FIRM TO REVIEW THE COMPENSATION OF EXECUTIVES WILLIS TOWERS WATSON THESE SURVEYS ARE UPDATED EVERY OTHER YEAR AND THE ORGANIZATION'S COMPENSATION RATES ARE IN LINE WITH THESE SURVEYS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE TO THE GENERAL PUBLIC AND THEREFORE THEY ARE NOT MADE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PAYMENTS ON SURPLUS NOTES -899,613 CHANGE IN UNREALIZED LOSSES ON EQUITY INTERESTS -1,149,024 CHANGE IN NON-ADMITTED ASSETS -658,371

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 1	STATUTORY BASIS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COLORADO ACCESS

Employer identification number
84-1297547

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)COLORADO ACCESS FOUNDATION 11100 EAST BETHANY DR AURORA, CO 80014 31-1537960	CHARITABLE	CO	501(C)3	PF	COLORADO ACCESS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ACCESS DIVERSIFIED SERVICES INC 11100 EAST BETHANY DR AURORA, CO 80014 46-2396760	HOLDING COMPANY	CO	COLORADO ACCESS	C	75,878,945	10,045,870	100 000 %	Yes	
(2) NEW HEALTH VENTURES INC 11100 EAST BETHANY DR AURORA, CO 80014 46-2402685	HEALTH INSURER	CO	COLORADO ACCESS	C	26,620	1,602,052	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACCESS DIVERSIFIED SERVICES INC	O	73,976,082	COST
(2) ACCESS DIVERSIFIED SERVICES INC	D	320,540	COST
(3) ACCESS DIVERSIFIED SERVICES INC	L	1,915,300	COST

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation