



March 1, 2022 from 5:30 - 7:30pm
Meeting via Microsoft Teams, Invitation in Outlook

Board Meeting Agenda

Administrative:

- | | | |
|------|--|-------------|
| I. | Welcome (Mike M.): | 5:30 – 5:30 |
| II. | Land and Cultural Acknowledgement | 5:30 – 5:35 |
| III. | Consent Agenda - Vote (Mike M.): | 5:35 – 5:40 |
| | ~ E.D. Report | |
| | ~ Committee Updates and Meetings | |
| | ~ December Financials with Narrative | |
| | ~ February 2022 Board Minutes | |
| IV. | Financial Updates – Vote (Mike, Brendan, Julie) | 5:40 – 5:45 |
| | ~ Opening of new bank account | |
| | ~ Addition of Jamie, Julie, and Brendan to new account | |
| | ~ Closure of account at Alpine Bank | |
| | ~ Addition of Jamie to existing account | |
| | ~ Approval of 990 | |

Topics:

- | | | |
|-----|--|-------------|
| I. | Rebecca's Farewell – Celebration & Acknowledgement | 5:45 – 5:50 |
| II. | DEI Training | 5:50 – 7:45 |

Board Packet: *Agenda, ED Report, Committee Updates, December Financials and Narrative, 990, February 2022 Board Minutes*

MDHI Executive Director Report

This report serves as an update on MDHI's priorities and activities since our previous Board meeting.

Internal

- Matt Richard will return to MDHI on March 16th as part of the MDHI HMIS team.
- Rebecca's last day will be on March 15th and we will be celebrating her on March 10th beginning at 5:00 pm. Please check your inboxes for invites!

Funding and Development

- Submitted William C McGowan LOI (60K for FF)
- Submitted Buck Family Foundation LOI (15K for FF)
- Submitted Reorder request for Bombas socks donation 2022
- Jamie and Sarah met with Daniels Fund virtually
- Jamie and Sarah met with Chaz Levinson, MDHI Finance Committee
- Met with Community Solutions and Kaiser to hopefully secure ongoing funding for IA positions

Communication

- MDHI has made several presentations this month regarding the State of Homelessness and has several more scheduled including Denver City Council, Downtown Denver Partnership, Arapahoe County
- MDHI's ED has also been asked to join the Aurora @ Home Executive Committee
- Jamie has begun scheduling one-on-one meetings with the organizations throughout the continuum to build connections

Diversity, Equity, and Inclusion

-

HMIS

- We have made great progress on testing the ability to integrate HMIS with databases other agencies are using for data collection. Hoping to have a successful implementation in Q2.
- One new agency was added and 50 end users were trained in the system.

OneHome

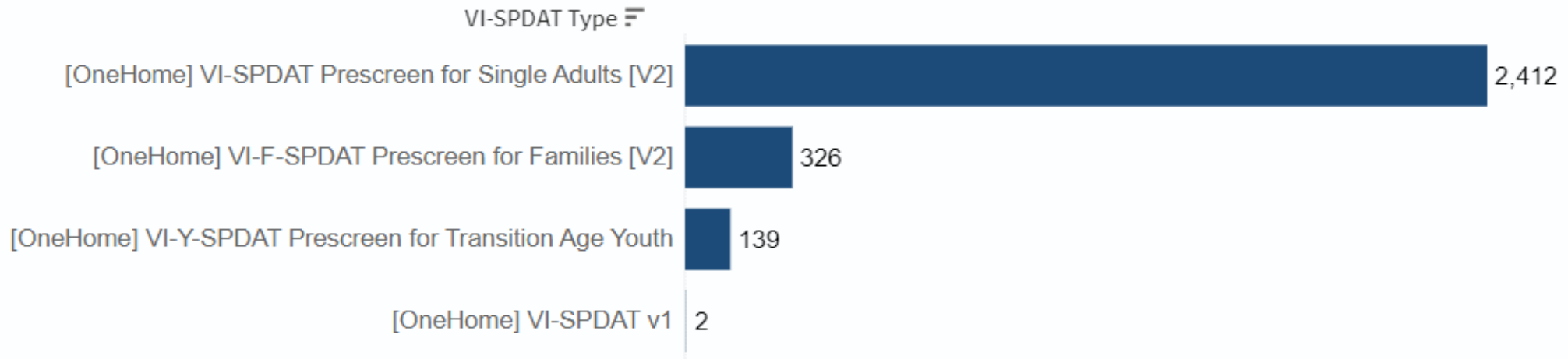
- OneHome Access and Assessment Coordinators, Nikki and Katy, presented on and facilitated community feedback on Access Points to CDT and Coordinating Committee in March. The presentation included our region's current decentralized state for access, HUD's mandates and guidance on access points, and a share out of their research from other CoC's work on creating a more centralized access point in their Coordinated Entry Systems (CES's). The facilitation of small groups in each of these presentations intended to engage community ownership in our CES by prompting the question: When you take your "program hat" off and your "system hat" on, dreaming big, you can have anything: what would you want for your organization and/or the community regarding access points? What are some barriers to Access Points and Centralized Access you see in your organization and/or in our Denver Metro homeless services system at large?
 - OneHome Access and Assessment Coordinators are meeting with HOST on 2/28 to discuss alignments with HOST's goal of increasing Access in their area. OneHome will be engaging in preliminary discussions with DOH on ways the state can support this CES shift to more centralized access points, date to be determined.

Active Clients on the Community Queue



2,879

Clients Active on the Community Queue



Race

Multi-Racial	5.4%
White	59.6%
Missing Data	4.4%
American Indian, Alaska Native, or Indigenous	5.7%
Asian or Asian American	0.5%
Black, African American, or African	23.8%
Native Hawaiian or Pacific Islander	0.6%

Age Tier

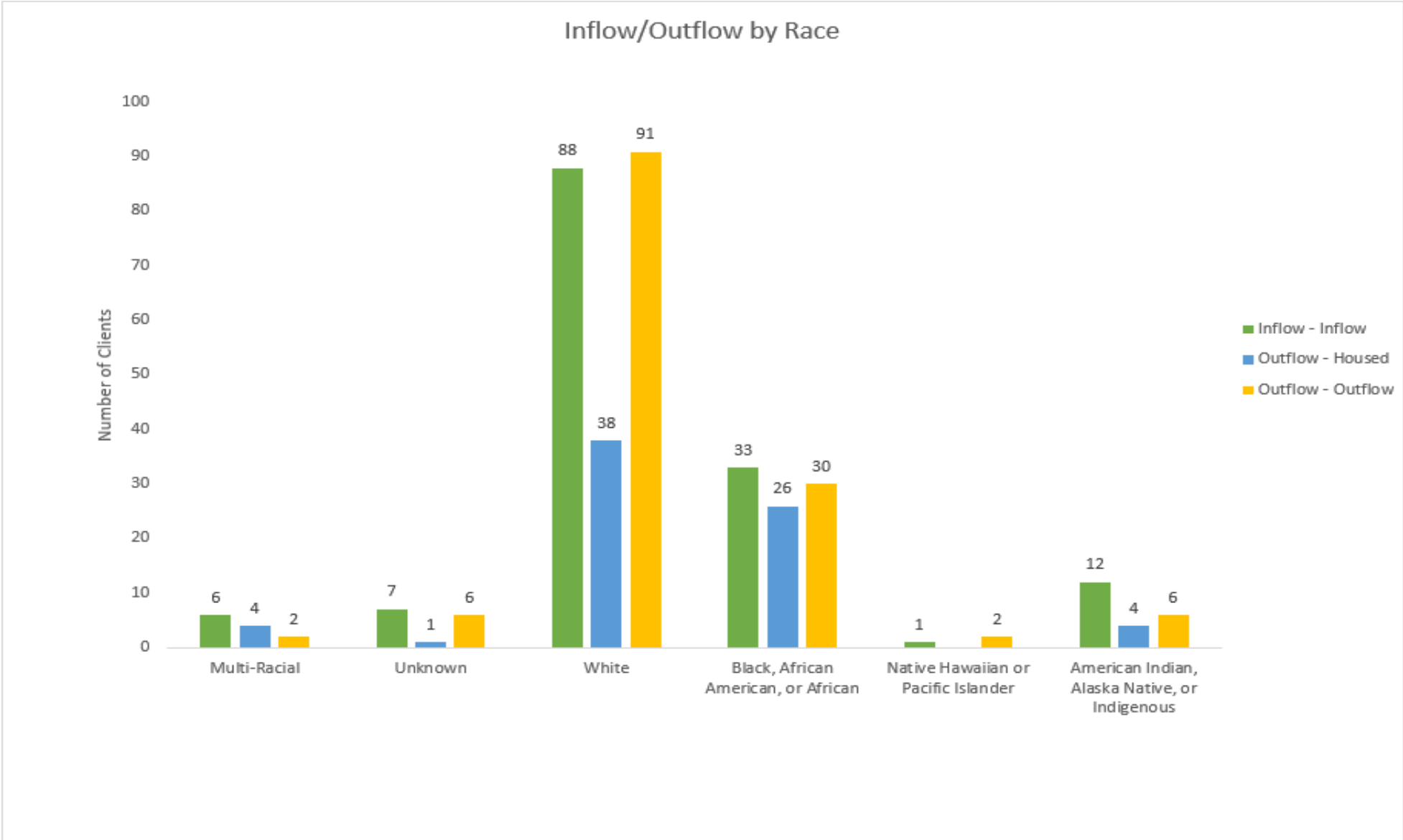
0 to 17	0.1%
18 to 24	6.2%
25 to 34	18.1%
35 to 44	23.8%
45 to 54	26.6%
55 to 64	19.7%
65 or Above	5.6%
Missing Data	0.0%

Ethnicity

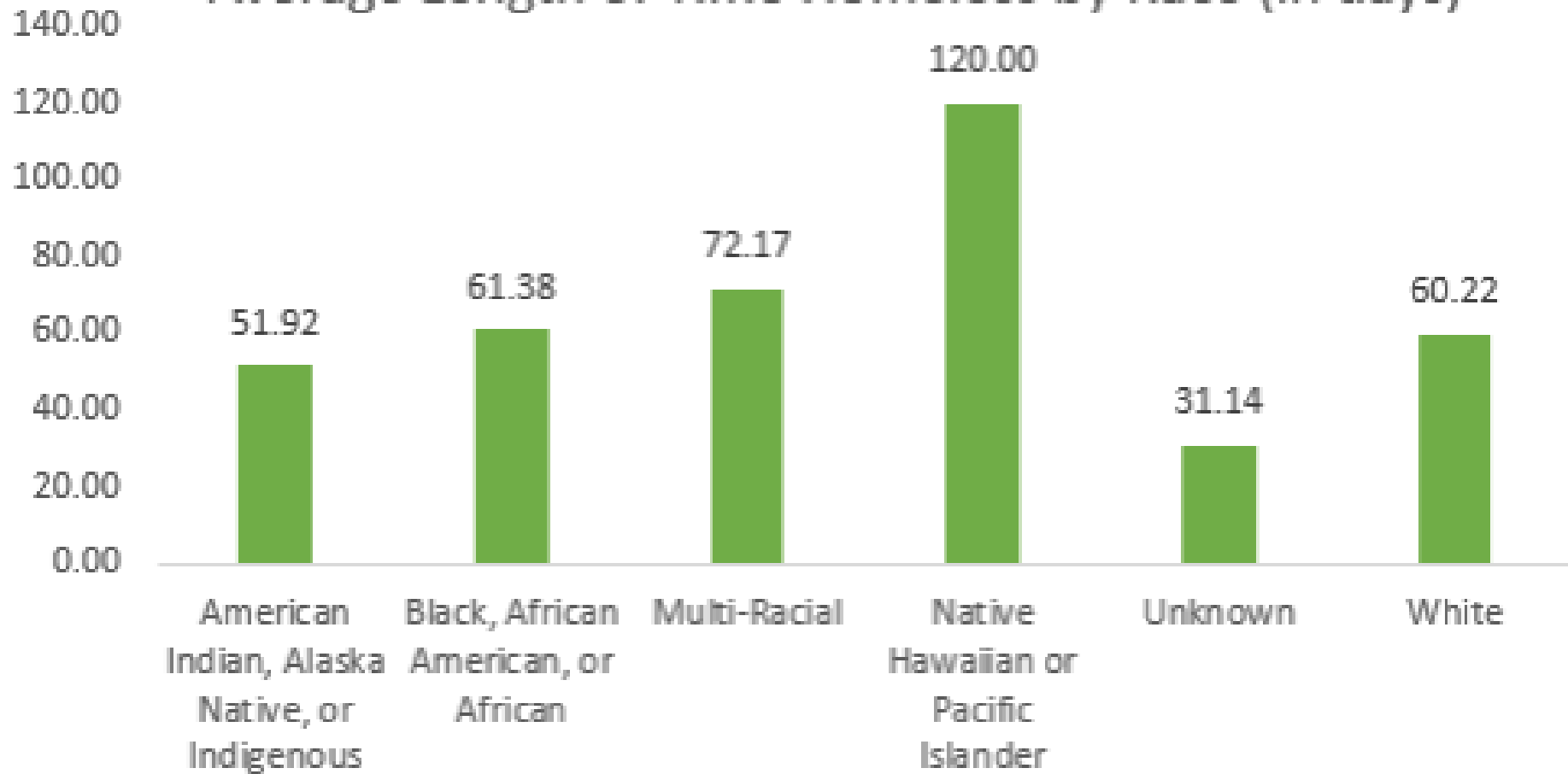
Missing Data	3.6%
Hispanic/Latin(a)(o)(x)	21.9%
Non-Hispanic/Non-Latin(a)(o)(x)	74.4%

Gender

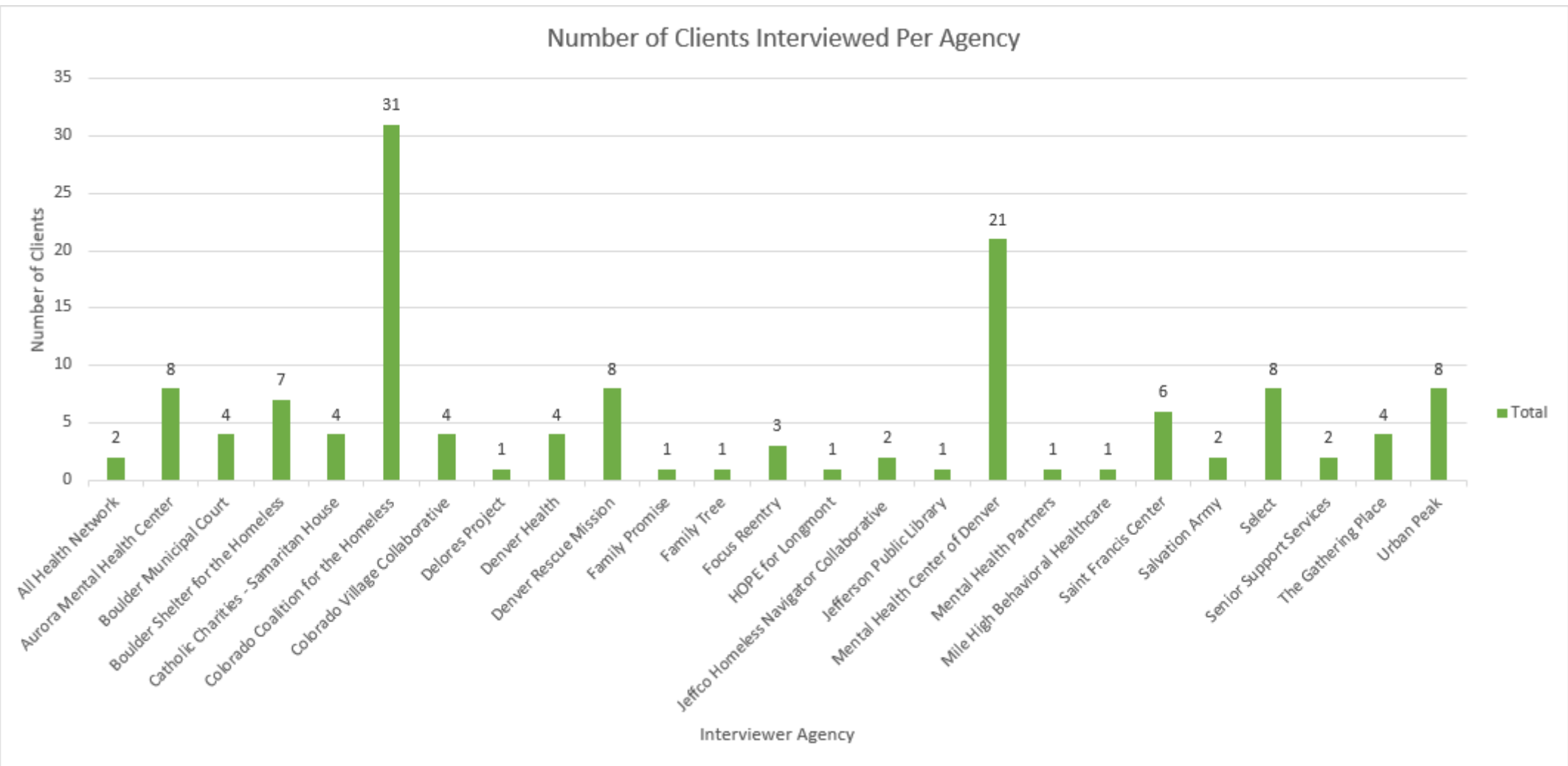
Female	41.9%
Gender Non-Conforming	0.8%
Male	55.6%
Missing Data	0.3%
Questioning	0.0%
Transgender	1.3%



Average Length of Time Homeless by Race (in days)



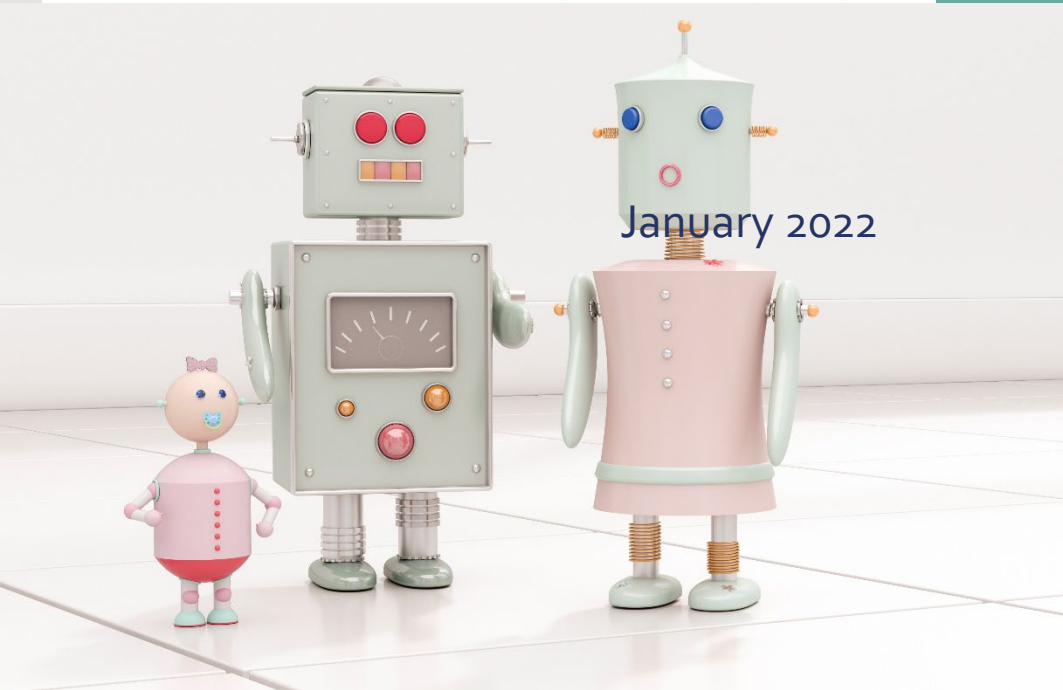
Number of Clients Interviewed Per Agency





Individuals housed with
OneHome resources: **51**

Individuals housed with
resources outside of OneHome:
16



Families housed with
OneHome resources: 16

Families housed with
resources outside of
OneHome: 0

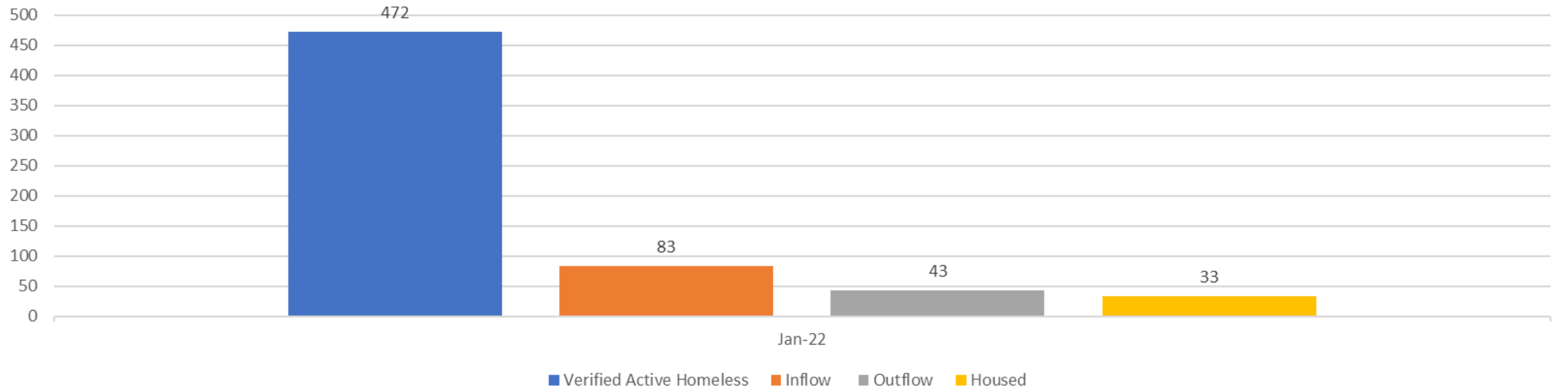
Young Adults housed with
OneHome resources: 6

Young Adults housed with
resources outside of OneHome:
1



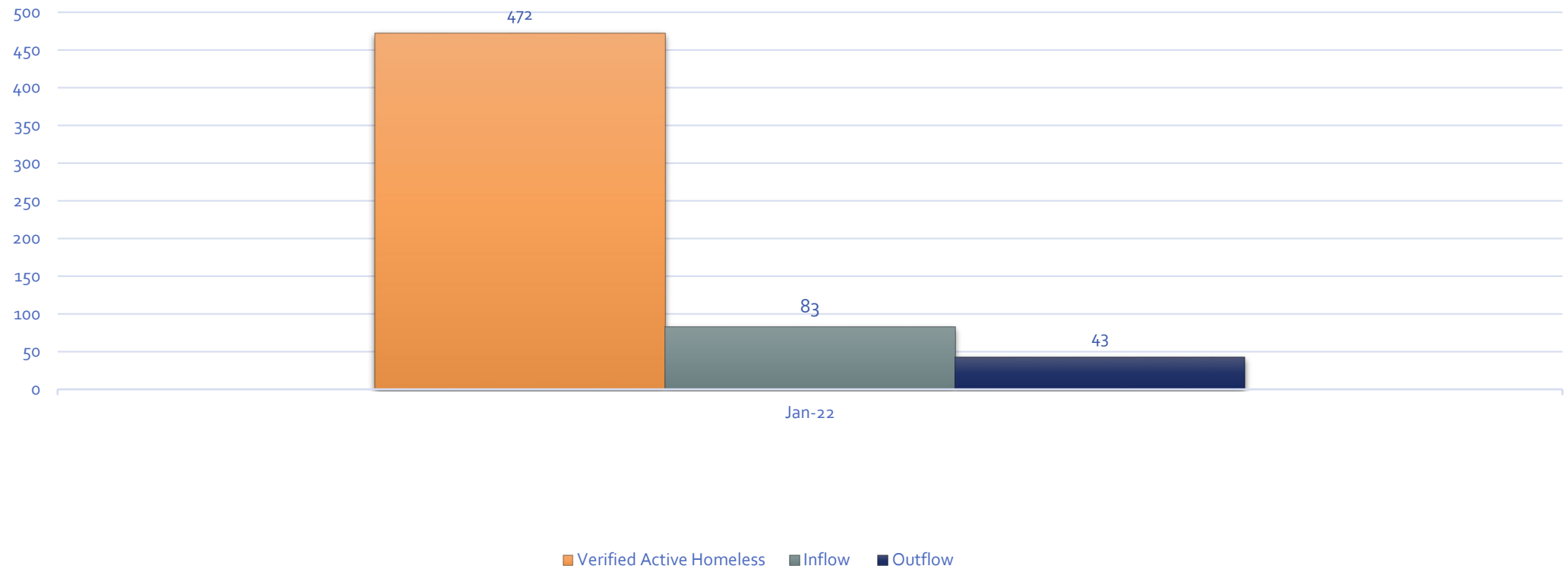
Veterans January 2022

BNL Overview



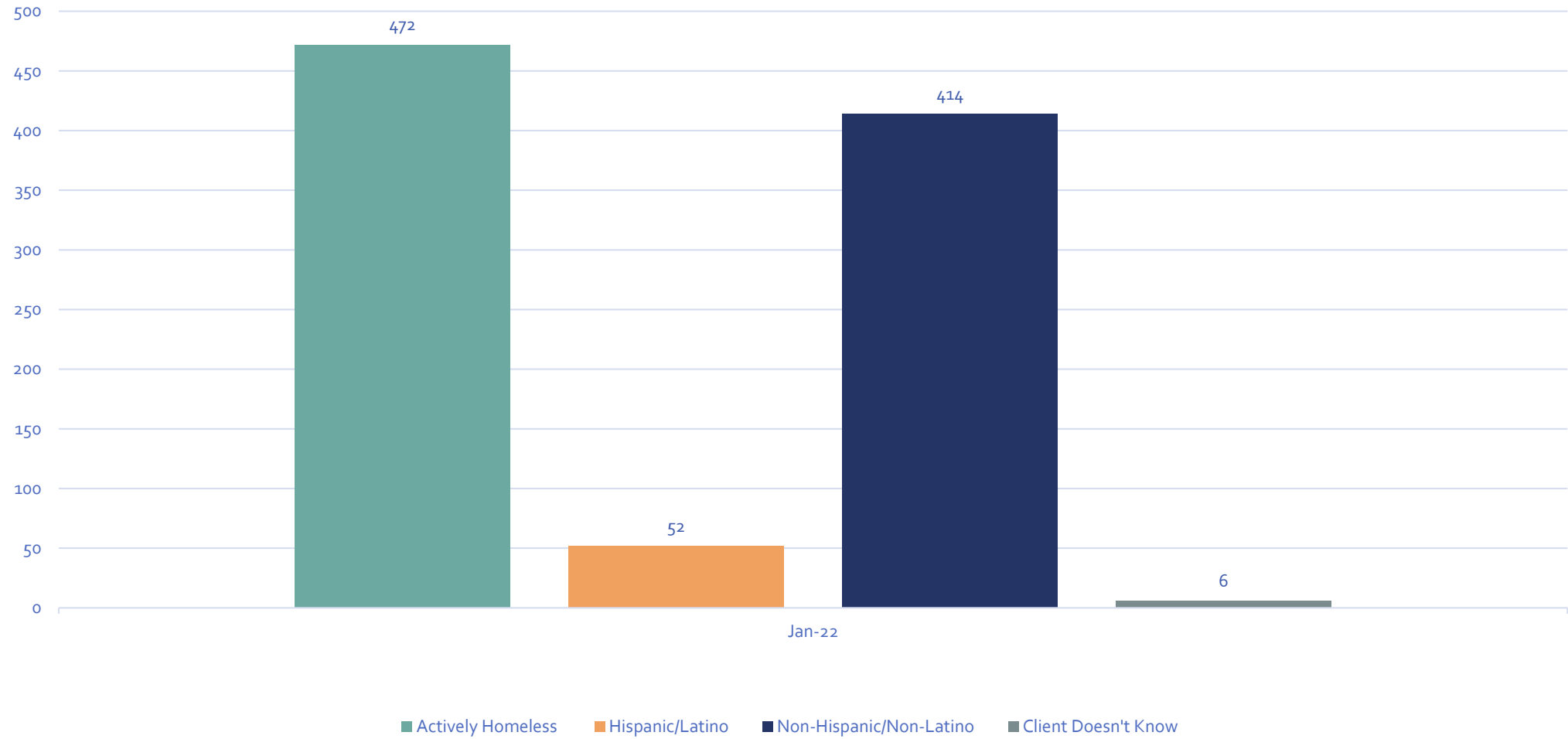
Veterans January 2022

BNL Inflow and Outflow



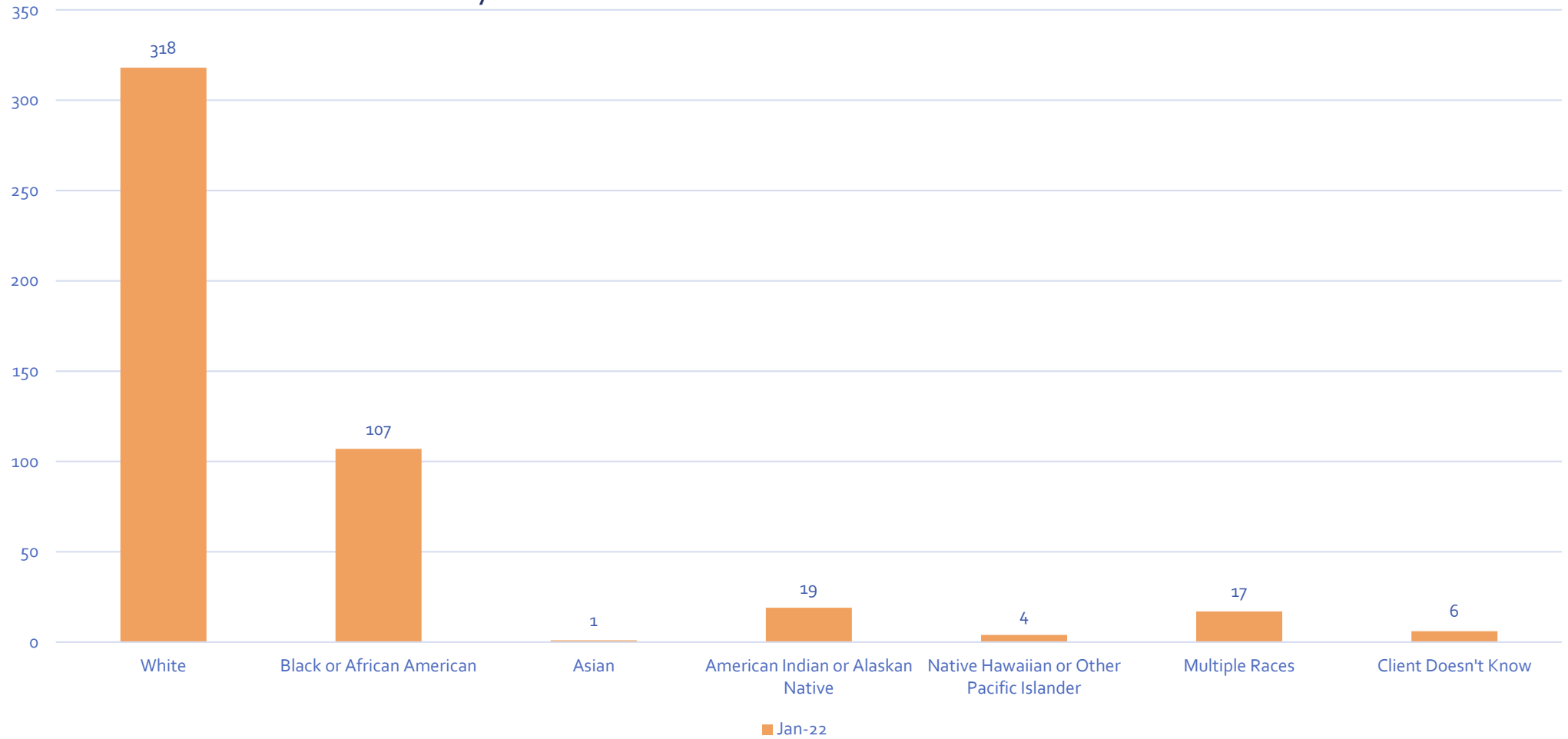
Veterans January 2022

Ethnicity



Veterans January 2022

Race



Housing Stability Flex Fund Board Report

Month: January 2022

Flex Fund Totals: 1/1/2022 – 1/31/2022

<i>Total Households received Flex Fund assistance</i>	
Households at risk of becoming literally homeless	17
Households literally homeless	8
<i>Total Unique Individuals received Flex Fund assistance</i>	61
<i>Total Type of Assistance households received:</i>	
Move in-	10
Prevention-	13
Landlord Mitigation-	1
<i>Total Allocated January 2021 =</i>	\$ 42,721.00
<i>Average cost per household =</i>	\$ 1,709.00
Different organizations across Metro Denver accessed Flex Fund	10

Flex Fund 2022 Running Totals:

<i>Total Households received Flex Fund assistance</i>	
Households at risk of becoming literally homeless	17
Households literally homeless	8
<i>Total Unique Individuals received Flex Fund assistance</i>	61
<i>Total Type of Assistance households received:</i>	
Move in-	10
Prevention-	13
Landlord Mitigation-	1
<i>Total Allocated YTD =</i>	\$ 42,721.00
<i>Average cost per household =</i>	\$ 1,709.00

Emergency Solutions Grants (ESG) and ESG CARES Act (ESG-CV)

- MDHI put out a new Request for Proposals (RFP) based on our new allocation of ESG and ESG-CV funding. We received 7 applications from our partnering organizations.
- MDHI was awarded \$525,000 in regular ESG and an additional \$492,000 of ESG-EV.
- The NOFO Committee and other staff at MDHI will be reviewing applications.
- As always, MDHI will consider the geography and populations served.
- MDHI hopes to continue our partnership with Housing Connector.

- Homebase, a HUD Technical Assistance provider, has also been working closely with MDHI in training our network on new ESG-CV eligible costs.

CoC Councils and Committees

<p>Regional Governing Council</p> <p>Staff: TBD BOD: Jennifer</p>	<p>RGC will reconvene in April to review youth data and discuss youth prioritization changes.</p> <p>Next Meeting: April 5, 9:30am</p>
<p>Community Design Team</p> <p>Staff: Marla Sutherland</p>	<p>Update: February’s meeting agenda included an overview of OneHome data, a presentation from OneHome’s Access and Assessment Coordinators on Access Points and a facilitation of small group community discussions around access, OneHome office hours reminder, and a C4 project update and reminder for CDT members to participate in a pre-survey.</p> <p>Next Meeting: Third Thursday of the month from 9:00-10:30am</p>
<p>Permanent Housing Committee</p> <p>Staff: Jackie Co-chairs: Gaelyn Coyle-Joseph, Lezlie Burwell</p>	<p>Update: The Committee had a discussion on how we would like to tackle drafting and discussing policy change as a group. We also sent a survey since membership has been changing in the past few months as folks move on to new positions.</p> <p>Next Meeting: Second Tuesday of the month at 1:00pm</p>
<p>Employment Committee</p> <p>Staff: Margay Co-chairs: Laura Ware, Courtney Fisher</p>	<p>Update: The Employment Committee continued discussion on the Cliff Effect, job trainings, impact of COVID and vaccines. December's discussion will be focused on supporting our participants to find positive jobs and retain job matches with new vaccine requirements/mandates.</p> <p>Next meeting: First Friday of the month from 11:30am-1:00pm</p>
<p>NOFO Committee</p> <p>Staff: Jamie/Kyla Chair: TBD</p>	<p>The committee will meet in March to review ESG proposals.</p>
<p>Point in Time Committee</p> <p>Staff: Tiffany Chair: TBD</p>	<p>The PIT committee had our last meeting planning the 2022 PIT in February. Debrief consisted of what worked and didn’t work during planning and executing. Sheltered and unsheltered data has been fully submitted and the data is in the process of getting cleaned up. Meetings will resume in May 2022 but Tiffany will be meeting with the partners individually until then.</p> <p>Next meeting: May 16, 2022</p>
<p>Coordinating Committee</p> <p>Staff: Sierra Chair: Lauren McClanahan</p>	<p>This meeting focused on a OneHome presentation on Access Points and organizational updates from MDHI.</p> <p>Next meeting: Fourth Friday from 9:00-10:30am</p>

<p>Young Adult Leadership Committee</p> <p>Staff: Sierra & Layla Chairs: TBD</p>	<p>The YALC is still working to recruit new members. The two people that we invited to come to our February meetings did not show. We are going to continue to focus on recruitment over the next two months while we reengage with our action cycle. The group has distilled the listening session feedback into buckets and is deciding how they would like to proceed with this information. How can they use it to positively impact the youth homeless system?</p> <p>Next meeting: Every other Wednesday from 4:00-6:00pm</p>
<p>Lived Experience Committee</p> <p>Staff: Sierra Chair: TBD</p>	<p>In development</p>
<p>HMIS Collaborative</p>	
<p>Colorado Statewide HMIS Collaborative</p> <p>Staff: Kyla Board: Vacant</p>	<p>The Collaborative discussed the HMIS Lead Agency monitoring process and then broke out into subgroups to start planning on the Strategic Drivers.</p> <p>Next meeting: March 4th 10-11:30am</p>

METRO DENVER HOMELESS INITIATIVE



FINANCIAL REVIEW
January 2022

Summary Statement of Activities



Summary Statement of Activities
Metro Denver Homeless Initiative
Dec-21

	12/31/2021	Budget 12/31/21	Over/(Under) Budget	Actuals 7/1/21 to 12/31/21	Budget 7/1/21 to 12/31/21	Over/(Under) Budget
REVENUE						
Contributed Support	403,385	619,612	(216,227)	2,876,524	3,856,491	(979,967)
Earned Revenues	16,307	15,980	328	129,949	111,857	18,093
			-			-
			-			-
			-			-
Total Revenue	419,692	635,592	(215,899)	3,006,473	3,968,348	(961,874)
EXPENDITURES						
Personnel: Salaries & Related Expenses	176,257	186,849	(10,592)	1,092,900	1,278,486	(185,586)
Professional Fees & Services	183,281	402,847	(219,566)	1,591,578	2,577,979	(986,401)
Program Services	8,962	10,000	(1,038)	53,973	70,000	(16,027)
Facilities & Equipment	5,980	6,243	(263)	42,193	43,279	(1,086)
Technology & Telecommunications	48,271	49,539	(1,268)	364,034	379,094	(15,060)
Travel	-	1,206	(1,206)	149	5,472	(5,323)
Event Planning & Conferences	8,436	7,180	1,256	53,260	44,254	9,006
Other General & Administrative	1,138	2,698	(1,560)	31,594	21,142	10,452
Interest & Bank Fees	-	10	(10)	34	70	(36)
Total Expenditures	432,325	666,572	(234,247)	3,229,715	4,419,776	(1,190,061)
OPERATING SURPLUS / DEFICIT (pre-depreciation)	(12,633)	(30,980)	18,348	(223,242)	(451,428)	228,187
Depreciation	1,561	18,617	(17,056)	103,043	130,317	(27,274)
OPERATING SURPLUS / DEFICIT (post-depreciation)	(14,194)	(49,597)	35,404	(326,285)	(581,745)	255,461
NON-OPERATING						
Non-operating revenue						
Bezos Stock			-	-		-
Gain/Loss on Investments	(28,597)	-	(28,597)	(22,883)	-	(22,883)
			-			-
Total non-operating revenue	(28,597)	-	(28,597)	(22,883)	-	(22,883)
Non-operating expenditures			-			-
			-			-
			-			-
Total non-operating expenditures	-	-	-	-	-	-
Net Non-Operating Surplus / Deficit	(28,597)	-	(28,597)	(22,883)	-	(22,883)
SURPLUS / DEF (OPERATING+NON-OPERATING)	(42,791)	(49,597)	6,807	(349,168)	(581,745)	232,578

Metropolitan Denver Homeless Initiative Inc
Statement of Financial Position
As of January 31, 2022

	Total	
	As of Jan 31, 2022	As of Dec 31, 2021 (PP)
ASSETS		
Current Assets		
Bank Accounts		
1020 Denver Community Checking	195,592.62	399,438.47
1024 Denver Community Savings	18,993.82	18,993.66
1030 Denver Community Checking-4077	95,768.28	73,537.31
1035 Denver Community Savings 2	23,422.55	23,422.35
1037 Alpine Bank 6009	1,435.85	1,435.85
1072 Bill.com Money Out Clearing	3,179.00	6,685.63
Total Bank Accounts	\$ 338,392.12	\$ 623,613.27
Accounts Receivable		
1240 Grants Receivable	1,015,224.90	1,010,589.93
Total Accounts Receivable	\$ 1,015,224.90	\$ 1,010,589.93
Other Current Assets		
1299 Undeposited Funds	3,198.57	3,198.57
1450 Prepaid Expenses	23,619.11	24,960.95
1632 Fidelity Investments	1,234,788.79	1,262,239.02
Total Other Current Assets	\$ 1,261,606.47	\$ 1,290,388.54
Total Current Assets	\$ 2,615,223.49	\$ 2,824,901.74
Fixed Assets		
1630 Leasehold Improvements	127,863.82	127,863.82
1640 Furniture, Fixtures, & Equip	10,210.69	10,210.69
1650 Fixed Asset Software	628,975.29	628,975.29
1745 Accum Deprec-Furn, Fix, Equip	-659,342.91	-654,782.35
Total Fixed Assets	\$ 110,706.89	\$ 112,267.45
TOTAL ASSETS	\$ 2,725,930.38	\$ 2,936,769.19
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2010 Accounts Payable	669,225.66	843,285.68
Total Accounts Payable	\$ 669,225.66	\$ 843,285.68
Credit Cards		
2015 Credit Card 3469dccc	1,760.38	1,134.67
Total Credit Cards	\$ 1,760.38	\$ 1,134.67
Other Current Liabilities		
2120 Accrued Paid Leave	88,060.40	83,951.49
2145 403B Payable	2,285.66	988.64
Total Other Current Liabilities	\$ 90,328.06	\$ 84,940.33
Total Current Liabilities	\$ 761,312.10	\$ 929,360.68
Total Liabilities		
Total Liabilities	\$ 761,312.10	\$ 929,360.68
Equity		
3000 Unrestricted Net Assets		
3001 Opening Bal Equity	-1,941.23	-1,941.23
3010 Unrestricted (retained earnings)	2,315,726.26	2,315,726.26
Net Revenue	-349,166.75	-306,376.52
Total Equity	\$ 1,964,618.28	\$ 2,007,468.51
TOTAL LIABILITIES AND EQUITY	\$ 2,725,930.38	\$ 2,936,769.19



Metropolitan Denver Homeless Initiative Inc
Statement of Cash Flows
 January 2022



		Total
OPERATING ACTIVITIES		
Net Revenue		-42,790.23
Adjustments to reconcile Net Revenue to Net Cash provided by operations:		
1240 Grants Receivable		-4,634.97
1450 Prepaid Expenses		1,341.84
2010 Accounts Payable		-174,060.02
2015 Credit Card 3469dccu		625.71
2120 Accrued Paid Leave		4,108.91
2145 403B Payable		1,276.82
		<u>1,276.82</u>
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	-\$	171,341.71
Net cash provided by operating activities	-\$	214,131.94
INVESTING ACTIVITIES		
1532 Fidelity Investments		27,450.23
1745 Accum Deprec-Furn, Fix, Equip		1,560.56
		<u>1,560.56</u>
Net cash provided by investing activities	\$	29,010.79
Net cash increase for period	-\$	185,121.15
Cash at beginning of period		526,711.84
		<u>526,711.84</u>
Cash at end of period	\$	341,590.69

MDHI Financial Statement Narrative for January 2022

Statement of Activities:

- Contributed Support Revenue for January shows a deficit of \$216K and \$980 YTD. This is made up of Government Grants which are underbudget \$226K for the month. Also included are Foundation grants which are negative to budget \$4K for the month and \$102K YTD. Last, Individual Contributions are underbudget \$21K in November and \$13K YTD. We did receive a 15K contribution from CO Realtor Foundation and \$30.8 from Metro Mayor's Caucus to support Flex Fund.
- Earned Revenue which is partner's NOFA fees and income generated from Bitfocus licenses were within budget.
- Gain on Investment was -\$29K for the month and -\$23 YTD.
- Operating Revenue for January was \$391K compared to a budget of \$636K resulting in a variance of -\$245K.
- Personnel Expense for January was \$10.6K positive to budget because of the vacancy in the ED position. All other positions have been filled.
- Professional Fees and Services was negative to budget \$220K for the month. This was a result of lower Rapid Rehousing expense for the year than planned and \$50 PIT expense which was not incurred. The majority of the deficit is negative to budget for the same reason Government Grant Revenue had a deficit for the month. Flex Fund spending was \$8.5K positive to budget for the month. Total spending YTD was \$309K.
- Technology and Telecommunications was under budget due to over estimating phone expense and fewer Bitfocus licenses being purchased than planned.
- Program Services, Facilities, Travel, and Depreciation Expense were all underbudget for the month of January.
- Event Planning and Conferences was \$1.3K over budget due to the timing of the DE&I training.
- Total Expenditures for January was \$434K compared to a budget of \$685K resulting in a variance of -\$251.3K.
- Operating Surplus pre-depreciation was -\$12.6K compared to a budget of -\$31K. The deficit is due to revenue being recognized in the previous fiscal year which resulted in passing an overall deficit budget for the current year.

Statement of Financial Position:

- There was a significant variance of \$174K between Accounts Payables from December through January. Accounts Receivables remained consistent.
- Total Equity in the organization is \$2.76M compared to Liabilities of only \$761K.

Statement of Cash Flow:

- Total adjustments to net revenue to reconcile net cash was largely due to the decrease in Accounts Payable of \$174K.

- The ending cash balance as of 1/31/22 was \$341.6K compared to the previous month's ending balance of \$526.7.
- Operating cash on hand decreased from December to January from 62 days to 34 days.

Logan Thomas & Johnson LLC
413 Wilcox St., Suite 204
Castle Rock, CO 80104-2477
303-663-1400

February 10, 2022

CONFIDENTIAL

METROPOLITAN DENVER HOMELESS
INITIATIVE INC
711 Park Ave Ste 320
Denver, CO 80205

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Logan Thomas & Johnson LLC
413 Wilcox St., Suite 204
Castle Rock, CO 80104-2477

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Logan Thomas & Johnson LLC

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 2019.

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization METROPOLITAN DENVER HOMELESS INITIATIVE INC Employer identification number 84-1359401

Name and title of officer DR. JAMIE RIFE
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,820,652</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LOGAN THOMAS & JOHNSON LLC to enter my PIN 31400 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date 02/04/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84515826385
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature JAN THOMAS Date 02/04/22

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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

A For the 2018 calendar year, or tax year beginning 07/01/18 , **and ending** 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METROPOLITAN DENVER HOMELESS INITIATIVE INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 711 PARK AVE STE 320 City or town, state or province, country, and ZIP or foreign postal code DENVER CO 80205	D Employer identification number 84-1359401 E Telephone number 303-295-1772 G Gross receipts\$ 2,820,652
	F Name and address of principal officer: DR. JAMIE RIFE 711 PARK AVE WEST SUITE 320 DENVER CO 80205	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: WWW.MDHI.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
L Year of formation: 1996		M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEADING AND ADVANCING COLLABORATION TO END HOMELESSNESS IN OUR REGION.		
	2 Check this box <input type="checkbox"/> 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)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,465,714	2,695,853
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,152	95,153
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101	53
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,394	29,593
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,589,361	2,820,652
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	537,796	940,127
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	887,636	1,349,284
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,425,432	2,289,411
19 Revenue less expenses. Subtract line 18 from line 12	163,929	531,241	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	575,825	1,173,442
	22 Net assets or fund balances. Subtract line 21 from line 20	175,359	241,735
		400,466	931,707

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 DR. JAMIE RIFE Type or print name and title	Date EXECUTIVE DIRECTOR
	Paid Preparer Use Only Print/Type preparer's name JAN THOMAS Preparer's signature JAN THOMAS Date 02/10/22 Check <input type="checkbox"/> if self-employed PTIN P01267359 Firm's name ▶ LOGAN THOMAS & JOHNSON LLC Firm's EIN ▶ 20-1943886 Firm's address ▶ 413 WILCOX ST., SUITE 204 CASTLE ROCK, CO 80104-2477 Phone no. 303-663-1400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 \$ 2,111,486 including grants of \$) (Revenue \$ 95,153)

SEE SCHEDULE O

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,111,486

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3	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>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	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>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	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>		X
19	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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 14		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	X
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	X
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	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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

REBECCA MAYER 711 PARK AVE W STE 320 DENVER

CO 80205 303-295-1772

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) BENJAMIN RYAN BOARD PRESIDENT	5.00 0.00	X		X				0	0	0
(2) JOHN FEENEY-COYLE VP ORG ACTIVITIES	5.00 0.00	X		X				0	0	0
(3) ELISSA HARDY VP OF CONTINUUM ACT	5.00 0.00	X		X				0	0	0
(4) CLAIRE CLURMAN SECRETARY/TREASURER	5.00 0.00	X		X				0	0	0
(5) EUGENE WADE VP OF CONTINUUM ACT	5.00 0.00	X		X				0	0	0
(6) PATRICIA HALL BOARD MEMBER	5.00 0.00	X						0	0	0
(7) MICHAEL MALLOY BOARD MEMBER	5.00 0.00	X						0	0	0
(8) SHELLEY MCKITTRICK BOARD MEMBER	5.00 0.00	X						0	0	0
(9) BRIAN ARNOLD BOARD MEMBER	5.00 0.00	X						0	0	0
(10) KEN HAYES BOARD MEMBER	5.00 0.00	X						0	0	0
(11) ALIX MIDGLEY BOARD MEMBER	5.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) KARISSA JOHNSON	5.00									
BOARD MEMBER	0.00	X						0	0	
(13) ANDREW ALSIP	5.00									
BOARD MEMBER	0.00	X						0	0	
(14) JENNIFER BIESS	5.00									
BOARD MEMBER	0.00	X						0	0	
(15) RENEE BELISLE	5.00									
BOARD MEMBER	0.00	X						0	0	
(16) RACHEL VAUGHN	5.00									
BOARD MEMBER	0.00	X						0	0	
(17) CARLA RESPECTS NOTHING	5.00									
BOARD MEMBER	0.00	X						0	0	
(18) VED PRICE	5.00									
BOARD MEMBER	0.00	X						0	0	
(19) KELLI BARKER	5.00									
BOARD MEMBER	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								166,853	23,934	
d Total (add lines 1b and 1c)								166,853	23,934	

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	2,617,711				
	1f All other contributions, gifts, grants, and similar amounts not included above	78,142				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	2,695,853				
Program Service Revenue	2a PROGRAM SERVICE FEES	95,153	95,153			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	95,153				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	53			53	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	27,250			
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)	27,250				
	d Net rental income or (loss)	27,250			27,250	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b Less: direct expenses					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a OTHER REVENUE		2,343			2,343	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,343				
12 Total revenue. See instructions.		2,820,652	95,153	0	29,646	

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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,525	183,305	12,220	
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	641,698	577,913	63,785	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-2,583		-2,583	
9 Other employee benefits	30,675	28,375	2,300	
10 Payroll taxes	74,812	69,335	5,477	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,539	14,139	9,400	
d Lobbying				
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.)	68,266	54,165	14,101	
12 Advertising and promotion				
13 Office expenses	82,700	79,765	2,935	
14 Information technology	326,462	324,660	1,802	
15 Royalties				
16 Occupancy	62,273	35,598	26,675	
17 Travel	16,176	14,755	1,421	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,984	10,128	8,856	
20 Interest	82		82	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,017	87,955	23,062	
23 Insurance	4,252	2,929	1,323	
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 ESG RAPID-REHOUSING	273,570	273,570		
b ONEHOME	153,447	153,447		
c LANDLORD MOVE-IN	63,277	63,277		
d ESG PREVENTION	50,000	50,000		
e All other expenses	95,239	88,170	7,069	
25 Total functional expenses. Add lines 1 through 24e	2,289,411	2,111,486	177,925	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	196,187	1	341,430
	2 Savings and temporary cash investments	165,263	2	42,374
	3 Pledges and grants receivable, net	188,227	3	291,067
	4 Accounts receivable, net	2,482	4	
	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	1,533	9	9,320
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 646,789		
	b Less: accumulated depreciation	10b 157,538	22,133	10c 489,251
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		575,825	16	1,173,442
Liabilities	17 Accounts payable and accrued expenses	175,359	17	241,735
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		25	
	26 Total liabilities. Add lines 17 through 25		175,359	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	316,598	27	808,707
	28 Temporarily restricted net assets	83,868	28	123,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	400,466	33	931,707	
34 Total liabilities and net assets/fund balances	575,825	34	1,173,442	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,820,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,289,411
3	Revenue less expenses. Subtract line 2 from line 1	3	531,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,466
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	931,707

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?	X	
3b	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.	X	

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			
(20) AYASHE CORNELIUS BOARD MEMBER	5.00 0.00	X						0	0	0
(21) WILL CONNELLY EXECUTIVE DIRECTOR	50.00 0.00			X				92,142	0	18,060
(22) REBECCA MAYER DEPUTY DIRECTOR	50.00 0.00			X				74,711	0	5,874
(23) MATT MEYER EXECUTIVE DIRECTOR	50.00 0.00			X				0	0	0
1b Sub-total								166,853		23,934
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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	3	
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	4	
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	5	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public
Inspection**

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

Name of the organization METROPOLITAN DENVER HOMELESS INITIATIVE INC	Employer identification number 84-1359401
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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
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	347,369	574,866	634,588	1,465,714	2,695,853	5,718,390
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	347,369	574,866	634,588	1,465,714	2,695,853	5,718,390
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5,718,390

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	347,369	574,866	634,588	1,465,714	2,695,853	5,718,390
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43	31	32	32,514	27,303	59,923
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			20,444	5,981	2,343	28,768
11 Total support. Add lines 7 through 10						5,807,081

12 Gross receipts from related activities, etc. (see instructions) 12 95,153

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.47%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.24%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

Part 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 (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME - BAD DEBT COLLECTION \$ 28,768

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

METROPOLITAN DENVER HOMELESS INITIATIVE INC

Employer identification number

84-1359401

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

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 on 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

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

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

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		58,443	55,520	2,923
d Equipment		10,211	5,662	4,549
e Other		578,135	96,356	481,779
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				489,251

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		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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	2,882,402
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	61,750
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	61,750
3	Subtract line 2e from line 1	3	2,820,652
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,820,652

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	2,351,161
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	61,750
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	61,750
3	Subtract line 2e from line 1	3	2,289,411
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,289,411

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.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

THE ORGANIZATION IS OPERATED AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION RECOGNIZES TAX LIABILITIES WHEN, DESPITE THE ORGANIZATION'S BELIEF THAT ITS TAX RETURN POSITIONS ARE SUPPORTABLE, THE ORGANIZATION BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT. THE ORGANIZATION HAS CONCLUDED THERE IS NO TAX LIABILITY OR BENEFIT REQUIRED TO BE RECORDED AS OF JUNE 30, 2019. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS.

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR THE YEARS PRIOR TO THE YEAR ENDED JUNE 30, 2016.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	METROPOLITAN DENVER HOMELESS INITIATIVE INC	Employer identification number	84-1359401
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FORM 990 - ORGANIZATION'S MISSION

MISSION: LEADING AND ADVANCING COLLABORATION TO END HOMELESSNESS IN OUR
REGION.

VISION: DEDICATED TO EVERYONE IN THE METRO REGION HAVING A SAFE, STABLE
PLACE TO CALL HOME.

VALUES: COMMITTED TO CORE VALUES THAT BRING PEOPLE HOME:

- INCLUSIVE. HONORING THE DIGNITY OF PEOPLE WITH PERSONAL EXPERIENCES
OF HOMELESSNESS AS PARTNERS IN IDENTIFYING SOLUTIONS TO HOMELESSNESS.
- COLLABORATIVE. HARNESSING THE POWER OF COLLABORATION TO ACHIEVE SYSTEMIC
SOLUTIONS TO HOMELESSNESS.
- INNOVATIVE. FOSTERING FLEXIBLE AND CREATIVE RESPONSES TO THE COMPLEXITY
OF HOMELESSNESS.
- INFORMED. USING DATA TO ADDRESS INEQUITY, GUIDE DECISION MAKING, ALLOCATE
RESOURCES, AND IMPROVE ACCOUNTABILITY.
- BOLD. PROVIDING COURAGEOUS LEADERSHIP THAT HONORS OUR COMMITMENT TO END
HOMELESSNESS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MDHI IS THE METRO DENVER CONTINUUM OF CARE (COC), WHICH IS A REGIONAL
SYSTEM THAT COORDINATES SERVICES AND HOUSING FOR PEOPLE EXPERIENCING
HOMELESSNESS. THIS WORK INCLUDES STREET OUTREACH, EMERGENCY
SHELTER, TRANSITIONAL HOUSING, RAPID REHOUSING, PREVENTION AND DIVERSION,
AND PERMANENT SUPPORTIVE HOUSING.

MDHI WORKS CLOSELY WITH EACH COUNTY IN OUR CONTINUUM (ADAMS, ARAPAHOE,

Name of the organization

Employer identification number

METROPOLITAN DENVER HOMELESS

84-1359401

BOULDER, BROOMFIELD, DENVER, DOUGLAS, AND JEFFERSON), BUILDING A HOMELESS CRISIS RESPONSE SYSTEM AIMED AT GETTING PEOPLE STABLY HOUSED AS QUICKLY AS POSSIBLE. THAT'S THE CORE OF WHAT WE BELIEVE - HOUSING IS THE SOLUTION TO HOMELESSNESS.

MDHI LEADS THE PROCESS FOR THE ANNUAL HUD COC NOFA APPLICATION. EACH YEAR MDHI CONVENES A SERIES OF MEETINGS FOR STAKEHOLDERS TO IDENTIFY LOCAL SERVICE GAPS AND FUNDING PRIORITIES. IDENTIFIED PRIORITIES ARE USED TO DEVELOP A COMPREHENSIVE APPLICATION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). SINCE ITS INCEPTION, MDHI HAS BROUGHT IN OVER \$100 MILLION IN GRANTS FOR THE DENVER METROPOLITAN AREA. MDHI COORDINATES THE EFFORTS AND COVERAGE ACROSS OUR 7-COUNTY REGION, WITH COORDINATORS FROM EACH AREA AND ADDITIONAL SUPPORTS FROM SERVICE AGENCIES, TO CONDUCT THE ANNUAL NATIONAL POINT IN TIME (PIT) SURVEY.

THE POINT IN TIME COUNT IS A SNAPSHOT OF METRO DENVER ON A SINGLE NIGHT THAT HELPS COMMUNITIES UNDERSTAND TRENDS AND RESPOND TO THE NEEDS OF PEOPLE EXPERIENCING LITERAL HOMELESSNESS. WHILE HELPING TO DETERMINE THE SCOPE OF HOMELESSNESS, THE PIT RAISES PUBLIC AWARENESS, PROMOTES COLLABORATION ACROSS SEVEN COUNTIES, AND REMINDS THE COMMUNITY THAT EVERYONE COUNTS! DURING THE COUNT NIGHT, TRAINED VOLUNTEERS AND STAFF INTERVIEW INDIVIDUALS, YOUTH AND FAMILIES EXPERIENCING HOMELESSNESS USING A STANDARDIZED SURVEY FORM. COMMUNITY, FAITH-BASED, AND GOVERNMENT ORGANIZATIONS USE THE INFORMATION COLLECTED FROM THE POINT-IN-TIME STUDY TO INFORM POLICIES, APPLY FOR SERVICES AND PROGRAMS FUNDING, AND TELL THE STORY OF THOSE EXPERIENCING BOTH SHELTERED AND UNSHELTERED HOMELESSNESS IN OUR COMMUNITY. A TOTAL OF 5,755 PERSONS WERE IDENTIFIED AS HOMELESS IN THE 2019 PIT COUNT

Name of the organization

Employer identification number

METROPOLITAN DENVER HOMELESS

84-1359401

FOR METRO DENVER.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION PROVIDES A COMPLETE COPY OF FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE FILING THE FORM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY COMPLETE A QUESTIONNAIRE REGARDING ANY POTENTIAL CONFLICTS AND STATING:

- DIRECTOR HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- DIRECTOR HAS READ AND UNDERSTANDS THE POLICY;
- DIRECTOR HAS AGREED TO COMPLY WITH THE POLICY; AND,
- DIRECTOR UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPTED PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE PROCESS FOR DETERMINING COMPENSATION INCLUDES COMPARABILITY DATA FROM THE COLORADO NONPROFIT ASSOCIATION SALARY AND BENEFITS SURVEY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE PROCESS FOR DETERMINING COMPENSATION INCLUDES COMPARABILITY DATA FROM THE COLORADO NONPROFIT ASSOCIATION SALARY AND BENEFITS SURVEY.

Name of the organization

Employer identification number

METROPOLITAN DENVER HOMELESS

84-1359401

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR.

MDHI Board of Directors
Minutes
February 1, 2022

Board: Mike Meyer, Brendan Clark, Carla Respects Nothing, Jennifer Biess, John Feeney Coyle, Joey Willett

Staff: Jamie Rife, Sierra Trujillo, Marla Sutherland, Julie Winkowski, Nicola Donaven

Welcome and Introductions

The board welcomed Jamie Rife as she begins her tenure as MDHI ED. Jamie has begun meeting one on one with staff and will be reaching out to board members for time to meet. Our new OneHome Manager, Marla Sutherland was introduced. Rebecca Mayer shared that she will be stepping down as Deputy Director on March 15.

Consent Agenda

John Feeney Coyle moved to approve the consent agenda; Brennan Clark seconded. Motion passed unanimously.

Point in Time

Jamie provided background information on the Point in Time history and methodology. This year we had to use caution due to COVID. Last year we did not do an unsheltered count. She noted that we will be cleaning up the data and will have data around June.

Jennifer asked about how we might interpret the data since different counties used different methodologies for their unsheltered count (observation vs. survey). Jamie noted that there was not overlap, so there should not be issues such as double counting. Jennifer noted that Denver had a greater geographic coverage than previously. Other counties did concentrate efforts on where they would find people.

There is some national push back. Austin and King County (Seattle) refused to do a PIT even though an unsheltered count is required. It's an undercount, and there is other data available. They do have a sheltered count (HMIS data pull) plus qualitative research.

We used the capacity we gained by not doing an unsheltered count last year to shore up our unsheltered data in HMIS. There were questions regarding if CoCs that do not do the PIT would lose funding. They may lose a point on the NOFO but not enough to significantly impact their score. We are also not funded based on our PIT number (i.e., funds allocated per person).

State of Homelessness

The report is posted on the website. Jamie talked about the purpose of the report. It's not the total number of people experiencing homelessness but is a more complete picture than the Point in Time. It is a crosswalk of HMIS, OneHome, PIT, and education data with voice of lived expertise, including the youth voice. She highlighted the racial inequities that are found across the datasets.

Jennifer Biess asked about total HMIS count. Does it include people in housing? No it is just people experiencing literal homelessness. Jennifer noted that is an area to clarify in the report.

Governance

John Feeney Coyle reminded the board that with members terming off in June and December. We are currently at minimum membership per the bylaws, so he again encouraged help with recruitment. At the next meeting we'll check in per committee and get updates from each committee regarding their recruitment efforts. Sierra Trujillo noted that we have two recent applications to review.

John gave a summary of the policy governance work the board has started. He gave some updates on proposed next steps. It was noted that we might want to bump out the timeline and do the first session in March, the second in April, and the final in the summer. There will be an hourly charge for the first two sessions that are in addition to our contract. Sierra Trujillo noted that we have a contract for DEI training to be completed by May. It's a two-hour training that could happen during a board meeting or be scheduled separately.

John suggested doing the DEI training at the March BoD meeting and look at Charney availability in April for the full in person workshop. Looking at DEI training for March BoD meeting, finding a late March date for full day meeting with Charney, and having Jamie and others who were not at retreat finding a date for the overview with Charney.