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|--|---|---|
| <b>CHAR500</b> \$50 SC<br>NYS Annual Filing for Charitable Organizations<br>www.CharitiesNYS.com | Send with fee and attachments to:<br>NYS Office of the Attorney General<br>Charities Bureau Registration Section<br>28 Liberty Street<br>New York, NY 10005 | <b>2020</b><br>Open to Public<br>Inspection |
|--|---|---|

|   |  |   |
|---|--|---|
| <b>1. General Information</b>   |  |   |
| For Fiscal Year Beginning (mm/dd/yyyy) <u>01/01/2020</u> and Ending (mm/dd/yyyy) <u>12/31/2020</u>  |  |   |
| Check if Applicable:<br><input type="checkbox"/> Address Change<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Initial Filing<br><input type="checkbox"/> Final Filing<br><input type="checkbox"/> Amended Filing<br><input type="checkbox"/> Reg ID Pending | Name of Organization:<br><b>CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,</b><br>Mailing Address:<br><b>255 WASHINGTON AVE. EXT., NO. 100</b><br>City / State / ZIP:<br><b>ALBANY, NY 12205</b><br>Website:<br><b>HTTPS://CBHNETWORK.COM/</b> | Employer Identification Number (EIN):<br><b>32-0571292</b><br>NY Registration Number:<br><b>47-55-13</b><br>Telephone:<br><b>518 504-8650</b><br>Email: |

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

|   |
|---|
| <b>2. Certification</b>   |
| See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. |

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

|                                       |               |                                 |                            |
|---------------------------------------|---------------|---------------------------------|----------------------------|
| President or Authorized Officer:      | <br>Signature | <b>DOROTHY CUCINELLI</b><br>CEO | X <u>5/13/2021</u><br>Date |
| Chief Financial Officer or Treasurer: | <br>Signature | <b>KEVIN CONNELLY</b><br>CHAIR  | X <u>5/13/2021</u><br>Date |

|  |
|--|
| <b>3. Annual Reporting Exemption</b>   |
| Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. |
| <input type="checkbox"/> <b>3a. 7A filing exemption:</b> Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.   |
| <input type="checkbox"/> <b>3b. EPTL filing exemption:</b> Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.   |

|  |   |
|--|---|
| <b>4. Schedules and Attachments</b>  |   |
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.   |

|   |                                 |                                   |                             |  |
|---|---------------------------------|-----------------------------------|-----------------------------|--|
| <b>5. Fee</b>   |                                 |                                   |                             |  |
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee:<br>\$ <u>25.</u> | EPTL filing fee:<br>\$ <u>25.</u> | Total fee:<br>\$ <u>50.</u> | Make a single check or money order payable to:<br><b>"Department of Law"</b> |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.

**CHAR500**  
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:  
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.  
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.  
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2020

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.  
**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

|  |                         |
|--|-------------------------|
| Name of Organization:                                | NY Registration Number: |
| <b>CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.</b> | <b>47-55-13</b>         |

### 2. Government Grants

| Name of Government Agency | Amount of Grant |
|---------------------------|-----------------|
| 1. NYS VBP GRANT          | 1. 376,954.     |
| 2.                        | 2.              |
| 3.                        | 3.              |
| 4.                        | 4.              |
| 5.                        | 5.              |
| 6.                        | 6.              |
| 7.                        | 7.              |
| 8.                        | 8.              |
| 9.                        | 9.              |
| 10.                       | 10.             |
| 11.                       | 11.             |
| 12.                       | 12.             |
| 13.                       | 13.             |
| 14.                       | 14.             |
| 15.                       | 15.             |
| Total Government Grants:  | Total: 376,954. |

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning and ending

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.</b> |   | <b>D</b> Employer identification number<br><b>32-0571292</b>   |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>518-504-8650</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)            | Room/suite  | <b>G</b> Gross receipts \$ <b>382,803.</b>   |
|  | <b>255 WASHINGTON AVE. EXT.</b>   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>ALBANY, NY 12205</b>  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>H(c)</b> Group exemption number   |
| <b>F</b> Name and address of principal officer: <b>DOROTHY CUCINELLI</b>   |   | If "No," attach a list. See instructions  |  |
| <b>SAME AS C ABOVE</b>   |   |   |  |
| <b>I</b> 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   |   |   |  |
| <b>J</b> Website: <b>HTTPS://CBHNETWORK.COM/</b>   |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>2018</b>   | <b>M</b> State of legal domicile: <b>NY</b>  |

**Part I Summary**

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION'S MISSION IS TO PROMOTE AND ENHANCE, ON A NOT-FOR-PROFIT BASIS, THE DELIVERY OF</b> |   |                               |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                               |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                    | <b>13</b>                     |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                    | <b>13</b>                     |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | <b>5</b>                                    | <b>2</b>                      |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                                    | <b>0</b>                      |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                   | <b>0.</b>                     |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11    | <b>7b</b>  | <b>0.</b>                                   |                               |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year <b>558,666.</b>                  | Current Year <b>376,954.</b>  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>14,428.</b>                              | <b>5,849.</b>                 |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>573,094.</b>                             | <b>382,803.</b>               |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>192,866.</b>                             | <b>206,004.</b>               |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>0.</b>                                   | <b>0.</b>                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>365,800.</b>                             | <b>170,949.</b>               |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>558,666.</b>  | <b>376,953.</b>                             |                               |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>14,428.</b>   | <b>5,850.</b>                               |                               |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year <b>1,288,825.</b> | End of Year <b>1,081,953.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>1,274,166.</b>                           | <b>1,061,445.</b>             |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>14,659.</b>                              | <b>20,508.</b>                |

**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.

|                               |   |   |  |   |                          |
|-------------------------------|---|---|--|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><i>Dorothy Cucinelli</i>              | Date<br><b>5/13/2021</b>                      |  |   |                          |
|                               | <b>DOROTHY CUCINELLI, CEO</b><br>Type or print name and title |   |  |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>CAROL A. HAUSAMANN, CPA</b>  | Preparer's signature<br><i>Carol Hausmann</i> | Date<br><b>05/13/21</b>  | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00339780</b> |
|                               | Firm's name<br><b>MARVIN AND COMPANY, P.C.</b>                | Firm's EIN<br><b>14-1567343</b>               | Firm's address<br><b>11 BRITISH AMERICAN BLVD.<br/>LATHAM, NY 12110-1405</b> | Phone no.<br><b>518-785-0134</b>                |                          |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.

Form 990 (2020)

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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: THE ORGANIZATION'S MISSION IS TO PROMOTE AND ENHANCE, ON A NOT-FOR-PROFIT BASIS, THE DELIVERY OF SERVICES PURSUANT TO NEW YORK STATE BEHAVIORAL HEALTH VALUE BASED PAYMENT (BH VBP) READINESS PROGRAM TO PERSONS WITH SUBSTANCE USE DISORDERS AND MENTAL HEALTH DISORDERS

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 345,361. including grants of \$ ) (Revenue \$ ) THE PURPOSE OF THE CORPORATION IS TO SUPERVISE, MONITOR, AND CONTROL THE SUBSIDIARY INDEPENDENT PRACTICE ASSOCIATION (IPA), CAPITAL BEHAVIORAL HEALTH NETWORK, LLC (CBHN), WHICH SHALL SERVE AS THE BEHAVIORAL HEALTH COLLABORATIVE FOR THE CAPITAL REGION OF NEW YORK STATE PURSUANT TO THE BH VHP READINESS PROGRAM. THE PROMOTION OF SUCH OBJECTIVES SHALL ENHANCE THE QUALITY OF CARE PROVIDED BY CBHC'S MEMBERS IN FURTHERANCE OF THE CHARITABLE MISSION OF EACH MEMBER.

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

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

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

4e Total program service expenses 345,361.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Form 990 (2020)

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**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | 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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in 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?<br><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> .....  |     | 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  |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Form 990 (2020)

32-0571292 Page 4

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

|     |  | Yes | No |
|-----|--|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | 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? If "Yes," complete Schedule J   |     | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   |     | X  |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   |     | X  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | 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):   |     |    |
| 28a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   |     | X  |
| 28b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  |     | X  |
| 28c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |     | 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? If "Yes," complete Schedule R, Part I   | X   |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | X   |    |
| 35b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | X   |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |     | 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? If "Yes," complete Schedule R, Part VI  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | X   |    |

Note: All Form 990 filers are required to complete Schedule O

**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  |     |    |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X   |    |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
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**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  | 2   |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>         | 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 on 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<br><i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>  |     |    |
| 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?  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |     |    |
| 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?  |     |    |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| 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?   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? |  |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |  |     |    |
| 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?  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> 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 |    |
| <b>11 Section 501(c)(12) organizations.</b> 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 |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |     |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |     |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state?<br><i>Note: See the instructions for additional information the organization must report on Schedule O.</i>   |     |    |
| 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?   |     | X  |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  |     |    |
| 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?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   |     | X  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   |     | X  |



**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
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**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|    |  |     |    |
| b  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| 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, 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 on Schedule O   |     | X  |

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

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| c   | 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  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 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     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on 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 **DOROTHY CUCINELLI - 518-504-8650**  
**255 WASHINGTON AVE. EXT., NO. 100, ALBANY, NY 12205**

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
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**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.
- See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) KEVIN CONNALLY<br>CHAIR         | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) KEITH STACK<br>VICE CHAIR       | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JOE GALLAGHER<br>TREASURER      | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) JEFF ROVITZ<br>SECRETARY        | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) CHRIS BURKE<br>DIRECTOR         | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) VIRGINIA GOLDEN<br>DIRECTOR     | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) KATHERINE G. ALONGE<br>DIRECTOR | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) BETH SCHUSTER<br>DIRECTOR       | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) STEVE GIORDANO<br>DIRECTOR      | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) CHELLY HEGAN<br>DIRECTOR       | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) ELIZABETH KADATZ<br>DIRECTOR   | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) MICHAEL KETTLE<br>DIRECTOR     | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) DAVID WALLACE<br>DIRECTOR      | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) LAURA COMBS<br>DIRECTOR        | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|                                     |   |   |                       |         |              |                              |        |  |   |   |
|                                     |   |   |                       |         |              |                              |        |  |   |   |
|                                     |   |   |                       |         |              |                              |        |  |   |   |



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**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |  |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | 1 a  | Federated campaigns  |                      |  |                                      |   |  |
|   | b  | Membership dues  |                      |  |                                      |   |  |
|   | c  | Fundraising events   |                      |  |                                      |   |  |
|   | d  | Related organizations  |                      |  |                                      |   |  |
|   | e  | Government grants (contributions)  | 376,954.             |  |                                      |   |  |
|   | f  | All other contributions, gifts, grants, and similar amounts not included above |                      |  |                                      |   |  |
|   | g  | Noncash contributions included in lines 1a-1f                                  |                      |  |                                      |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f  |                      | 376,954.                                     |                                      |   |  |
| <b>Program Service Revenue</b>                                |  |  | <b>Business Code</b> |  |                                      |   |  |
|   | 2 a  |  |                      |  |                                      |   |  |
|   | b  |  |                      |  |                                      |   |  |
|   | c  |  |                      |  |                                      |   |  |
|   | d  |  |                      |  |                                      |   |  |
|   | e  |  |                      |  |                                      |   |  |
|   | f  | All other program service revenue  |                      |  |                                      |   |  |
| g   | <b>Total.</b> Add lines 2a-2f  |  |                      |  |                                      |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and other similar amounts)   |                      | 5,849.                                       |                                      | 5,849.  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds                             |                      |  |                                      |   |  |
|   | 5  | Royalties  |                      |  |                                      |   |  |
|   | 6 a  | Gross rents  | (i) Real             |  |                                      |   |  |
|   |  |  | (ii) Personal        |  |                                      |   |  |
|   |  |  |                      |  |                                      |   |  |
|   | b  | Less: rental expenses  |                      |  |                                      |   |  |
|   | c  | Rental income or (loss)  |                      |  |                                      |   |  |
|   | d  | Net rental income or (loss)  |                      |  |                                      |   |  |
|   | 7 a  | Gross amount from sales of assets other than inventory                         | (i) Securities       |  |                                      |   |  |
|   |  |  | (ii) Other           |  |                                      |   |  |
|   |  |  |                      |  |                                      |   |  |
|   | b  | Less: cost or other basis and sales expenses                                   |                      |  |                                      |   |  |
|   | c  | Gain or (loss)   |                      |  |                                      |   |  |
| d   | Net gain or (loss)   |  |                      |  |                                      |   |  |
| 8 a   | 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   |  |                      |  |                                      |   |  |
| 9 a   | Gross income from gaming activities. See Part IV, line 19  |  |                      |  |                                      |   |  |
| b   | Less: direct expenses  |  |                      |  |                                      |   |  |
| c   | Net income or (loss) from gaming activities  |  |                      |  |                                      |   |  |
| 10 a  | Gross sales of inventory, less returns and allowances  |  |                      |  |                                      |   |  |
| b   | Less: cost of goods sold   |  |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory   |  |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                  |  |  | <b>Business Code</b> |  |                                      |   |  |
|   | 11 a   |  |                      |  |                                      |   |  |
|   | b  |  |                      |  |                                      |   |  |
|   | c  |  |                      |  |                                      |   |  |
|   | d  | All other revenue  |                      |  |                                      |   |  |
| e   | <b>Total.</b> Add lines 11a-11d  |  |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions   |  | 382,803.             | 0.   | 0.                                   | 5,849.  |  |

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**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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   |                       |                                 |  |                             |
| 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   | 164,181.              | 147,763.                        | 16,418.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 6,166.                | 5,549.                          | 617.                                   |                             |
| 9 Other employee benefits  | 24,889.               | 22,400.                         | 2,489.                                 |                             |
| 10 Payroll taxes   | 10,768.               | 9,691.                          | 1,077.                                 |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   |                       |                                 |  |                             |
| 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 Sch O.)  |                       |                                 |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 1,029.                | 927.                            | 102.                                   |                             |
| 14 Information technology  | 1,392.                | 1,253.                          | 139.                                   |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 34,674.               | 31,207.                         | 3,467.                                 |                             |
| 17 Travel  | 449.                  | 449.                            |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 1,153.                |                                 | 1,153.                                 |                             |
| 23 Insurance   | 9,188.                | 8,269.                          | 919.                                   |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>CONSULTANTS</b>   | 70,951.               | 70,951.                         |  |                             |
| b <b>LEGAL AND PROFESSIONAL</b>  | 52,113.               | 46,902.                         | 5,211.                                 |                             |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>376,953.</b>       | <b>345,361.</b>                 | <b>31,592.</b>                         | <b>0.</b>                   |
| 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  if following SOP 98-2 (ASC 958-720)

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Form 990 (2020)

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**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 1,276,677.               | 1          | 1,070,215.         |
|  | <b>2</b> Savings and temporary cash investments .....  |                          | 2          |                    |
|  | <b>3</b> Pledges and grants receivable, net .....  |                          | 3          |                    |
|  | <b>4</b> Accounts receivable, net .....  |                          | 4          |                    |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          |            |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          |            |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | 7          |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | 8          |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 9,651.                   | 9          | 10,393.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 3,458.                   |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | 2,113.                   | 10c        | 1,345.             |
|  | <b>11</b> Investments - publicly traded securities .....   |                          | 11         |                    |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | 12         |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13         |                    |
|  | <b>14</b> Intangible assets .....  |                          | 14         |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | 15         |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 1,288,825.   | 16                       | 1,081,953. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 260,399.                 | 17         | 57,932.            |
|  | <b>18</b> Grants payable .....   |                          | 18         |                    |
|  | <b>19</b> Deferred revenue .....   | 1,013,767.               | 19         | 1,003,513.         |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20         |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21         |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          |            |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | 23         |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24         |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | 25         |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,274,166.               | 26         | 1,061,445.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 14,659.                  | 27         | 20,508.            |
|  | <b>28</b> Net assets with donor restrictions .....   |                          | 28         |                    |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | 29         |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 30         |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 31         |                    |
|  | <b>32</b> <b>Total net assets or fund balances</b> .....   | 14,659.                  | 32         | 20,508.            |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> .....            | 1,288,825.   | 33                       | 1,081,953. |                    |

Form 990 (2020)

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

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**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  | 382,803. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 376,953. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 5,850.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 14,659.  |
| 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 on Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 20,509.  |

**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 _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on 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  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |     |    |

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.

Employer identification number 32-0571292

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant 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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.



**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,**

**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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          | 261,067. | 558,666. | 376,954. | 1196687.  |
| 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  |          |          | 261,067. | 558,666. | 376,954. | 1196687.  |
| 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.  |          |          |          |          |          | 1196687.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   |          |          | 261,067. | 558,666. | 376,954. | 1196687.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          | 231.     | 14,428.  | 5,849.   | 20,508.   |
| 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.)                                |          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10  |          |          |          |          |          | 1217195.  |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       |           |

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

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))  | 14                       | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14   | 15                       | % |
| 16a 33 1/3% support test - 2020. 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  | <input type="checkbox"/> |   |
| b 33 1/3% support test - 2019. 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   | <input type="checkbox"/> |   |
| 17a 10% -facts-and-circumstances test - 2020. 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    | <input type="checkbox"/> |   |
| b 10% -facts-and-circumstances test - 2019. 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 | <input type="checkbox"/> |   |
| 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   | <input type="checkbox"/> |   |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,**

**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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |
| <b>2a</b>   |  |  |
| <b>2b</b>   |  |  |
| <b>3a</b>   |  |  |
| <b>3b</b>   |  |  |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,**

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (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 0.015 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 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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 0.85 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

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

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,**

Schedule A (Form 990 or 990-EZ) 2020 **INC.**

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2020 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|---|--|---|
| 1   | Distributable amount for 2020 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2020   |  |   |
| a   | From 2015   |  |   |
| b   | From 2016   |  |   |
| c   | From 2017   |  |   |
| d   | From 2018   |  |   |
| e   | From 2019   |  |   |
| f   | <b>Total of lines 3a through 3e</b>   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2020 distributable amount  |  |   |
| i   | Carryover from 2015 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2020 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2020 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2016  |  |   |
| b   | Excess from 2017  |  |   |
| c   | Excess from 2018  |  |   |
| d   | Excess from 2019  |  |   |
| e   | Excess from 2020  |  |   |

Schedule A (Form 990 or 990-EZ) 2020



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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.**

Employer identification number  
**32-0571292**

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

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate value of contributions to (during year) .....   |  |                              |
| 3 Aggregate value of grants from (during year) .....  |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2020



**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Schedule D (Form 990) 2020

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**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 3,458.                          | 2,113.                       | 1,345.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 1,345.         |

Schedule D (Form 990) 2020

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Schedule D (Form 990) 2020

32-0571292 Page **3**

**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)   |                |   |
| <b>Total.</b> (Col. (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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.**

Schedule D (Form 990) 2020

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**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  | 382,803. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |          |
|   | a Net unrealized gains (losses) on investments                                  | 2a |    |          |
|   | b Donated services and use of facilities  | 2b |    |          |
|   | c Recoveries of prior year grants   | 2c |    |          |
|   | d Other (Describe in Part XIII.)  | 2d |    |          |
|   | e Add lines 2a through 2d   |    | 2e | 0.       |
| 3 | Subtract line 2e from line 1  |    | 3  | 382,803. |
| 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 | 0.       |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 382,803. |

**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  | 376,954. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |          |
|   | a Donated services and use of facilities   | 2a |    |          |
|   | b Prior year adjustments   | 2b |    |          |
|   | c Other losses   | 2c |    |          |
|   | d Other (Describe in Part XIII.)   | 2d |    |          |
|   | e Add lines 2a through 2d  |    | 2e | 0.       |
| 3 | Subtract line 2e from line 1   |    | 3  | 376,954. |
| 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 | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | 376,954. |

**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 X, LINE 2:**

CBHC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN DETERMINED TO BE AN ENTITY OTHER THAN A PRIVATE FOUNDATION. UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION 740, THE TAX STATUS OF TAX-EXEMPT ENTITIES IS AN UNCERTAIN TAX POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR THAT JEOPARDIZE THEIR TAX-EXEMPT STATUS. MANAGEMENT IS NOT AWARE OF ANY EVENTS THAT COULD JEOPARDIZE CBHC'S TAX-EXEMPT STATUS, THEREFORE, NO LIABILITY OR PROVISION FOR INCOME TAX HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS.

CBHN IS A LIMITED LIABILITY COMPANY, WHICH IS TREATED AS A SINGLE MEMBER LLC AND IS DISREGARDED FOR INCOME TAX PURPOSES. THE ACTIVITY OF THE



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.

Employer identification number  
32-0571292

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES PURSUANT TO NEW YORK STATE BEHAVIORAL HEALTH VALUE BASED  
PAYMENT (BH VBP) READINESS PROGRAM TO PERSONS WITH SUBSTANCE USE  
DISORDERS AND MENTAL HEALTH DISORDERS FOR THE BENEFIT OF THE COMMUNITY  
FOR WHICH IT HAS BEEN CREATED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE BENEFIT OF THE COMMUNITY FOR WHICH IT HAS BEEN CREATED.

FORM 990, PART VI, SECTION B, LINE 11B:

AS PART OF THE ANNUAL AUDIT, OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTING  
FIRM PREPARES A DRAFT OF FORM 990 AND RELATED SUPPORTING SCHEDULES FROM OUR  
INTERNAL RECORDS. WE DESIGNATE AN INDIVIDUAL OR INDIVIDUALS WITH SUITABLE  
SKILL, KNOWLEDGE, OR EXPERIENCE TO OVERSEE THESE SERVICES AND WE MAKE ALL  
MANAGEMENT DECISIONS AND PERFORM ALL MANAGEMENT FUNCTIONS. FORM 990 IS  
PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING. WE HAVE REVIEWED,  
APPROVED, AND ACCEPTED RESPONSIBILITY FOR FORM 990 AND THE RELATED  
SCHEDULES AND BELIEVE THEY ARE ADEQUATELY SUPPORTED BY THE BOOKS AND  
RECORDS OF CBHN.

FORM 990, PART VI, SECTION B, LINE 11A

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CAPITAL BEHAVIORAL HEALTH COLLABORATIVE,  
INC.

Employer identification number  
32-0571292

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12B

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 13

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 14

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CORPORATION HAS A CONFLICT OF INTEREST POLICY IN THE FORM REQUIRED BY  
THE N-PCL. THE CONFLICT OF INTEREST POLICY MAY BE AMENDED FROM TIME TO TIME  
BY MAJORITY VOTE OF THE BOARD OF DIRECTORS AT A REGULAR OR SPECIAL MEETING.

THE ANSWER TO THIS LINE ITEM APPLIES TO ALL OF THE ORGANIZATION'S  
DISREGARDED ENTITIES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, ETC. ARE AVAILABLE UPON REQUEST THROUGH THE BUSINESS  
OFFICE.

FORM 990, PART XII, LINE 2C:



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Name of the organization

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.**

Employer identification number  
**32-0571292**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity  | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity                 |
|---|---|---|---------------------|---------------------------|---|
| CAPITAL BEHAVIORAL HEALTH NETWORK, LLC -<br>32-0572675, 255 WASHINGTON AVE., EXT., NO.<br>100, ALBANY, NY 12205 | PROVIDE QUALITY BEHAVIORAL<br>HEALTH CARE | NEW YORK  |                     | 25,808, INC.              | CAPITAL BEHAVIORAL<br>HEALTH COLLABORATIVE,<br>INC. |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |
|   |   |   |                     |                           |   |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
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|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2020



**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.**

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved     | (d)<br>Method of determining amount involved |
|--|-------------------------------|----------------------------|--|
| (1) CAPITAL BEHAVIORAL HEALTH NETWORK, LLC | B                             | 570,507.CASH               |  |
| (2) CAPITAL BEHAVIORAL HEALTH NETWORK, LLC | N                             | 0.DOES NOT EXCEED \$50,000 |  |
| (3) CAPITAL BEHAVIORAL HEALTH NETWORK, LLC | O                             | 206,003.CASH               |  |
| (4) CAPITAL BEHAVIORAL HEALTH NETWORK, LLC | Q                             | 136,277.CASH               |  |
| (5)  |                               |                            |  |
| (6)  |                               |                            |  |



**Part VII** Supplemental Information

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

SCHEDULE R, PART V, LINE 2 (1)

CAPITAL BEHAVIORAL HEALTH NETWORK, LLC IS WHOLLY OWNED BY CAPITAL  
BEHAVIORAL HEALTH COLLABORATIVE, INC. (A U.S. CHARITY) AND IS TREATED  
AS A DISREGARDED ENTITY. THE LIMITATIONS OF SECTION 170(B) APPLY AS  
THOUGH THE GIFT WERE MADE TO THE U.S. CHARITY.

COPY OF WITHIN PAPER  
RECEIVED

MAY 17 2021

NYS Attorney General's Office  
Charities Bureau

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
FINANCIAL REPORT  
DECEMBER 31, 2020**

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Capital Behavioral Health Collaborative, Inc.

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of the Capital Behavioral Health Collaborative, Inc. (a nonprofit organization) and Affiliated Entity, Capital Behavioral Health Network IPA, LLC, which comprise the consolidated statements of financial position as of December 31, 2020 and 2019, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



## **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Capital Behavioral Health Collaborative, Inc. and its Affiliated Entity as of December 31, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Consolidating Information**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information on pages 12-14 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and changes in net assets of the individual entities, and it is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position and changes in net assets of the individual entities. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Marvin and Company, P.C.*

Latham, NY  
May 11, 2021

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2020 AND 2019**

| <b>ASSETS</b>                           |                            |                            |
|---|----------------------------|----------------------------|
|   | <u><b>2020</b></u>         | <u><b>2019</b></u>         |
| <b>Assets</b>                           |                            |                            |
| Cash and cash equivalents               | \$ 1,070,215               | \$ 1,276,677               |
| Prepaid expenses                        | 10,393                     | 9,651                      |
| Property and equipment, net             | <u>1,345</u>               | <u>2,497</u>               |
| <b>TOTAL ASSETS</b>                     | <u><b>\$ 1,081,953</b></u> | <u><b>\$ 1,288,825</b></u> |
| <b>LIABILITIES AND NET ASSETS</b>       |                            |                            |
| <b>Liabilities</b>                      |                            |                            |
| Accounts payable                        | \$ 32,419                  | \$ 22,929                  |
| Accrued expenses                        | 25,513                     | 237,470                    |
| Deferred revenue                        | <u>1,003,513</u>           | <u>1,013,767</u>           |
| Total Liabilities                       | <u>1,061,445</u>           | <u>1,274,166</u>           |
| <b>Net Assets</b>                       |                            |                            |
| Without donor restrictions              | <u>20,508</u>              | <u>14,659</u>              |
| Total Net Assets                        | <u>20,508</u>              | <u>14,659</u>              |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | <u><b>\$ 1,081,953</b></u> | <u><b>\$ 1,288,825</b></u> |

See accompanying notes to consolidated financial statements.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATED STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

|  | <u>2020</u>      | <u>2019</u>      |
|--|------------------|------------------|
| <b>Support and Revenue</b>                             |                  |                  |
| Government grants                                      | \$ 376,954       | \$ 558,666       |
| Other income   | 5,849            | 14,428           |
| Total Support and Revenue                              | <u>382,803</u>   | <u>573,094</u>   |
| <b>Expenses</b>  |                  |                  |
| Salaries   | 164,181          | 145,433          |
| Payroll taxes and benefits                             | 41,822           | 47,433           |
| Legal and professional fees                            | 52,114           | 42,107           |
| Consultants  | 70,951           | 272,030          |
| Bank charges and fees                                  | -                | 35               |
| Travel, meals and entertainment                        | 449              | 2,532            |
| Rent and lease   | 28,519           | 28,506           |
| Utilities  | 6,155            | 6,327            |
| Office supplies  | 1,030            | 1,318            |
| Insurance  | 9,188            | 9,420            |
| Miscellaneous  | -                | 238              |
| Depreciation expense                                   | 1,153            | 961              |
| Taxes and licenses                                     | -                | 75               |
| IT expenses  | 1,392            | 2,251            |
| Total Expenses   | <u>376,954</u>   | <u>558,666</u>   |
| <b>Change in Net Assets Without Donor Restrictions</b> | <u>5,849</u>     | <u>14,428</u>    |
| Net Assets, Beginning of Year                          | <u>14,659</u>    | <u>231</u>       |
| <b>Net Assets, End of Year</b>                         | <u>\$ 20,508</u> | <u>\$ 14,659</u> |

See accompanying notes to consolidated financial statements.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**YEAR ENDED DECEMBER 31, 2020**

|                                 | <u>Health<br/>Reform</u> | <u>Management<br/>and General</u> | <u>Total</u>      |
|---------------------------------|--------------------------|-----------------------------------|-------------------|
| Salaries                        | \$ 147,763               | \$ 16,418                         | \$ 164,181        |
| Payroll taxes and benefits      | 37,640                   | 4,182                             | 41,822            |
| Legal and professional fees     | 46,903                   | 5,211                             | 52,114            |
| Consultants                     | 70,951                   | -                                 | 70,951            |
| Travel, meals and entertainment | 449                      | -                                 | 449               |
| Rent and lease                  | 25,667                   | 2,852                             | 28,519            |
| Utilities                       | 5,539                    | 616                               | 6,155             |
| Office supplies                 | 927                      | 103                               | 1,030             |
| Insurance                       | 8,269                    | 919                               | 9,188             |
| Depreciation expense            | -                        | 1,153                             | 1,153             |
| IT expenses                     | 1,253                    | 139                               | 1,392             |
|                                 | <u>          </u>        | <u>          </u>                 | <u>          </u> |
| Total Expenses                  | <u>\$ 345,361</u>        | <u>\$ 31,593</u>                  | <u>\$ 376,954</u> |

**YEAR ENDED DECEMBER 31, 2019**

|                                 | <u>Health<br/>Reform</u> | <u>Management<br/>and General</u> | <u>Total</u>      |
|---------------------------------|--------------------------|-----------------------------------|-------------------|
| Salaries                        | \$ 130,890               | \$ 14,543                         | \$ 145,433        |
| Payroll taxes and benefits      | 42,690                   | 4,743                             | 47,433            |
| Legal and professional fees     | 37,896                   | 4,211                             | 42,107            |
| Consultants                     | 272,030                  | -                                 | 272,030           |
| Bank fees                       | -                        | 35                                | 35                |
| Travel, meals and entertainment | 2,532                    | -                                 | 2,532             |
| Rent and lease                  | 25,655                   | 2,851                             | 28,506            |
| Utilities                       | 5,694                    | 633                               | 6,327             |
| Office supplies                 | 1,186                    | 132                               | 1,318             |
| Insurance                       | 8,478                    | 942                               | 9,420             |
| Miscellaneous                   | 214                      | 24                                | 238               |
| Depreciation expense            | -                        | 961                               | 961               |
| Taxes and Licenses              | -                        | 75                                | 75                |
| IT expenses                     | 2,026                    | 225                               | 2,251             |
|                                 | <u>          </u>        | <u>          </u>                 | <u>          </u> |
| Total Expenses                  | <u>\$ 529,291</u>        | <u>\$ 29,375</u>                  | <u>\$ 558,666</u> |

See accompanying notes to consolidated financial statements.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

|   | <u>2020</u>         | <u>2019</u>         |
|---|---------------------|---------------------|
| <b>Cash Flow from Operating Activities</b>  |                     |                     |
| Change in net assets  | \$ 5,849            | \$ 14,428           |
| Adjustments to reconcile change in net assets to net cash provided (used) by operating activities |                     |                     |
| Depreciation  | 1,153               | 961                 |
| Increase in assets:   |                     |                     |
| Prepaid expenses  | (742)               | (5,328)             |
| Increase (Decrease) in liabilities  |                     |                     |
| Accounts payable  | 9,490               | 22,929              |
| Accrued expenses  | (211,958)           | 225,752             |
| Deferred revenue  | (10,254)            | 174,734             |
|   | <u>(206,462)</u>    | <u>433,476</u>      |
| Net Cash Provided (Used) by Operating Activities  |                     |                     |
| <b>Cash Flow from Investing Activities</b>  |                     |                     |
| Purchases of property and equipment   | <u>-</u>            | <u>(3,458)</u>      |
| <b>Net Increase (Decrease) in Cash</b>  | (206,462)           | 430,018             |
| Cash and Cash Equivalents, Beginning of Year  | <u>1,276,677</u>    | <u>846,659</u>      |
| <b>Cash and Cash Equivalents, End of Year</b>   | <u>\$ 1,070,215</u> | <u>\$ 1,276,677</u> |

See accompanying notes to consolidated financial statements.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**1. NATURE OF OPERATIONS**

***The Organization***

Capital Behavioral Health Collaborative, Inc. (CBHC) was incorporated as a not-for-profit corporation on May 31, 2018, under New York State law. The Organization's mission is to promote and enhance the delivery of services pursuant to New York State Behavioral Health Value Based Payment (BH VBP) Readiness Program to persons with substance use disorders and mental health disorders for the benefit of the community for which it has been created.

CBHC supervises, monitors, and controls the subsidiary Independent Practice Association (IPA), Capital Behavioral Health Network IPA, LLC (CBHN). CBHN serves as the Behavioral Health Collaborative for the Capital Region of New York State pursuant to the BH VHP Readiness Program. The promotion of such objectives shall enhance the quality of care provided by CBHC's Members in furtherance of the charitable mission of each Member.

The purpose of CBHN is to provide quality, cost effective care that is driven by outcomes through the establishment of a comprehensive provider network; coordination of services; sharing of data; and quality, and development and adherence to common standards of care.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Principles of Consolidation***

The consolidated financial statements include the accounts of Capital Behavioral Health Collaborative, Inc. and Capital Behavioral Health Network IPA, LLC (collectively referred to herein as the Organization). Capital Behavioral Health Collaborative, Inc. is the sole Class A member of Capital Behavioral Health Network IPA, LLC. All intercompany transactions have been eliminated.

***Basis of Accounting and Revenue Recognition***

The Organization maintains its accounting records on the accrual basis of accounting, recognizing revenue when earned and expenses when incurred.

***Cash and Cash Equivalents***

The Organization considers all highly liquid instruments with an initial maturity of three months or less to be cash equivalents.

***Compensated Absences***

Employees accrue combined leave time and medical leave time on a pay period basis. Employees may accrue unused combined leave time, up to a maximum of 275 hours, to be used in future periods or paid upon termination. Medical leave is not paid upon termination. Accrued compensated absences of \$22,577 and \$8,080 at December 31, 2020 and 2019, respectively, are included in accrued expenses.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Property and Equipment and Depreciation***

Expenditures for acquisitions, renewals, and betterments are capitalized, whereas maintenance and repair costs are expensed as incurred. Assets with a useful life of more than one year and a cost greater than \$3,000 are capitalized. When equipment is retired or otherwise disposed of, the appropriate accounts are relieved of costs and accumulated depreciation and any resultant gain or loss is credited or charged to the change in net assets.

Depreciation is recognized on a straight-line basis over the following estimated useful lives:

|                         | <u>Years</u> |
|-------------------------|--------------|
| Furniture and equipment | 3 - 7        |

Depreciation expense was \$1,153 and \$961 for the years ended December 31, 2020 and 2019, respectively.

***Members' Equity***

During the years ended December 31, 2020 and 2019, CBHC made grant based capital contributions of \$570,507 and \$325,000, respectively to CBHN. These contributions are related to grant revenue discussed in Note 3. Net income or loss is allocated in accordance with the percentage of ownership. As of December 31, 2020 and 2019, CBHC held a 100% ownership interest in CBHN.

***Use of Estimates***

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

***Functional Allocation of Expenses***

The costs of providing programs and activities have been summarized on a functional basis in the Consolidated Statements of Activities and Consolidated Statements of Functional Expenses. Expenses are charged directly to program or supporting services based on direct expenditures incurred. Certain categories of expenses are attributable to more than one program or supporting service. Significant expenses that are allocated include wages and related expenses which are allocated based on the time and effort worked per function.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Tax Status***

CBHC is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been determined to be an entity other than a private foundation. Under Accounting Standards Codification (ASC) Section 740, the tax status of tax-exempt entities is an uncertain tax position, since events could potentially occur that jeopardize their tax-exempt status. Management is not aware of any events that could jeopardize CBHC's tax-exempt status, therefore, no liability or provision for income tax has been reflected in the consolidated financial statements.

CBHN is a limited liability company, which is treated as a single member LLC and is disregarded for income tax purposes. The activity of the reporting entity is includible in CBHC's tax filings.

***Grant Revenue and Deferred Revenue***

Revenue from government grants with a measurable performance or other barrier and a right of return are not recognized until the conditions on which they depend have been met. Cash received in excess of revenue recognized is reported as deferred revenue.

**3. GRANT REVENUE**

On December 20, 2017, the Organization was approved to participate in the NYS Behavioral Health Value Based Payment (BH VBP) Readiness Program as a Behavioral Health Care Collaborative (BHCC). The Organization was awarded up to \$2,316,000 to be distributed over the three-year funding period and is contingent upon funding availability and the BHCC submission and satisfactory review of updated work plans and satisfaction of specific goals. In December of 2020, the grant period was extended to continue through December 31, 2023.

The Organization is required to file updated work plans, quarterly reports, and BHCC identified deliverables to the Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS). Under the terms of the agreement, if the Organization does not meet objectives and goals under the grant initiative, or does not expend the funds in accordance with the grant guidelines, the Organization will not receive payment and could be required to return funds received in advance.

The grant revenue is recognized as the associated barriers are overcome, which is the incurrence of allowable qualifying expenditures.

The Organization has recorded \$376,954 and \$558,666 as grant revenue for the years ended December 31, 2020 and 2019, respectively. Funds received in advance of conditions being met totaled \$1,003,513 and \$1,013,767 for the years ended December 31, 2020 and 2019, respectively, and are recorded as deferred revenue to be subsequently recognized as revenue when conditions are met.



**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**4. LEASE COMMITMENTS**

The Organization leases office space with a three year term expiring July 31, 2021. Rent expense is \$2,303 per month. The Organization also leases office equipment under a lease expiring December 13, 2021. The lease expense is \$73 per month. Total rent and lease expense was \$28,519 and \$28,506 for the years ended December 31, 2020 and 2019, respectively.

A summary of the future minimum non-cancelable lease payments is as follows:

For the year ending December 31, 2021 \$ 16,993

**5. INFORMATION ABOUT LIQUIDITY AND AVAILABILITY OF RESOURCES**

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization manages its liquidity using the following guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs.

The following table reflects the Organization's financial assets as of December 31, 2020 and 2019.

|   | <u>2020</u>         | <u>2018</u>         |
|---|---------------------|---------------------|
| Cash and cash equivalents   | \$ 1,070,215        | \$ 1,276,677        |
| Total Financial Assets Available to Meet Cash Needs<br>for General Expenditures Within One Year | <u>\$ 1,070,215</u> | <u>\$ 1,276,677</u> |

**6. PROPERTY AND EQUIPMENT, NET**

A summary of the Organization's property and equipment, net, is as follows:

|                               | <u>2020</u>     | <u>2018</u>     |
|-------------------------------|-----------------|-----------------|
| Property and equipment        | \$ 3,458        | \$ 3,458        |
| Less accumulated depreciation | <u>2,113</u>    | <u>961</u>      |
| Property and Equipment, Net   | <u>\$ 1,345</u> | <u>\$ 2,497</u> |

**7. CONCENTRATION OF CREDIT RISK**

At times, the Organization's cash balances may exceed federally insured limits. The Organization has not experienced any losses in these accounts and believes it is not exposed to any significant risk with respect to cash.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
DECEMBER 31, 2020 AND 2019**

**8. PROFIT SHARING PLAN**

The Organization sponsors a qualified defined contribution profit sharing plan with a 401(k) deferred compensation provision. The plan covers substantially all employees of the Organization who have completed at least 30 days of service and are at least 17 years of age. Employees who meet certain eligibility requirements as defined in the plan document, are also eligible for the Organization's discretionary matching and qualified nonelective contributions. The Organization made \$6,165 and \$9,081 in employer contributions for the years ended December 31, 2020 and 2019, respectively.

**9. COMMITMENTS AND CONTINGENCIES**

The Organization enters into various contracts with vendors throughout the year. During the year ended December 31, 2019, the Organization was in negotiations with one of its vendors to come to an agreement on a fee for consulting services rendered. Management's estimate of the probable amount due was \$220,000 for the services rendered and has recorded an accrued expense in the amount of \$220,000 at December 31, 2019. During the year ended December 31, 2020, negotiations were settled, and the amount paid to the vendor was \$225,507.

**10. FUTURE ACCOUNTING STANDARDS**

In February 2016, the Financial Accounting Standards Board (FASB) issued ASU 2016-02, *Leases (Topic 842)*, which was effective for fiscal years beginning after December 15, 2019. Subsequently, in June 2020, FASB issued ASU 2020-05 extending the effective date to fiscal years beginning after December 15, 2021. The standard requires a change in the way the Organization will account for its leases, eliminating operating leases and requiring lease obligations to be recorded as a liability on the balance sheet with a corresponding right to use asset. Organization management is currently evaluating the impact of this standard on their consolidated financial statements.

**11. RISKS AND UNCERTAINTIES**

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19, a respiratory disease, to be a pandemic. It is uncertain as to the full magnitude that the pandemic will have on the Organization's financial condition, liquidity, and future results of operations. The outbreak will likely have a continued material adverse impact on the economy and cost of providing services. The full impact of the COVID-19 outbreak continues to evolve as of the date these consolidated financial statements were available to be issued.

**12. SUBSEQUENT EVENTS**

Management has evaluated events subsequent to the consolidated statement of financial position date of December 31, 2020 through May 11, 2021, which is the date these consolidated financial statements were available to be issued, and have determined that there are no subsequent events that require recording or disclosure.

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATING SCHEDULES OF FINANCIAL POSITION  
DECEMBER 31, 2020 AND 2019**

| <b>DECEMBER 31, 2020</b>                   |                     |                  |                     |                     |
|--|---------------------|------------------|---------------------|---------------------|
|  | <u>CBHC</u>         | <u>CBHN</u>      | <u>Eliminations</u> | <u>Consolidated</u> |
| <b>Assets</b>                              |                     |                  |                     |                     |
| Cash and cash equivalents                  | \$ 1,056,145        | \$ 14,070        | \$ -                | \$ 1,070,215        |
| Prepaid expenses and other assets          | -                   | 10,393           | -                   | 10,393              |
| Investment in CBHN, LLC                    | (32,124)            | -                | 32,124              | -                   |
| Property and equipment, net                | -                   | 1,345            | -                   | 1,345               |
| <b>TOTAL ASSETS</b>                        | <u>\$ 1,024,021</u> | <u>\$ 25,808</u> | <u>\$ 32,124</u>    | <u>\$ 1,081,953</u> |
| <b>LIABILITIES AND NET ASSETS</b>          |                     |                  |                     |                     |
| <b>Liabilities</b>                         |                     |                  |                     |                     |
| Accounts payable                           | \$ -                | \$ 32,419        | \$ -                | \$ 32,419           |
| Accrued expenses                           | -                   | 25,513           | -                   | 25,513              |
| Deferred revenue                           | 1,003,513           | -                | -                   | 1,003,513           |
| Total Liabilities                          | <u>1,003,513</u>    | <u>57,932</u>    | <u>-</u>            | <u>1,061,445</u>    |
| <b>Net Assets</b>                          |                     |                  |                     |                     |
| Without donor restrictions/member's equity | 20,508              | (32,124)         | 32,124              | 20,508              |
| Total Net Assets                           | <u>20,508</u>       | <u>(32,124)</u>  | <u>32,124</u>       | <u>20,508</u>       |
| <b>TOTAL LIABILITIES AND NET ASSETS</b>    | <u>\$ 1,024,021</u> | <u>\$ 25,808</u> | <u>\$ 32,124</u>    | <u>\$ 1,081,953</u> |
| <b>DECEMBER 31, 2019</b>                   |                     |                  |                     |                     |
|  | <u>CBHC</u>         | <u>CBHN</u>      | <u>Eliminations</u> | <u>Consolidated</u> |
| <b>Assets</b>                              |                     |                  |                     |                     |
| Cash and cash equivalents                  | \$ 1,254,103        | \$ 22,574        | \$ -                | \$ 1,276,677        |
| Prepaid expenses and other assets          | -                   | 9,651            | -                   | 9,651               |
| Investment in CBHN, LLC                    | (225,677)           | -                | 225,677             | -                   |
| Property and equipment, net                | -                   | 2,497            | -                   | 2,497               |
| <b>TOTAL ASSETS</b>                        | <u>\$ 1,028,426</u> | <u>\$ 34,722</u> | <u>\$ 225,677</u>   | <u>\$ 1,288,825</u> |
| <b>LIABILITIES AND NET ASSETS</b>          |                     |                  |                     |                     |
| <b>Liabilities</b>                         |                     |                  |                     |                     |
| Accounts payable                           | \$ -                | \$ 22,929        | \$ -                | \$ 22,929           |
| Accrued expenses                           | -                   | 237,470          | -                   | 237,470             |
| Deferred revenue                           | 1,013,767           | -                | -                   | 1,013,767           |
| Total Liabilities                          | <u>1,013,767</u>    | <u>260,399</u>   | <u>-</u>            | <u>1,274,166</u>    |
| <b>Net Assets</b>                          |                     |                  |                     |                     |
| Without donor restrictions/member's equity | 14,659              | (225,677)        | 225,677             | 14,659              |
| Total Net Assets                           | <u>14,659</u>       | <u>(225,677)</u> | <u>225,677</u>      | <u>14,659</u>       |
| <b>TOTAL LIABILITIES AND NET ASSETS</b>    | <u>\$ 1,028,426</u> | <u>\$ 34,722</u> | <u>\$ 225,677</u>   | <u>\$ 1,288,825</u> |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATING SCHEDULES OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**YEAR ENDED DECEMBER 31, 2020**

|   | <u>CBHC</u>      | <u>CBHN</u>         | <u>Eliminations</u> | <u>Total</u>    |
|---|------------------|---------------------|---------------------|-----------------|
| <b>Net Assets Without Donor Restrictions</b>  |                  |                     |                     |                 |
| <b>Support and Revenue</b>  |                  |                     |                     |                 |
| Government grants   | \$ 376,954       | \$ -                | \$ -                | \$ 376,954      |
| Other income  | 5,849            | -                   | -                   | 5,849           |
| Total Support and Revenue   | <u>382,803</u>   | <u>-</u>            | <u>-</u>            | <u>382,803</u>  |
| <b>Expenses</b>   |                  |                     |                     |                 |
| Salaries  | -                | 164,181             | -                   | 164,181         |
| Payroll taxes and benefits  | -                | 41,822              | -                   | 41,822          |
| Legal and professional fees   | -                | 52,114              | -                   | 52,114          |
| Consultants   | -                | 70,951              | -                   | 70,951          |
| Travel, meals and entertainment   | -                | 449                 | -                   | 449             |
| Rent and lease  | -                | 28,519              | -                   | 28,519          |
| Utilities   | -                | 6,155               | -                   | 6,155           |
| Office supplies   | -                | 1,030               | -                   | 1,030           |
| Insurance   | -                | 9,188               | -                   | 9,188           |
| Depreciation expense  | -                | 1,153               | -                   | 1,153           |
| IT operation expenses   | -                | 1,392               | -                   | 1,392           |
| Total Expenses  | <u>-</u>         | <u>376,954</u>      | <u>-</u>            | <u>376,954</u>  |
| <b>Change in Net Assets Without Donor Restrictions/<br/>(Deficiency) of Revenue Over Expenses</b> | <u>382,803</u>   | <u>(376,954)</u>    | <u>-</u>            | <u>5,849</u>    |
| Loss from Affiliate   | <u>(376,954)</u> | <u>-</u>            | <u>376,954</u>      | <u>-</u>        |
| <b>Change in Net Assets Without Donor Restrictions/<br/>(Deficiency) of Revenue Over Expenses</b> | <u>\$ 5,849</u>  | <u>\$ (376,954)</u> | <u>\$ 376,954</u>   | <u>\$ 5,849</u> |

**YEAR ENDED DECEMBER 31, 2019**

|   | <u>CBHC</u>      | <u>CBHN</u>         | <u>Eliminations</u> | <u>Total</u>     |
|---|------------------|---------------------|---------------------|------------------|
| <b>Net Assets Without Donor Restrictions</b>  |                  |                     |                     |                  |
| <b>Support and Revenue</b>  |                  |                     |                     |                  |
| Government grants   | \$ 558,666       | \$ -                | \$ -                | \$ 558,666       |
| Other income  | 14,428           | -                   | -                   | 14,428           |
| Total Support and Revenue   | <u>573,094</u>   | <u>-</u>            | <u>-</u>            | <u>573,094</u>   |
| <b>Expenses</b>   |                  |                     |                     |                  |
| Salaries  | -                | 145,433             | -                   | 145,433          |
| Payroll taxes and benefits  | -                | 47,433              | -                   | 47,433           |
| Legal and professional fees   | -                | 42,107              | -                   | 42,107           |
| Consultants   | -                | 272,030             | -                   | 272,030          |
| Bank charges and fees   | -                | 35                  | -                   | 35               |
| Travel, meals and entertainment   | -                | 2,532               | -                   | 2,532            |
| Rent and lease  | -                | 28,506              | -                   | 28,506           |
| Utilities   | -                | 6,327               | -                   | 6,327            |
| Office supplies   | -                | 1,318               | -                   | 1,318            |
| Insurance   | -                | 9,420               | -                   | 9,420            |
| Miscellaneous   | -                | 238                 | -                   | 238              |
| Depreciation expense  | -                | 961                 | -                   | 961              |
| Taxes and Licenses  | -                | 75                  | -                   | 75               |
| IT operation expenses   | -                | 2,251               | -                   | 2,251            |
| Total Expenses  | <u>-</u>         | <u>558,666</u>      | <u>-</u>            | <u>558,666</u>   |
| <b>Change in Net Assets Without Donor Restrictions/<br/>(Deficiency) of Revenue Over Expenses</b> | <u>573,094</u>   | <u>(558,666)</u>    | <u>-</u>            | <u>14,428</u>    |
| Loss from Affiliate   | <u>(558,666)</u> | <u>-</u>            | <u>558,666</u>      | <u>-</u>         |
| <b>Change in Net Assets Without Donor Restrictions/<br/>(Deficiency) of Revenue Over Expenses</b> | <u>\$ 14,428</u> | <u>\$ (558,666)</u> | <u>\$ 558,666</u>   | <u>\$ 14,428</u> |

**CAPITAL BEHAVIORAL HEALTH COLLABORATIVE, INC.  
AND AFFILIATED ENTITY  
CONSOLIDATING SCHEDULES OF CHANGES IN NET ASSETS/MEMBER'S EQUITY  
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

|   | <u>CBHC</u>      | <u>CBHN</u>         | <u>Eliminations</u> | <u>Total</u>  |
|---|------------------|---------------------|---------------------|---------------|
| <b>Net Assets/Member's Equity Balance, Beginning of Year 2019</b> | \$ 231           | \$ 7,989            | \$ (7,989)          | \$ 231        |
| Change in Net Assets/Net Loss                                     | 14,428           | (558,666)           | 558,666             | 14,428        |
| Member Grant Based Capital Contributions                          | <u>-</u>         | <u>325,000</u>      | <u>(325,000)</u>    | <u>-</u>      |
| <b>Net Assets/Member's Equity Balance, End of Year 2019</b>       | <u>\$ 14,659</u> | <u>\$ (225,677)</u> | <u>225,677</u>      | <u>14,659</u> |
| Change in Net Assets/Net Loss                                     | 5,849            | (376,954)           | 376,954             | 5,849         |
| Member Grant Based Capital Contributions                          | <u>-</u>         | <u>570,507</u>      | <u>(570,507)</u>    | <u>-</u>      |
| <b>Net Assets/Member's Equity Balance, End of Year 2020</b>       | <u>\$ 20,508</u> | <u>\$ (32,124)</u>  | <u>32,124</u>       | <u>20,508</u> |