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0436524251 AUG 22 '11
NO STATUTE ISSUE
SCANNED AUG 25 2011
0423291513 AUG 17 2011
07/01/10

Amended

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047
2005
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 07/01, **2005, and ending** 06/30/2006

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **SPENPOINTE INC GROUP RETIRED**
PIKES PEAK INTEGRATED SOLUTIONS, INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
220 RUSKIN DR.
 City or town, state or country, and ZIP + 4
COLORADO SPRINGS, CO 80910

E Telephone number: **(719) 572-6100**

F Accounting method: Cash Accrual
 Other (specify) _____

D Employer identification number: **42-1600485 90-0528134**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.PPMHC.ORG**

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000 organization need not file a return with the IRS, but if the organization chooses to file a sure to file a complete return Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,606,905.**

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **10**

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **9701**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received.	13	Program services (from line 44, column (B))	18	Excess or (deficit) for the year (subtract line 17 from line 12)
a	Direct public support	14	Management and general (from line 44, column (C))	19	Net assets or fund balances at beginning of year (from line 73, column (A))
1a	1,541,488.	15	Fundraising (from line 44, column (D))	20	Other changes in net assets or fund balances (attach explanation)
b	Indirect public support	16	Payments to affiliates (attach schedule)	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)
1b	225	17	Total expenses (add lines 16 and 44, column (A))		
c	Government contributions (grants)				
1c	44				
d	Total (add lines 1a through 1c) (cash \$ 701,376. noncash \$ 1,110,052.)				
1d	1,811,428.				
2	Program service revenue including government fees and contracts (from Part VII, line 93)				
	37,219,204.				
3	Membership dues and assessments				
4	Interest on savings and temporary cash investments				
5	Dividends and interest from securities				
6a	Gross rents				
6a	1,974,204.				
b	Less rental expenses				
6b	1,466,348.				
c	Net rental income or (loss) (subtract line 6b from line 6a)				
6c	507,856.				
7	Other investment income (describe)				
8a	Gross amount from sales of assets other than inventory				
	(A) Securities				
8a	277,424.				
b	Less cost or other basis and sales expenses				
8b	177,897.				
c	Gain or (loss) (attach schedule)				
8c	99,527.				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				
8d	-736,276.				
9	Special events and activities (attach schedule) If any amount is from gaming, check here				
a	Gross revenue (not including \$ 44,200. of STMT 4 contributions reported on line 1a)				
9a	82,400.				
b	Less direct expenses other than fundraising expenses				
9b	226,610.				
c	Net income or (loss) from special events (subtract line 9b from line 9a)				
9c	-144,210.				
10a	Gross sales of inventory, less returns and allowances				
10a					
b	Less cost of goods sold				
10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
10c					
11	Other revenue (from Part VII, line 103)				
11	10,128.				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				
12	38,899,647.				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

2 G2 m2-48

PIKES PEAK INTEGRATED SOLUTIONS	42-1600485
Name	EIN #
Aspen Diversified Industries, Inc.	84-1191609
Aspen Diversified Industries Services, Inc.	32-0098858
Pikes Peak Foundation for Mental Health	84-0893577
Pikes Peak Mental Health Center Select Services, Inc.	84-1119153
Pikes Peak Mental Health Center Select Properties, Inc.	20-0470475
Pikes Peak Mental Health Center Systems, Inc.	84-0602716
Workout Limited	84-0681414
Connect Care, Inc	84-1409701
Pikes Peak Mental Health Medicaid, LLC	20-2578024
ProCare, LLC	20-2788182