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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07/01 , 2006, and ending 06/30/2007

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: PIKES PEAK INTEGRATED SOLUTIONS, INC.

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 15318

Room/suite:

City or town, state or country, and ZIP + 4: COLORADO SPRINGS, CO 80935-5318

D Employer identification number: 42-1600485

E Telephone number: (719)572-6150

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

- 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.PPBHG.ORG

J Organization type (check only one) ▶ [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return be sure to file a complete return

L Gross receipts Add lines 6b, 8b 9b and 10b to line 12 ▶ 45,862,548.

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? [X] 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 [X] 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)

SCANNED AUG 31 2010

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,088,689.	
	c	Indirect public support (not included on line 1a)	1c	12,156.	
	d	Government contributions (grants) (not included on line 1a)	1d	66,972.	
	e	Total (add lines 1a through 1d) (cash $ 298,422. noncash $ 869,395.)			1e 1,167,817.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 39,341,463.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 349,119.
	6 a	Gross rents	6a	1,948,062.	
	b	Less rental expenses STMTS 4-6	6b	1,621,319.	
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c 326,743.
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 1,089,322.	8a (B) Other 1,464,244.	
	b	Less cost or other basis and sales expenses	1,035,301.	8b 1,090,075.	
	c	Gain or (loss) (attach schedule)	54,021.	8c 374,169.	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d 428,190.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10 a	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 VI, line 103)			11 502,521.
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11			12 42,115,853.
Expenses	13	Program services (from line 44, column (B))			13 30,344,362.
	14	Management and general (from line 44, column (C))			14 8,343,878.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** Add lines 16 and 44, column (A)			17 38,688,240.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 3,427,613.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 12,463,469.
	20	Other changes in net assets or fund balances (attach explanation) STMT 7			20 368,791.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 16,259,873.

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Form **990** (2006)

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	1,697,550.	1,287,178.	410,372.	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b	108,079.	81,952.	26,127.	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	18,061,729.	13,695,414.	4,366,315.	
27 Pension plan contributions not included on lines 25a, b, and c	27	415,503.	257,261.	158,242	
28 Employee benefits not included on lines 25a - 27	28	2,230,611.	1,582,663	648,048	
29 Payroll taxes	29	1,365,159.	1,029,277.	335,882.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	724,009.	540,244.	183,765.	
34 Telephone	34	446,866.	297,165.	149,701.	
35 Postage and shipping	35	35,342.	10,149.	25,193.	
36 Occupancy	36	680,885.	596,921.	83,964.	
37 Equipment rental and maintenance	37	389,323.	210,674.	178,649.	
38 Printing and publications	38				
39 Travel	39	342,345.	187,791.	154,554.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	359,534.	348,595.	10,939.	
42 Depreciation, depletion, etc (attach schedule)	42	1,104,650	661,644.	443,006.	
43 Other expenses not covered above (itemize) a STMT 8	43a	10,726,555.	9,557,434.	1,169,121.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	38,688,240.	30,344,362.	8,343,878.	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶SEE STATEMENT 9 All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts but optional for others)
a MENTAL HEALTH SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	15,899,155.
b ALCOHOL AND DRUG ABUSE (Grants and allocations $) If this amount includes foreign grants check here ▶ ☐	2,439,690.
c VOCATIONAL PROGRAMS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	4,614,811.
d ADDITIONAL FAMILY SERVICES, OTHER ADAD, OTHER SERVICES (Grants and allocations $) If this amount includes foreign grants check here ▶ ☐	7,390,706.
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . ▶	30,344,362

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Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		4,601,487.	45	4,361,083.
	46	Savings and temporary cash investments		1,517,355.	46	1,683,709.
	47a	Accounts receivable	47a 3,356,748.			
	b	Less allowance for doubtful accounts	47b 434,137.	2,277,674.	47c	2,922,611.
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		63,629.	52	56,876.
	53	Prepaid expenses and deferred charges	STMT 10	627,668.	53	574,762.
	54a	Investments - publicly-traded securities	STMT 11 ▶ ☐ Cost ☒ FMV	3,883,929.	54a	4,255,588.
	b	Investments - other securities (attach schedule)	▶ ☐ Cost ☐ FMV		54b	
	55a	Investments - land, buildings, and equipment basis	55a 6,820,389.			
	b	Less accumulated depreciation (attach schedule) STMT 1	55b 3,057,137.	3,934,838.	55c	3,763,252.
	56	Investments - other (attach schedule)	STMT 12	278,277.	56	NONE
	57a	Land, buildings, and equipment basis	57a 18,311,023.			
	b	Less accumulated depreciation (attach schedule) STMT 2	57b 7,180,049.	8,895,310.	57c	11,130,974.
	58	Other assets, including program-related investments (describe ▶ STMT 13)		1,303,518.	58	1,379,615.
	59	**Total assets** (must equal line 74) Add lines 45 through 58		27,383,685.	59	30,128,470.
Liabilities	60	Accounts payable and accrued expenses		3,532,822.	60	3,044,100.
	61	Grants payable			61	
	62	Deferred revenue		459,374	62	514,977.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)	STMT 14	9,735,000.	64a	9,290,000.
	b	Mortgages and other notes payable (attach schedule)	STMT 15	676,913	64b	268,038.
	65	Other liabilities (describe ▶ STMT 17)		516,107.	65	751,482.
	66	**Total liabilities.** Add lines 60 through 65		14,920,216.	66	13,868,597.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		12,336,723.	67	16,100,477.
	68	Temporarily restricted		56,496.	68	89,146.
	69	Permanently restricted		70,250.	69	70,250.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		12,463,469.	73	16,259,873.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		27,383,685.	74	30,128,470.

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a	42,484,644.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	368,791.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	368,791.
c	Subtract line b from line a			c	42,115,853.
d	Amounts included on Part I, line 12, but not on line a.				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	42,115,853.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	38,688,240.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	38,688,240.
d	Amounts included on Part I, line 17, but not on line a				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	38,688,240.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 18		1,453,141	244,409.	NONE

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 26	NONE	108,079.	21,332.	NONE

Part VI Other Information *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes " complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	643	
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 719-572-6100 Located at ▶ 220 RUSKIN DRIVE COLO SPGS, CO COLORADO SPRINGS, CO ZIP + 4 ▶ 80910			
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts	91b		X

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Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here ▶ ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 27					8,760,099.
b					
c					
d					
e					
f Medicare/Medicaid payments					20,888,671.
g Fees and contracts from government agencies					9,692,693.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	349,119.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	326,743.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	428,190.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b OTHER INCOME					367,521.
c GAIN ON					
d FORGIVENESS OF					
e DEBT					135,000.
104 Subtotal (add columns (B), (D), and (E))				1,104,052.	39,843,984.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					40,948,036.

Note. *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STMT 28

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions)*

(A) Name, address and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 29	%		NONE	2,000.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note *If "Yes" to (b), file Form 8870* ***and*** *Form 4720 (see instructions)*

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Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

▶ Signature of officer Lloyd K Right Date 8-4-10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date 7/28/10 Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen Inst X) P00290681

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848

EIN ▶ 44-0160260

Phone no ▶ 719 471-4290

JSA

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization

PIKES PEAK INTEGRATED SOLUTIONS, INC.

Employer identification number

42-1600485

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 30				
Total number of other employees paid over $50,000 . . ▶	73			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 31		
Total number of others receiving over $50,000 for professional services . . . . . ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
SEE STATEMENT 32		
Total number of other contractors receiving over $50 000 for other services . . . . . ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 25,000. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes " attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number or donor advised funds owned at the end of the tax year ▶ NONE			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ NONE			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☒ 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 charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,880,703.				1,880,703.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	38,127,763.	16,409,424.	2,757,454.	NONE	57,294,641.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,037,211.	31,047.	12,319.	NONE	2,080,577.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	42,045,677.	16,440,471.	2,769,773.	NONE	61,255,921.
24 Line 23 minus line 17	3,917,914.	31,047.	12,319.	NONE	3,961,280.
25 Enter 1% of line 23	420,457.	164,405.	27,698	NONE	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2005) 7,235,137. (2004) _____ (2003) _____ (2002) _____

c Add Amounts from column (e) for lines 15 1,880,703. 16 _____ 17 57,294,641. 20 _____ 21 _____ ▶ 27c 59,175,344.

d Add Line 27a total _____ and line 27b total 7,235,137. ▶ 27d 7,235,137.

e Public support (line 27c total minus line 27d total) ▶ 27e 51,940,207.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 61,255,921.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 84.7921 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 3.3965 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -** Not over $500,000 — 20% of the amount on line 40; Over $500 000 but not over $1 000,000 — $100,000 plus 15% of the excess over $500,000; Over $1,000 000 but not over $1 500 000 — $175 000 plus 10% of the excess over $1,000,000; Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000; Over $17,000 000 — $1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		25,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			25,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities STMT 33

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL OF FIXED ASSETS
FORM 990, PART IV, LINE 55

DETAIL OF FIXED ASSETS, FORM 990, PART IV LINE 55

	2006	2007
LAND AND LAND IMPROVEMENTS	1,220,986	1,296,361
BUILDINGS & LEASEHOLD IMPROVEMENTS	5,113,053	5,149,130
FURNITURE AND EQUIPMENT	355,167	374,898
TOTAL ASSETS	6,689,206	6,820,389
LESS ACCUMULATED DEPRECIATION	(2,754,368)	(3,057,137)
NET FIXED ASSETS	3,934,838	3,763,252

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL OF FIXED ASSETS
FORM 990, PART IV, LINE 57

DETAIL OF FIXED ASSETS, FORM 990, PART IV LINE 57

	2006	2007
LAND AND LAND IMPROVEMENTS	1,262,653	1,160,086
BUILDINGS & LEASEHOLD IMPROVEMENTS	8,604,002	11,077,192
FURNITURE AND EQUIPMENT	4,269,806	5,283,734
VEHICLES	798,082	787,734
CONSTRUCTION IN PROGRESS	516,133	2,277
TOTAL ASSETS	15,450,676	18,311,023
LESS ACCUMULATED DEPRECIATION	(6,555,366)	(7,180,049)
NET FIXED ASSETS	8,895,310	11,130,974

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SUPPORT SCHEDULE
990, SCH A, PART IV-A SUPPORT SCHEDULE

PIKES PEAK INTEGRATED SOLUTIONS WAS APPROVED FOR A GROUP EXEMPTION STARTING WITH THE 2005 990 RETURN. THUS, THE 2003 AND 2004 COLUMNS OF THIS SCHEDULE ARE COMPLETED USING THE INFORMATION FROM THE SINGLE ENTITY FILING OF PIKES PEAK INTEGRATED SOLUTIONS. BELOW IS A LIST OF ENTITIES THAT ARE APART OF THIS GROUP RETURN. THIS SCHEDULE IS COMPLETED ON A CASH BASIS AND IS COMPLETED FOR THE FOUR PREVIOUS YEARS. THE 2006 FORM 990 FOR THE FISCAL YEAR ENDED 6/30/2007 INCLUDE THE CONSOLIDATED NUMBERS IN THE 2005 COLUMN (FISCAL YEAR ENDED 6/30/2006).

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

6E7000 : 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
PIKES PEAK INTEGRATED SOLUTIONS, INC.	42-1600485

DESCRIPTION OF PROPERTY

INVESTMENT RENTAL

	Yes		No

Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		
OTHER INCOME		
SEE STATEMENT	1,948,062.	
TOTAL GROSS INCOME		1,948,062.
OTHER EXPENSES		
OTHER EXPENSES	1,317,065.	
DEPRECIATION (SHOWN BELOW)	304,254.	
LESS Beneficiary's Portion		
AMORTIZATION		
LESS Beneficiary's Portion		
DEPLETION		
LESS Beneficiary's Portion		
TOTAL EXPENSES		1,621,319.
TOTAL RENT OR ROYALTY INCOME (LOSS)		326,743.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		326,743.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									304,254.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	1,897,415.
OTHER REVENUE	50,647.
	1,948,062.

OTHER DEDUCTIONS

OPERATING	1,002,574.
OCCUPANCY	314,491.
INTEREST	
	1,317,065.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
INVESTMENT RENTAL	1,948,062.	304,254.	1,317,065.	326,743.
TOTALS	1,948,062.	304,254.	1,317,065.	326,743.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS	368,791.
TOTAL	368,791.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
ADAD SERVICE PROVIDERS	1,291,909.	1,291,909.	NONE
ADAD RESIDENTIAL SERVICE PROVIDERS	96,733.	96,733.	NONE
CONTRACT PROVIDERS	3,345,716.	3,345,716.	NONE
FOOD	28,767.	28,767.	NONE
MEDICAL SUPPLIES & LABORATORY	33,625.	33,625.	NONE
MEDICATIONS	51,767.	51,767.	NONE
JOB TRAINING	12,820.	12,820.	NONE
CLIENT TRANSPORTATION	13,181.	13,181.	NONE
CLIENT - OTHER	89,254.	89,254.	NONE
CLIENT - CHMS PHARMACY	45,674.	45,674.	NONE
DUES, FEES, LICENSES & SUBSCRIPTIONS	113,557.	55,746.	57,811.
INSURANCE	188,807.	127,217.	61,590.
BAD DEBT	1,824,673.	1,824,673.	NONE
VEHICLES, FUEL, OIL, LEASE & MAINTENANCE	255,073.	229,306.	25,767.
LICENSE AND FEES	163,834.	21,841.	141,993.
ADVERTISING	130,166.	55,215.	74,951.
BANK CHARGES	74,754.	4,701.	70,053.
FOOD SERVICE SUPPLIES	139,548.	139,548.	NONE
PROPERTY TAXES	1,119.	314.	805.
BUSINESS MEETINGS	85,778.	23,196.	62,582.
MISCELLANEOUS	59,510.	37,627.	21,883.
RECRUITMENT/RETENTION	435,988.	108,621.	327,367.
PROFESSIONAL FEES	826,879.	551,549.	275,330.
CONTRACTED SERVICES	554,013.	506,264.	47,749.
DONATED GOODS/MEDICATIONS	860,170.	860,170.	NONE
GENERAL CONTRIBUTIONS	3,240.	2,000.	1,240.
TOTALS	10,726,555.	9,557,434.	1,169,121.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDING BEHAVIORAL HEALTH CARE SERVICES TO INDIVIDUALS IN THE PIKES PEAK REGION AND BEYOND. PIKES PEAK INTEGRATED SOLUTIONS PROVIDED $3,546,513 IN CHARITY CARE FOR THE YEAR ENDED 6/30/2007. PIKES PEAK INTEGRATED SOLUTIONS AND ITS SUBSIDIARIES SERVED APPROXIMATELY 11,949 CLIENTS FOR THE YEAR ENDED 6/30/2007.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSE		627,668.	574,762.
	TOTALS	627,668.	574,762.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
CORPORATE DEBT SECURITIES	173,772.	224,772.	FMV
NONGOVERNMENTAL FIXED INCOME SECURITIES	87,570.	NONE	FMV
EQUITY SECURITIES	2,760,765.	3,124,472.	FMV
U.S. TREASURY AND GOVERNMENT AGENCIES' OBLIGATIONS	861,822.	750,876.	FMV
REIT'S	NONE	155,468.	FMV
TOTALS	3,883,929.	4,255,588.	

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
REAL ESTATE HELD FOR SALE	278,277.	NONE
TOTALS	278,277.	NONE

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
BOND AND FINANCE COSTS	231,163.	226,343.
INVESTMENT IN AFFFILIATES	1,072,355.	1,153,272.
TOTALS	1,303,518.	1,379,615.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
SERIES 2003 BONDS, DUE MARCH 15, 2023, PRINCIPAL PAYMENTS ANNUALLY PLUS ANNUAL INTEREST PAYMENTS AT AN ADJUSTABLE WEEKLY INTEREST RATE DETERMINED BY A RE-MARKETING AGENT. THE BOND INTEREST RATE AT JUNE 30, 2007 WAS 3.73%. THE BONDS ARE SECURED BY A LETTER OF CREDIT AND BY VARIOUS REAL ESTATE OWNED BY SERVICES	9,735,000.	9,290,000.
TOTALS	9,735,000.	9,290,000.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: CITY OF COLORADO SPRINGS
ORIGINAL AMOUNT: 141,260.
REPAYMENT TERMS: DUE UPON SALE OF OR TRANSFER OF PROPERTY
SECURITY PROVIDED: DEEDS OF TRUST
PURPOSE OF LOAN: NON-INTEREST BEARING DRAW NOTE

BEGINNING BALANCE DUE	141,260.
ENDING BALANCE DUE	NONE

LENDER: CITY OF COLORADO SPRINGS
ORIGINAL AMOUNT: 135,000.
REPAYMENT TERMS: DUE UPON SALE OF OR TRANSFER OF PROPERTY
SECURITY PROVIDED: DEED OF TRUST
PURPOSE OF LOAN: NON-INTEREST BEARING DRAW NOTE

BEGINNING BALANCE DUE	150,000.
ENDING BALANCE DUE	150,000.

LENDER: STATE OF COLORADO
ORIGINAL AMOUNT: 135,000.
REPAYMENT TERMS: DUE IF ORGANIZATION FAILS TO USE 3615-3618 UINTAH
SECURITY PROVIDED: SECURED BY DEED OF RESTRICTION
PURPOSE OF LOAN: NON-INTEREST BEARING DRAW NOTE

BEGINNING BALANCE DUE	135,000.
ENDING BALANCE DUE	NONE

LENDER: FORD MOTOR CREDIT
REPAYMENT TERMS: MNTHLY PMTS BETWN $251-$495 PLUS INT. @ 0-9.75%
SECURITY PROVIDED: EQUIPMENT PURCHASED

BEGINNING BALANCE DUE	95,107.
ENDING BALANCE DUE	NONE

LENDER: DE LAGE LANDEN FINANCIAL SERVICES
ORIGINAL AMOUNT: 150,000.
INTEREST RATE: 8.130000
MATURITY DATE: 10/01/2010
REPAYMENT TERMS: MONTHLY PMTS. OF $3,051 PLUS INTEREST
SECURITY PROVIDED: LICENSE SOFTWARE PURCHASED

BEGINNING BALANCE DUE	133,333.
ENDING BALANCE DUE	106,580.

LENDER: OTHER NOTES PAYABLE
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: MNTLY PMTS. BETWN $348-$545 INCL. INT FROM 0-.9%
SECURITY PROVIDED: EQUIPMENT PURCHASED

BEGINNING BALANCE DUE	22,213.
ENDING BALANCE DUE	11,458.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	676,913.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	268,038.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
SECURITY DEPOSITS	71,369.	78,226.
DEFERRED COMPENSATION	444,738.	673,256.
TOTALS	516,107.	751,482.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BONNIE ANGOTTI 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
SUE AUTRY 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
MARCUS BROWN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1 00	NONE	NONE	NONE
QUEEN BROWN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DENNY CRIPPS 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
CHARLES D'ALESSIO 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
LARRY DEWELL 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	TREASURER 1.00	NONE	NONE	NONE
STEVE EVERSON 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVE FELICE 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DAN GRIFFIS 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DEBBIE HARTLEY 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	VICE CHAIR 1.00	NONE	NONE	NONE
DEBORAH HENDRIX 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1 00	NONE	NONE	NONE
JESSE KURTZ 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1 00	NONE	NONE	NONE
RICHELLE LEAMING 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
PETE LEE 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DAVID LORD 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	SECRETARY 1.00	NONE	NONE	NONE

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHARON RAGGIO 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 SHARON'S SALARY INCLUDES PENSION FUNDS PAID OF $15,000.	COO 40.00	179,508.	31,181.	NONE
MORRIS ROTH 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	CEO 40.00	222,156.	70,309.	NONE
JOHN GOLDEN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 JOHN'S SALARY INCLUDES PENSION FUNDS PAID OF $15,000.	CFO 40.00	164,116.	25,512.	NONE
BONNIE MARTINEZ 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1 00	NONE	NONE	NONE
SHEILAGH MCATEER 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
JOHN MCCAA 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
TOM NYCUM	BOARD CHAIR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910				
CONNIE RICKARD 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
MARY PAT SALL 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	PAST CHAIR 1.00	NONE	NONE	NONE
CARI SHAFFER 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
CATHY SKILES 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	TREASURER 1.00	NONE	NONE	NONE
GURNEY SLOAN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
CARL SMITH 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
GRANT SMITH 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
CAROLENA STEEN	DIRECTOR 1 00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910				
JOHN STEVENS 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1 00	NONE	NONE	NONE
GENE STRASHEIM 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DICK SULLIVAN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
BOB TAYLOR 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
GREGG THATCHER 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
STEVE VELA 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
GARY WHITLOCK 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	NONE	NONE	NONE
DOUG WOODS	CHAIRMAN 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910				
ANNETTE FRYMAN 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HER SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	116,447.	15,749	NONE
PAUL SEXTON 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HIS SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	113,231.	15,600.	NONE
KELLY PHILLIPS-HENRY 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HER SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	117,051.	15,116	NONE
FRED MICHEL 220 RUSKIN DRIVE	DIRECTOR 1.00	191,520.	30,625.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HIS SERVICES AS A DIRECTOR ON THE BOARD				
BILL LANDSBERG 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HIS SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	139,948.	16,929.	NONE
SHELLY KENNEDY 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HER SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	56,539.	6,539.	NONE
RICK MACK 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HIS SERVICES AS A DIRECTOR ON THE BOARD.	DIRECTOR 1.00	52,802.	8,362.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STUART SMITH 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIRECTOR 1.00	99,823	8,489.	NONE
THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HIS SERVICES AS A DIRECTOR ON THE BOARD.				
	GRAND TOTALS	1,453,141	244,409.	NONE

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LARA SHADWICK 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 THE COMPENSATION LISTED ABOVE IS FOR THE EMPLOYEES SERVICES AS AN EMPLOYEE OF THE ORGANIZATION AND NOT FOR HER SERVICES AS A DIRECTOR ON THE BOARD.	NONE	108,079.	21,332.	NONE
GRAND TOTALS	NONE	108,079.	21,332.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
PATIENT SERVICE REVENUE					6,038,660.
GAIN ON INVESTMENT IN MEDICAID, LLC					80,917.
VOCATIONAL REVENUE					295,972.
MAINTENANCE CONTRACTS					2,245,272.
TRAINING REVENUE					19,365.
SERVICE FEES FROM OTHER NON-PROFIT AGENCIES					79,913.
TOTALS					8,760,099.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	PATIENT SERVICE REVENUE RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION.
93A	GAIN ON INVESTMENT IN MEDICAID, LLC. MEDICAID, LLC PERFORMS THE SAME EXEMPT SERVICES AS THE THE EXEMPT PURPOSE OF PPIS THUS THE INCOME IS RELATED TO THE EXEMPT PURPOSE OF THE ENTITY.
93A	VOCATIONAL REVENUE RECIEVED IN RELATION TO CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION.
93A	REVENUE GENERATED FROM MAINTENANCE CONTRACTS FOR THE PURPOSE OF CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION.
93A	REVENUE GENERATED FROM TRAINING OTHER ORGANIZATIONS WITH A SIMILAR EXEMPT PURPOSE AS PPIS.
93A	SERVICE REVENUE RECEIVED FROM NON-GOVNERNMENT ENTITIES IN RELATION TO CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION.
93F	REVENUE RECEIVED FROM MEDICAID IN RELATION TO CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION.
93G	REVENUE RECEIVED FROM LOCAL AND STATE GOVERNMENT CONTRACTS FOR CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION.
103B	MISCELLANEOUS REVENUE RELATED RECEIVED RELATED TO PERFORMING THE EXEMPT PURPOSE OF THE ORGANIZATION.
103B	GAIN ON FOREGIVENESS OF DEBT ON PROPERTY THAT WAS USED FOR THE EXEMPT PURPOSE OF THE ORGANIZATION FOR THE LENGTH OF TIME REQUIRED BY THE CITY.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
PPMH HOLDINGS, INC. 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 84-1172674	100.000000	HOLDING CO.	NONE	1,000.
PIKES PEAK SUBSIDIARY 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910 84-1044906	100.000000	HOLDING CO.	NONE	1,000.
TOTAL INCOME			NONE	2,000.

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KIPTON FREER 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	PSYCHIATRIST 40.00	170,150.	15,364.	NONE
MARTIN KRON 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	PSYCHIATRIST 40.00	129,969.	11,748.	NONE
MARY ZESIEWICZ 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	PSYCHIATRIST 40.00	291,976.	10,456.	NONE
MARGRET BANNING 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	MEDICAL MANAGER 40.00	100,529.	12,805.	NONE
SONIA JACKSON 220 RUSKIN DRIVE COLORADO SPRINGS, CO 80910	DIR QUALITY/COMP 40.00	95,755.	6,778.	NONE
	TOTAL COMPENSATION	788,379.	57,151.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

BKD LLP 111 S. TEJON STREET, STE 800 COLORADO SPRINGS, CO 80903	ACCOUNTING	198,940.
BARRY WAYNE FRIEDER MD MONACO 820 MONACO PKWY #293 DENVER, CO 80224	PHYSICIAN SERVICES	102,260.
J D TULLOCK 5120 JUNIPER LITTLETON, CO 80123	PHYSICIAN SERVICES	77,166.
TOTAL COMPENSATION		378,366.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

CALLI DEVELOPMENT 675 SOUTHPOINT COURT, STE 210 COLORADO SPRINGS, CO 80906	GENERAL CONTRACTING	2,441,054.
JEAN SEBBEN ASSOCIATES LLC PO BOX 6310 COLORADO SPRINGS, CO 80934	FURNITURE RETAILER	220,035.
CS CLEANING 4925 LIST DRIVE COLORADO SPRINGS, CO 80919	JANITORIAL SERVICE	68,243.
TOTAL COMPENSATION		2,729,332.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

PPIS PAYS A LEGISLATOR TO MONITOR PENDING LEGISLATION AND TO SCHEDULE MEETINGS WITH POLITICIANS FOR PPIS TO PRESENT THEIR VIEW AND TO ADVISE PPIS AS NEEDED.

AMENDED RETURN EXPLANATION

THIS RETURN WAS AMENDED TO REFLECT CHANGES TO AMOUNTS ORIGINALLY REPORTED AS COMPENSATION OF CURRENT OFFICERS, DIRECTORS, KEY EMPLOYEES. LISTED IN PART V-A. THIS CHANGE ALSO AFFECTS THE REPORTING ON THE STATEMENT OF FUNCTIONAL EXPENSE FOR LINES 25A AND 28. THE TOTAL AMOUNT OF EXPENSE REMAINS THE SAME.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2006

Name of estate or trust

PIKES PEAK INTEGRATED SOLUTIONS, INC.

Employer identification number

42-1600485

Note. *Form 5227 filers need to complete* ***only*** *Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day yr)	(c) Date sold (mo day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6						
	SEE STATEMENT 1			2,553,566.	2,125,376.	428,190.

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below ▶	12	428,190.

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part*

			(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			428,190.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss)** Combine lines 13 and 14a ▶	15			428,190.

Note. *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of
a The loss on line 15, column (3) **or**
b $3,000 . . . . . 16 ( )

*If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

(Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero)

Note *If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V Otherwise, go to line 17*

17 Enter taxable income from Form 1041, line 22 17

18 Enter the **smaller** of line 14a or 15 in column (2) but not less than zero 18

19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) 19

20 Add lines 18 and 19 20

21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . ▶ 21

22 Subtract line 21 from line 20 If zero or less, enter -0- 22

23 Subtract line 22 from line 17 If zero or less, enter -0- 23

24 Enter the **smaller** of the amount on line 17 or $2,050 24

25 Is the amount on line 23 equal to or more than the amount on line 24?
☐ **Yes.** Skip lines 25 through 27, go to line 28 and check the "No" box
☐ **No** Enter the amount from line 23 25

26 Subtract line 25 from line 24 26

27 Multiply line 26 by 5% (05) 27

28 Are the amounts on lines 22 and 26 the same?
☐ **Yes** Skip lines 28 through 31, go to line 32
☐ **No.** Enter the **smaller** of line 17 or line 22 28

29 Enter the amount from line 26 (If line 26 is blank, enter -0-) 29

30 Subtract line 29 from line 28 30

31 Multiply line 30 by 15% (15) 31

32 Figure the tax on the amount on line 23 Use the 2006 Tax Rate Schedule on page 23 of the instructions 32

33 Add lines 27, 31, and 32 33

34 Figure the tax on the amount on line 17 Use the 2006 Tax Rate Schedule on page 23 of the instructions 34

35 **Tax on all taxable income** Enter the **smaller** of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 35

PIKES PEAK INTEGRATED SOLUTIONS, INC. 42-1600485

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SECURITIES	VAR	VAR	1,089,322.	1,035,301.	54,021.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			1,089,322.	1,035,301.	54,021.
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS					
PROPERTY AND EQUIPMENT	VAR	VAR	1,464,244.	1,090,075.	374,169.
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER ASSETS			1,464,244.	1,090,075.	374,169.
Totals			2,553,566.	2,125,376.	428,190.

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