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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 2008 Open to Public Inspection	
A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009						
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.	C Name of organization Pikes Peak Integrated Solutions Inc		D Employer identification number 42-1600485	
			Doing Business As		E Telephone number (719) 572-6150	
			Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 27,333,405	
			220 Ruskin Drive			
				City or town, state or country, and ZIP + 4 Colorado Springs, CO 809102522		
F Name and address of Principal Officer Morris Roth 220 Ruskin Drive Colorado Springs, CO 80910			H(a) Is this a group return for affiliates? ☐ Yes ☒ No			
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527			H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)			
J Web site: ☐ www.PPBHG.org			H(c) Group Exemption Number ☐			
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ☐				L Year of Formation 2003		M State of legal domicile CO
Part I Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities We create opportunities and provide behavioral health solutions for individuals and communities				
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets				
	3	Number of voting members of the governing body (Part VI, line 1a)				3 27
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4 27
	5	Total number of employees (Part V, line 2a)				5 675
	6	Total number of volunteers (estimate if necessary)				6 33
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)				7a 0
	b	Net unrelated business taxable income from Form 990-T, line 34				7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			Prior Year	Current Year
	9				1,841,201	60,186
	10				40,162,194	27,195,915
	11				420,631	24,846
	12				571,609	-2,109
	12				42,995,635	27,278,838
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) (Total fundraising expenses, Part IX, column (D), line 25 43,128) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) Revenue less expenses Subtract line 18 from line 12			0	0
	14				0	0
	15				25,195,595	4,536,702
	16a				0	0
	b					
	17				16,952,757	22,059,585
	18				42,148,352	26,596,287
	19				847,283	682,551
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20			Beginning of Year	End of Year
	21				31,020,840	14,117,761
	22				14,157,434	2,470,006
	22				16,863,406	11,647,755
Part II Signature Block						
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 Kevin Light CFO Type or print name and title				2010-05-01 Date	
Paid Preparer's Use Only	Preparer's signature ☒ Rita F Worster CPA		Date		Check if self-employed ☐	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ☒ BKD LLP 111 South Tejon Suite 800 Colorado Springs, CO 809039848				Preparer's PTIN (See Gen Inst) EIN ☐ Phone no ☐ (719) 471-4290	

Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
PROVIDING BEHAVIORAL HEALTH CARE SERVICES TO INDIVIDUALS IN THE PIKES PEAK REGION AND BEYOND PIKES PEAK INTEGRATED SOLUTIONS PROVIDED \$6,028,805 IN CHARITY CARE FOR THE YEAR ENDED 6/30/2009 PIKES PEAK INTEGRATED SOLUTIONS AND ITS SUBSIDIARIES HAD APPROXIMATELY 149,376 OUTPATIENT VISITS FOR THE YEAR ENDED 6/30/2009

2

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

3

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

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 20,123,312 including grants of \$) (Revenue \$ 20,795,013)
BEHAVORIAL HEALTH SERVICES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$ 6,498,504)
MANAGEMENT AND ADMINISTRATION OF OUR NOT-FOR-PROFIT EFFORTS

4c

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

4d

Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 20,123,312 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5 percent 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	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a675		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	27
b	Enter the number of voting members that are independent	1b	27
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	Yes
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☒ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. PIKES PEAK INTEGRATED SOL 525 Cascade Colorado Springs, CO 80906 (719) 572-6100

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns1a				
	b	Membership dues				
		1b				
	c	Fundraising events				
		1c				
	d	Related organizations1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 60,186				
		1f				
g	Noncash contributions included in lines 1a-1f \$					
h	Total (Add lines 1a-1f)	60,186				
Program Service Revenue			Business Code			
	2a	PATIENT SERVICE REVENUE	900,099	20,797,411	20,797,411	
	b	MANAGING PARTNER OVERHEAD	900,099	6,372,976	6,372,976	
	c	GAIN ON INVESTMENT IN EQUITY INVESTEE	900,099	25,528	25,528	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
		\$ 27,195,915				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)				
			28,648			28,648
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
		(i) Real	(ii) Personal			
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	25,265	25,500		
	b	Less cost or other basis and sales expenses	20,067	34,500		
	c	Gain or (loss)	5,198	-9,000		
	d	Net gain or (loss)		-3,802		-3,802
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000a				
	b	Less direct expensesb				
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000a				
	b	Less direct expensesb				
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowancesa				
	b	Less cost of goods soldb				
	c	Net income or (loss) from sales of inventory		0		
		Miscellaneous Revenue	Business Code			
	11a	OTHER INCOME	900,099	-2,109	-2,109	
	b					
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
	\$ -2,109					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		27,278,838	27,193,806		24,846

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) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	820,763	132,091	688,672	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,800,092	89,156		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	110,285	2,535	107,750	
9	Other employee benefits	567,934	1,405	566,529	
10	Payroll taxes	237,628	5,676	231,952	
11	Fees for services (non-employees)				
a	Management	216,405	32,355	169,259	14,791
b	Legal	30,028	7,303	22,725	
c	Accounting	189,425		189,425	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	19,843,429	19,843,429		
12	Advertising and promotion	36,452		9,073	27,379
13	Office expenses	214,038	8,991	204,089	958
14	Information technology	374,679		374,679	
15	Royalties	0			
16	Occupancy	394,364		394,364	
17	Travel	44,796		44,796	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	99,023		99,023	
20	Interest	5,151		5,151	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	548,201		548,201	
23	Insurance	48,114		48,114	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PENALTIES	13,709	0	13,709	0
b	GENERAL CONTRIBUTIONS	1,400	0	1,400	0
c	OTHER EXPENSE	371	371	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	26,596,287	20,123,312	6,429,847	43,128
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	6,468,853	1597,131
	2	Savings and temporary cash investments	1,618,553	26,096,237
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	1,853,834	4391
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	154,757	70
	8	Inventories for sale or use	17,460	81,906
	9	Prepaid expenses and deferred charges	545,084	9534,495
	10a	Land, buildings, and equipment cost basis	10a3,153,638	
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b1,670,944	10c1,482,694
	11	Investments—publicly traded securities	4,567,046	11221,700
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	1,211,009	134,406,323
	14	Intangible assets		14
	15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	256,680	15776,884
16	Total assets. Add lines 1 through 15 (must equal line 34)	31,020,840	1614,117,761	
Liabilities	17	Accounts payable and accrued expenses	3,514,438	172,030,499
	18	Grants payable		18
	19	Deferred revenue	689,092	19393,395
	20	Tax-exempt bond liabilities	8,830,000	200
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	227,571	2346,112
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	896,333	250
	26	Total liabilities. Add lines 17 through 25	14,157,434	262,470,006
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	16,744,820	2711,647,755
	28	Temporarily restricted net assets	48,336	280
	29	Permanently restricted net assets	70,250	290
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	16,863,406	3311,647,755
	34	Total liabilities and net assets/fund balances	31,020,840	3414,117,761

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
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?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Pikes Peak Integrated Solutions Inc	Employer identification number 42-1600485
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☒	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		1,811,428	1,167,817	1,841,201	60,186	4,880,632
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,509,304	37,229,332	39,843,984	40,235,682	27,193,806	162,012,108
3 Gross receipts from activities that are not an unrelated trade or business under section 513		82,400				82,400
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	17,509,304	39,123,160	41,011,801	42,076,883	27,253,992	166,975,140
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000		7,235,137	8,021,175	7,175,860	0	22,432,172
c Total of lines 7a and 7b		7,235,137	8,021,175	7,175,860	0	22,432,172
8 Public Support (Subtract line 7c from line 6)						144,542,968

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	17,509,304	39,123,160	41,011,801	42,076,883	27,253,992	166,975,140
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,047	2,205,721	2,297,181	2,413,738	28,648	6,976,335
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	31,047	2,205,721	2,297,181	2,413,738	28,648	6,976,335
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						173,951,475
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Computation of Public Support Percentage		
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	83 094 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	81 18 %

Computation of Investment Income Percentage		
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	4 011 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	4 147 %
19a 33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization Pikes Peak Integrated Solutions Inc	Employer identification number 42-1600485
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ _____
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$ _____
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ _____
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$ _____
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☒ No

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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		11,875
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			11,875
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobby Expenditures	Schedule C, Part II-B, Line 1G	PPIS PAYS A LOBBYIST TO MONITOR PENDING LEGISLATION AND TO SCHEDULE MEETINGS WITH POLITICIANS FOR PPIS TO PRESENT THEIR VIEW AND TO ADVISE PPIS AS NEEDED THE AMOUNT LISTED ABOVE IS PPIS' PORTION OF THE TOTAL LOBBYING FEES PAID TO THE LOBBYIST THE REMAINING PORTION OF THE FEES PAID TO THE LOBBYIST IS DISCLOSED ON ITS GROUP RETURN

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Pikes Peak Integrated Solutions Inc

Employer identification number
42-1600485

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	912,830	267,880	644,950
d Equipment		414,181	238,173	176,008
e Other		1,826,627	1,164,891	661,736
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,482,694

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN AFFILIATES	1,221,724	F
MENTAL HEALTH, INC	3,184,599	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	4,406,323	

(a) Description	(b) Book value
DEPOSITS	16,554
DUE FROM AFFILIATE	760,330
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	776,884

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Describe the Inteneded uses of the organization's endowment funds	and the proceeds are to be used to support the Behavioral Health mission

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Pikes Peak Integrated Solutions Inc

Employer identification number
42-1600485

Part I		Questions Regarding Compensation	
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First class or charter travel		
	☐ Travel for companions		
	☐ Tax idemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☒ Written employment contract		
	☐ Compensation survey or study		
	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III.		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Morris Roth	(i)	233,339	35,000	11,937	51,929	12,707	344,912	0
	(ii)	0	0	0	0	0	0	0
Paul Sexton	(i)	135,965	20,000	18,367	5,538	2,309	182,179	0
	(ii)	0	0	0	0	0	0	0
Kelly Phillips-Henry	(i)	144,555	20,000	22,317	6,025	0	192,897	0
	(ii)	0	0	0	0	0	0	0
John Golden	(i)	164,375	30,000	21,640	6,795	6,818	229,628	0
	(ii)	0	0	0	0	0	0	0
Fred Michel	(i)	213,824	5,000	24,396	9,261	18,223	270,704	0
	(ii)	0	0	0	0	0	0	0
Bill Landsberg	(i)	110,412	28,500	22,453	4,986	15,274	181,625	0
	(ii)	0	0	0	0	0	0	0
Annette Fryman	(i)	118,418	5,000	23,625	5,214	3,759	156,016	0
	(ii)	0	0	0	0	0	0	0
Rick Mack	(i)	108,119	7,000	18,169	4,868	14,000	152,156	0
	(ii)	0	0	0	0	0	0	0
Stuart Smith	(i)	112,547	7,000	18,094	5,191	20,856	163,688	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 42-1600485
Name: Pikes Peak Integrated Solutions Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Morris Roth	(i)	233,339	35,000	11,937	51,929	12,707	344,912	0
	(ii)	0	0	0	0	0	0	0
Paul Sexton	(i)	135,965	20,000	18,367	5,538	2,309	182,179	0
	(ii)	0	0	0	0	0	0	0
Kelly Phillips-Henry	(i)	144,555	20,000	22,317	6,025	0	192,897	0
	(ii)	0	0	0	0	0	0	0
John Golden	(i)	164,375	30,000	21,640	6,795	6,818	229,628	0
	(ii)	0	0	0	0	0	0	0
Fred Michel	(i)	213,824	5,000	24,396	9,261	18,223	270,704	0
	(ii)	0	0	0	0	0	0	0
Bill Landsberg	(i)	110,412	28,500	22,453	4,986	15,274	181,625	0
	(ii)	0	0	0	0	0	0	0
Annette Fryman	(i)	118,418	5,000	23,625	5,214	3,759	156,016	0
	(ii)	0	0	0	0	0	0	0
Rick Mack	(i)	108,119	7,000	18,169	4,868	14,000	152,156	0
	(ii)	0	0	0	0	0	0	0
Stuart Smith	(i)	112,547	7,000	18,094	5,191	20,856	163,688	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

2008

Open to Public Inspection

Name of the organization Pikes Peak Integrated Solutions Inc	Employer identification number 42-1600485
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Identifier	Return Reference	Explanation
990 Review Process	Part VI, Question 10	The form 990 return is prepared by a third party and goes through a detailed review by the controller and CFO of the organization. Once reviewed, the return is then presented to the Audit committee of the board where they will conduct a secondary review and recommend the filing of the 990 to the board of directors. Once approval is made, a final copy of the 990 will be sent to the board via email and the 990 will be electronically filed with the IRS.

Identifier	Return Reference	Explanation
Describe how conflict of interest policy is monitored & enforced	Part VI, Question 12c	The organization has a comprehensive corporate compliance program. Compliance is monitored through internal audits of billing, medical charting, accounting, and the compliance program itself. The organization educates staff on compliance on an ongoing basis and conducts an annual on-line questionnaire to confirm staff understanding of the program. The program utilizes a hotline for reporting of suspected compliance issues. The hotline is run by a third party vendor and offers anonymity to the reporter. The staff is educated on the hotline's use and access on an ongoing basis and this knowledge is an important part of the annual staff questionnaire. Designated personnel working in areas affecting compliance report to the board of directors compliance committee on a quarterly basis. The committee reports directly to the board.

Identifier	Return Reference	Explanation
Describe process for determining CEO compensation	Part VI, Question 15a	For the 2009 year, The CEO's compensation was determined by the Compensation Committee consisting of members of the board of directors.

Identifier	Return Reference	Explanation
Describe process for determining compensation	Part VI, Question 15b	For the 2009 year, other officers and key employees compensation was determined by the Chief Executive Officer of the organization within the budget guidelines approved by the board of directors.

Identifier	Return Reference	Explanation
Describe how documents are made available to the public	Part VI, Question 19	The organization's financial statements are included on the organization's tax form 990 which is available to members of the public upon request. The organization's conflict of interest policy is referenced on the form 990 as well and is also available separately to the public upon request.

Identifier	Return Reference	Explanation
Consolidated Officers, Directors, Key Employees and HCE's	Part VII and Schedule J	Pikes Peak Integrated Solutions, Inc. is the parent organization of the Pikes Peak Integrated Solutions Group Return. Thus it is filing its own Form 990. In doing so, Pikes Peak Integrated Solutions had elected the second method of reporting for a group return for Part VII and Schedule J, Part II in which they elect to file a single consolidated Form 990, Part VII and Schedule J, Part II for itself and all included subordinates within the group return.

Identifier	Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Page 1, Line 22	Beginning of year Net Assets 16,863,406 990 Revenues over Expenses 682,552 Allocation of Net Assets to Entities in Group Return -5,175,125 Unrealized Gain on Investments 1,889 Change in the interest of Pikes Peak Fnd for Mental Hlth -724,677 Miscellaneous Reconciling Items -290 End of the year Net Assets 11,647,755

Identifier	Return Reference	Explanation
Audited Financial Statements	Part XI, Question 2b & Part IV Question 12	Pikes Peak Integrated Solutions, Inc. did not receive separately issued financial statements. However, Pikes Peak Integrated Solutions, Inc. was part of a consolidated audit in which its consolidated financial statements were prepared in accordance with GAAP. Per the IRS instructions for the 2008 Form 990, if an organization is part of a consolidated audit this box must be checked no.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Pikes Peak Integrated Solutions Inc

Employer identification number
42-1600485

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Pikes Peak Mental Health Medicaid LLC 220 Ruskin Drive Colorado Springs, CO 80910 20-2578024	Mental Health	CO	20,822,939	3,202,142	PPIS

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Coal Construction Company LLC 220 Ruskin Drive Colorado Springs, CO80910 26-1579796	Construction	CO	ADIS Inc	Construction	-227,150	397,923	Yes		-227,150		No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Aspen Management Inc 220 Ruskin Colorado Springs, CO80910 84-1116981	Mgmt Services	CO	ADIS Inc	C Corp	0	0	100 %

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

[illegible]

Software ID:

Software Version:

EIN: 42-1600485

Name: Pikes Peak Integrated Solutions Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Pikes Peak Mental Health Ctr Systems Inc 220 Ruskin Drive Colorado Springs, CO 80910 84-0602716	Behav Health	CO	LINE 9	501(C)(3)	PPIS
Aspen Diversified Industries Inc 220 Ruskin Drive Colorado Springs, CO 80910 84-1191609	Vocation	CO	LINE 9	501(C)(3)	PPIS
Aspen Diversified Industries Svcs Inc 220 Ruskin Drive Colorado Springs, CO 80910 32-0098858	Vocation	CO	LINE 9	501(C)(3)	PPIS
Workout limited 220 Ruskin Drive Colorado Springs, CO 80910 84-0681414	Justice Prgm	CO	LINE 9	501(C)(3)	PPIS
Connect Care Inc 220 Ruskin Drive Colorado Springs, CO 80910 20-4048014	Service Cont	CO	LINE 9	501(C)(3)	PPIS
Pikes Peak Fndtn for Mental Hlth Inc 220 Ruskin Drive Colorado Springs, CO 80910 84-0893577	Fundraising	CO	LINE 9	501(C)(3)	PPIS
Pikes Peak Mental Hlth Ctr Select Svcs 220 Ruskin Drive Colorado Springs, CO 80910 84-1119153	Low Inc House	CO	LINE 9	501(C)(3)	PPIS
Pikes Peak Mental Hlth Ctr Select Prop 220 Ruskin Drive Colorado Springs, CO 80910 20-0470475	Low Inc House	CO	LINE 9	501(C)(3)	PPIS
Pro Care LLC 220 Ruskin Colorado Springs, CO 80910 20-2788182	Hlthcare Mgmt	CO	LINE 9	501(C)(3)	Conn Care

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Pikes Peak Mental Health Center Systems Inc	Line	760,330
(2)	Pikes Peak Mental Health Center Systems Inc	Line	15,219,330
(3)	Pikes Peak Mental Health Center Systems Inc	Line	5,534,461
(4)	Pikes Peak Mental Health Center Systems Inc	Line	21,399,077
(5)	Pikes Peak Mental Health Center Systems Inc	Line	50,043
(6)	Pikes Peak Mental Health Center Systems Inc	Line	7,126,737
(7)	Pikes Peak Foundation for Mental Health Inc	Line	230,436
(8)	Pikes Peak Mental Health Crt Select Svcs Inc	Line	188,896
(9)	Pikes Peak Mental Health Crt Select Svcs Inc	Line	249,107
(10)	Pikes Peak Mental Health Crt Select Svcs Inc	Line	273,844
(11)	Pikes Peak Mental Health Crt Select Svcs Inc	Line	598,246
(12)	Pikes Peak Mental Health Crt Select Svcs Inc	Line	781,268
(13)	Pikes Peak Mental Health Select Prop Inc	Line	658,450
(14)	Pikes Peak Mental Health Select Prop Inc	Line	458,907
(15)	Aspen Management Company LLC	Line	724,995
(16)	Connect Care Inc	Line	1,036,634
(17)	Connect Care Inc	Line	796,504
(18)	Connect Care Inc	Line	1,048,963
(19)	Connect Care Inc	Line	4,376,188
(20)	Procare LLC	Line	87,308
(21)	Procare LLC	Line	76,888
(22)	Aspen Diversified Industries Inc	Line	398,173
(23)	Aspen Diversified Industries Inc	Line	150,511
(24)	Aspen Diversified Industries Inc	Line	103,161
(25)	Aspen Diversified Industries Inc	Line	749,372
(26)	Aspen Diversified Industries Services Inc	Line	2,688,367
(27)	Aspen Diversified Industries Services Inc	Line	1,245,570
(28)	Aspen Diversified Industries Services Inc	Line	167,346
(29)	Aspen Diversified Industries Services Inc	Line	93,979
(30)	Aspen Diversified Industries Services Inc	Line	1,972,932

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31)	Workout Ltd	Line	151,304
(32)	Workout Ltd	Line	81,872

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Light , CFO	40 0			X				117,919	0	9,459
Fred Michel , CMO	40 0				X			243,220	0	27,484
Bill Landsberg , General Counsel	40 0					X		161,365	0	20,260
Annette Fryman , Sr Advisor to CEO	40 0					X		147,043	0	8,973
Rick Mack , VP Human Resources	40 0					X		133,288	0	18,868
Joe Michaels , VP Marketing	40 0					X		134,004	0	12,329
Stuart Smith , VP, IT	40 0					X		137,641	0	26,047

Additional Data

Software ID:
Software Version:
EIN: 42-1600485
Name: Pikes Peak Integrated Solutions Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Lord , Chair	1 0	X		X				0	0	0
Bonnie Martinez , Vice Chair	1 0	X		X				0	0	0
Carolena Steen PhD , Secretary	1 0	X		X				0	0	0
Cathy Skiles , Treasurer	1 0	X		X				0	0	0
Bonnie Angotti , Director	1 0	X						0	0	0
Sue Autry , Director	1 0	X						0	0	0
Camille Blakely , Director	1 0	X						0	0	0
Queen Brown , Director	1 0	X						0	0	0
Denny Cripps , Director	1 0	X						0	0	0
Bill Crouch MD , Director	1 0	X						0	0	0
Randy L DePry PhD , Director	1 0	X						0	0	0
Larry Dewell MD , Director	1 0	X						0	0	0
David DiBari , Director	1 0	X						0	0	0
CHARLES EMMER , DIRECTOR	1 0	X						0	0	0
STEVE EMERSON , PAST CHAIR - PPIS	1 0	X						0	0	0
DEBBIE HARTLEY , DIRECTOR	1 0	X						0	0	0
FLETCHER HOWARD , DIRECTOR	1 0	X						0	0	0
PETE LEE , DIRECTOR	1 0	X						0	0	0
STACY LUTZ DAVIDSON , DIRECTOR	1 0	X						0	0	0
JOHN MCCAA , DIRECTOR	1 0	X						0	0	0
PHYLLIS MCCOY , DIRECTOR	1 0	X						0	0	0
LAURA MCGUIRE , DIRECTOR	1 0	X						0	0	0
CONNIE RICKARD , DIRECTOR	1 0	X						0	0	0
JOHN STEVEN DD , DIRECTOR	1 0	X						0	0	0
DICK SULLIVAN , DIRECTOR	1 0	X						0	0	0
DIANE WENGLER , Director	1 0	X						0	0	0
Morris Roth , CEO	40 0			X				280,276	0	64,636
Paul Sexton , COO	40 0			X				174,332	0	7,847
Kelly Phillips-Henry , COO	40 0			X				186,872	0	6,025
John Golden , CFO	40 0			X				216,015	0	13,613