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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01 **, 2009, and ending** 06/30 **, 20** 10

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 11059 E. BETHANY DRIVE — Room/suite 200

City or town, state or country, and ZIP + 4 AURORA, CO 80014

D Employer identification number 84-0683346

E Telephone number (303) 617-2300

G Gross receipts $ 26,279,961.

F Name and address of principal officer: RANDY STITH, EXEC. DIRECTOR 11059 E. BETHANY DR., STE 200 AURORA, CO 80014

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

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.AUMHC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1975 **M** State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: AURORA MENTAL HEALTH CENTER IS COMMITTED TO CREATING HEALTHY AND SECURE COMMUNITIES BY PROVIDING THE LEAST RESTRICTIVE SERVICE THAT ENSURES QUALITY, APPROPRIATE, AND EFFICIENT CARE.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of employees (Part V, line 2a)	5	639
6	Total number of volunteers (estimate if necessary)	6	121
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,346,272.	4,521,718.
	9	Program service revenue (Part VIII, line 2g)	19,422,423.	21,307,136.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,475.	86,538.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,494.	261,630.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,944,664.	26,177,022.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	354,237.	333,668.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,156,265.	17,485,631.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,667,012.	8,158,589.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,177,514.	25,977,888.
	19	Revenue less expenses. Subtract line 18 from line 12	-232,850.	199,134.
Net Assets or Fund Balances			**Beginning of Year**	**End of Year**
	20	Total assets (Part X, line 16)	14,029,767.	14,960,067.
	21	Total liabilities (Part X, line 26)	3,031,536.	3,754,097.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,998,231.	11,205,970.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) 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

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

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return. See instructions.	AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346
	Number, street, and room or suite no. If a P.O. box, see instructions. 11059 E. BETHANY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, CO 80014	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ AURORA MENTAL HEALTH CENTER

Telephone No. ▶ 303 617-2300 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . ▶ [ ] . If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or
▶ [X] tax year beginning 07/01, 2009 , and ending 06/30, 2010 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print

File by the extended due date for filing your return. See instructions.

Name of exempt organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

Number, street, and room or suite no. If a P.O. box, see instructions.: 11059 E. BETHANY DRIVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: AURORA, CO 80014

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ AURORA MENTAL HEALTH CENTER
  Telephone No. ▶ 303 617-2300 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 11.

5 For calendar year ______, or other tax year beginning 07/01, 20 09, and ending 06/30, 20 10.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Rita F Wenzel Title ▶ CPA Date ▶ 2/14/11

BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848

Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:
ATTACHMENT 3

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 501(c)(4) organizations and section 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 $ 8,786,607. including grants of $) (Revenue $ 8,786,607.)
INDIVIDUAL, BRIEF, SHORT DAY - THERAPEUTIC CONTACT WITH ONE INDIVIDUAL FOR MORE THAN 30 MINUTES, UP TO AND INCLUDING TWO (2) HOURS, BY A QUALIFIED MENTAL HEALTH PROFESSIONAL (MHP) IN AN EFFORT TO CHANGE INDIVIDUAL BEHAVIOR AND ASSIST THE INDIVIDUAL IN MEETING RECOVERY GOALS. DURING THE FISCAL YEAR ENDING 6/30/10, 66,429 UNITS OF SERVICE WERE PROVIDED.

4b (Code:) (Expenses $ 5,675,943. including grants of $) (Revenue $ 5,675,943.)
GROUP - THERAPEUTIC CONTACT OF UP TO AND INCLUDING TWO (2) HOURS, FACILITATED BY A QUALIFIED MENTAL HEALTH PROFESSIONAL (MHP) IN A GROUP SETTING WITH TWO (2) OR MORE CLIENTS WHO ARE TYPICALLY NOT FAMILY MEMBERS. THE MHP FACILITATES STRUCTURED GROUP INTERACTIONS IN AN EFFORT TO CHANGE INDIVIDUAL BEHAVIOR OF EACH PERSON IN THE GROUP AND ASSIST GROUP MEMBERS IN MEETING INDIVIDUAL RECOVERY GOALS. DURING THE FISCAL YEAR ENDING 6/30/2010, 52,266 UNITS OF SERVICE WERE PROVIDED.

4c (Code:) (Expenses $ 3,575,805. including grants of $) (Revenue $ 3,575,805.)
RESIDENTIAL - TWENTY-FOUR (24) HOUR CARE, EXCLUDING ROOM AND BOARD, PROVIDED IN A NON-HOSPITAL, NON-NURSING HOME SETTING, APPROPRIATE FOR CHILDREN, YOUTH, ADULTS AND OLDER ADULTS WHOSE MENTAL HEALTH (MH) ISSUES AND SYMPTOMS ARE SEVERE ENOUGH TO REQUIRE A 24-HOUR STRUCTURED PROGRAM, BUT DO NOT REQUIRE HOSPITALIZATION. DURING THE FISCAL YEAR ENDING 6/30/2010, 92,684 UNITS OF SERVICE WERE PROVIDED.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 4,163,975. including grants of $ 333,668.) (Revenue $ 3,574,516.)

4e Total program service expenses ▶ 22,202,330.

Part IV Checklist of Required Schedules

		Line	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 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 similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* — 12A Yes: X, No:			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
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		
25 a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
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	X	
36	**Section 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	26		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	639		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
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	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

			Line	Yes	No
1a	Enter the number of voting members of the governing body	1a: 32			
b	Enter the number of voting members that are independent	1b: 32			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

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

		Line	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
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		X
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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		

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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► AURORA MENTAL HEALTH CENTER 11059 E. BETHANY DR., STE 200 AURORA, CO 80014 303-617-2300

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LARRY DAVILA BOARD PRESIDENT	1.00	X		X				0.	0.	0.
JUNE SMIGEL BOARD VICE PRESIDENT	1.00	X		X				0.	0.	0.
GREGG FANSELAU BOARD SECRETARY	1.00	X		X				0.	0.	0.
RUTH RYAN BOARD TREASURER	1.00	X		X				0.	0.	0.
LINDA ASHBURN DIRECTOR	1.00	X						0.	0.	0.
MARSHA BERZINS DIRECTOR	1.00	X						0.	0.	0.
PETER CUKALE DIRECTOR	1.00	X						0.	0.	0.
GIGI DE GALA DIRECTOR	1.00	X						0.	0.	0.
LYNN DONALDSON DIRECTOR	1.00	X						0.	0.	0.
JACQUE GONZALES DIRECTOR	1.00	X						0.	0.	0.
REGIS GROFF DIRECTOR	1.00	X						0.	0.	0.
TIM HUFFMAN DIRECTOR	1.00	X						0.	0.	0.
SARA JARRETT DIRECTOR	1.00	X						0.	0.	0.
ELSIE LACY DIRECTOR	1.00	X						0.	0.	0.
LORI MACKENZIE DIRECTOR	1.00	X						0.	0.	0.
LINDA METSGER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RACHEL NUNEZ DIRECTOR	1.00	X						0.	0.	0.
NANCY O'SHIELDS DIRECTOR	1.00	X						0.	0.	0.
MADOLYN PAROSKE DIRECTOR	1.00	X						0.	0.	0.
ORA PLUMMER DIRECTOR	1.00	X						0.	0.	0.
GERRY RASEL DIRECTOR	1.00	X						0.	0.	0.
SUZANN REIKOFSKI DIRECTOR	1.00	X						0.	0.	0.
SUE SPILLER DIRECTOR	1.00	X						0.	0.	0.
MARK STEPHENSON DIRECTOR	1.00	X						0.	0.	0.
SUDHIR VERMA DIRECTOR	1.00	X						0.	0.	0.
SHARON WORKS DIRECTOR	1.00	X						0.	0.	0.
JOHN YOUNG DIRECTOR	1.00	X						0.	0.	0.
KATHY ZINTER DIRECTOR	1.00	X						0.	0.	0.
BARBARA SHANNON-BANISTER DIRECTOR	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2 ▶								1,421,383.	0.	85,626.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 14

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

84-0683346

Contributions, gifts, grants and other similar amounts

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a	3,068.				
b	Membership dues	1b					
c	Fundraising events	1c	18,839.				
d	Related organizations	1d	17,819.				
e	Government grants (contributions)	1e	2,245,512.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,236,480.				
g	Noncash contributions included in lines 1a-1f: $ 2,114,773.						
h	**Total.** Add lines 1a-1f ▶			4,521,718.			

Program Service Revenue

		Business Code	(A)	(B)	(C)	(D)
2a	NET CLIENT SERVICE REVENUE	621400	1,401,450.	1,401,450.		
b	GAIN ON INVESTMENT IN EQUITY INVESTEE	900099	399,294.	399,294.		
c	GOVERNMENT CONTRACTS	621400	2,740,075.	2,740,075.		
d	DEVELOPMENT PATHWAY SERVICES	900099	176,313.	176,313.		
e	MEDICARE/MEDICAID	621400	16,366,906.	16,366,906.		
f	All other program service revenue	900099	223,098.	223,098.		
g	**Total.** Add lines 2a-2f ▶		21,307,136.			

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5 ▶			86,538.			86,538.
4	Income from investment of tax-exempt bond proceeds ▶			0.			
5	Royalties ▶			0.			
		(i) Real	(ii) Personal				
6a	Gross Rents	39,374.					
b	Less: rental expenses	72,523.					
c	Rental income or (loss)	-33,149.					
d	Net rental income or (loss) ▶			-33,149.			-33,149.
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory						
b	Less: cost or other basis and sales expenses						
c	Gain or (loss)						
d	Net gain or (loss) ▶			0.			
8a	Gross income from fundraising events (not including $ 18,839. of contributions reported on line 1c). See Part IV, line 18 a		ATCH 6 19,460.				
b	Less: direct expenses b		30,416.				
c	Net income or (loss) from fundraising events ATCH 7 ▶			-10,956.			-10,956.
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶			0.			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶			0.			

	Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a	MISCELLANEOUS	900099	305,735.	305,735.		
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶		305,735.			
12	**Total Revenue.** See instructions ▶		26,177,022.	21,612,871.		42,433.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) 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	333,668.	333,668.		
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	627,796.	526,226.	101,570.	
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	14,378,987.	12,595,708.	1,783,279.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	215,442.	188,383.	27,059.	
9 Other employee benefits	1,186,358.	1,041,564.	144,794.	
10 Payroll taxes	1,077,048.	941,771.	135,277.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	5,569.	5,569.		
c Accounting	114,300.		114,300.	
d Lobbying	2,642.		2,642.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	989,580.	752,998.	236,582.	
12 Advertising and promotion	75,575.	35,146.	40,429.	
13 Office expenses	888,777.	413,330.	475,447.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	843,140.	582,715.	260,425.	
17 Travel	445,267.	431,078.	14,189.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	86,380.	83,789.	2,591.	
20 Interest	104,952.	101,189.	3,763.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	820,231.	478,290.	341,941.	
23 Insurance	179,102.	96,578.	82,524.	
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 DONATED MATERIALS	2,114,773.	2,114,773.	0.	0.
b BAD DEBT	23,611.	23,611.	0.	0.
c OTHER	27,289.	18,543.	8,746.	0.
d SUPPLIES, FOOD & MEDICATIONS	1,437,401.	1,437,401.	0.	0.
e				
f All other expenses				0.
25 **Total functional expenses.** Add lines 1 through 24f	25,977,888.	22,202,330.	3,775,558.	0.
26 **Joint Costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	-107,397.	1	-170,427.
	2	Savings and temporary cash investments	3,981,124.	2	4,320,433.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	738,227.	4	1,212,291.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	156,805.	9	131,044.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 14,284,446.			
	b	Less: accumulated depreciation — 10b: 6,807,409.	7,564,201.	10c	7,477,037.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,140,505.	13	1,341,249.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	556,302.	15	648,440.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	14,029,767.	16	14,960,067.
Liabilities	17	Accounts payable and accrued expenses	1,275,863.	17	1,607,637.
	18	Grants payable		18	
	19	Deferred revenue ATCH 9	21,666.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 10	1,578,206.	23	1,879,770.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	155,801.	25	266,690.
	26	**Total liabilities.** Add lines 17 through 25	3,031,536.	26	3,754,097.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,179,218.	27	9,432,250.
	28	Temporarily restricted net assets	1,737,815.	28	1,682,955.
	29	Permanently restricted net assets	81,198.	29	90,765.
		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	10,998,231.	33	11,205,970.
	34	Total liabilities and net assets/fund balances	14,029,767.	34	14,960,067.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [X] 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).**

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?

		Yes	No
(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 supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(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? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 - 2008.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,863,877.	2,001,607.	2,291,769.	2,346,272.	4,521,718.	16,025,243.
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	13,709,228.	17,794,385.	18,771,881.	19,641,831.	21,612,871.	91,530,196.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	20,590.	30,691.	5,250.	10,800.	19,460.	86,791.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	**Total.** Add lines 1 through 5	18,593,695.	19,826,683.	21,068,900.	21,998,903.	26,154,049.	107,642,230.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	4,369.	4,753.	9,122.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0.	0.	0.	4,369.	4,753.	9,122.
8	**Public support** (Subtract line 7c from line 6.)						107,633,108.

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	18,593,695.	19,826,683.	21,068,900.	21,998,903.	26,154,049.	107,642,230.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	775,051.	421,905.	359,276.	204,718.	125,912.	1,886,862.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	775,051.	421,905.	359,276.	204,718.	125,912.	1,886,862.
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.)	19,368,746.	20,248,588.	21,428,176.	22,203,621.	26,279,961.	109,529,092.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.27 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	97.56 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.72 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	2.44 %

19a **33 1/3 % support tests - 2009.** 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 ▶ X

b **33 1/3 % support tests - 2008.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization
AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number
84-0683346

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number 84-0683346

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 108,748.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
2		$ 426,778.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
3		$ 321,532.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
4		$ 301,947.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
5		$ 179,363.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
6		$ 227,123.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)

Name of organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number 84-0683346

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 268,982.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
8		$ 926,167.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 282,626.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 266,434.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 377,648.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number 84-0683346

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICATIONS	$ 108,748.	VAR
2	MEDICATIONS	$ 426,778.	VAR
3	MEDICATIONS	$ 321,532.	VAR
4	MEDICATIONS	$ 301,947.	VAR
5	MEDICATIONS	$ 179,363.	VAR
6	MEDICATIONS	$ 227,123.	VAR

Name of organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number 84-0683346

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICATIONS	$ 268,982.	VAR

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $ ________

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $ ________

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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
1 a 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:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
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.

	(a)	**(b)**
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If these 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) 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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		2,642.
j	Total. Add lines 1c through 1i			2,642.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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 (see instructions)	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.

PART II-B, LINE 1 I

DESCRIPTION OF OTHER ACTIVITIES

A PORTION OF AUMHC'S MEMBERSHIP DUES PAID TO CBHC PAY FOR A LOBBY FIRM TO

PRESENT MENTAL HEALTH ISSUES TO THE STATE.

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number
84-0683346

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	1,819,013.	1,896,519.			
b Contributions	30,840.	17,153.			
c Net investment earnings, gains, and losses	9,508.	-13,541.			
d Grants or scholarships					
e Other expenditures for facilities and programs	84,738.	80,323.			
f Administrative expenses	903.	795.			
g End of year balance	1,773,720.	1,819,013.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 0.0000 %

b Permanent endowment ▶ 5.1200 %

c Term endowment ▶ 94.8800 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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) Accumulated depreciation	(d) Book value
1a Land		1,270,046.		1,270,046.
b Buildings		11,082,774.	5,603,312.	5,479,462.
c Leasehold improvements		22,363.	16,579.	5,784.
d Equipment		1,685,917.	1,187,518.	498,399.
e Other		223,346.		223,346.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,477,037.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT- METNET	7,500.	FMV
INVESTMENT- BHI	1,333,749.	FMV
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶	1,341,249.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED PARTIES	266,690.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	266,690.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,177,022.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,977,888.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	199,134.
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	8,605.
9	Total adjustments (net). Add lines 4 through 8	9	8,605.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	207,739.

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	26,476,868.
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	188,302.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	111,544.		
e	Add lines **2a** through **2d**			2e	299,846.
3	Subtract line **2e** from line **1**			3	26,177,022.
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 must equal Form 990, Part I, line 12.)*			5	26,177,022.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	26,269,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	188,302.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	102,939.		
e	Add lines **2a** through **2d**			2e	291,241.
3	Subtract line **2e** from line **1**			3	25,977,888.
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 must equal Form 990, Part I, line 18.)*			5	25,977,888.

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

TO SUPPORT THE PROGRAMS AND SERVICES OF THE AURORA MENTAL HEALTH CENTER.

PART XI, LINE 8

OTHER CHANGES TO NET ASSETS

CHANGE IN BENEFICIAL INTEREST IN	
COMMUNITY FIRST FOUNDATION	8,605

PART XII, LINE 2D

OTHER REVENUE ON BOOKS NOT ON RETURN

CHANGE IN BENEFICIAL INTEREST IN	
COMMUNITY FIRST FOUNDATION	8,605
SPECIAL EVENT EXPENSE RECLASSED	
FROM EXPENSE AND NETTED AGAINST INCOME	30,416
COGS RECLASSED FROM EXPENSE AND NETTED	
AGAINST INCOME	72,523
TOTAL	111,544

PART XIII, LINE 2D

OTHER EXPENSE ON BOOKS NOT ON RETURN

SPECIAL EVENT EXPENSE RECLASSED	
FROM EXPENSE AND NETTED AGAINST INCOME	30,416
COGS RECLASSED FROM EXPENSE AND NETTED	
AGAINST INCOME	72,523
TOTAL	102,939

Part XIV Supplemental Information *(continued)*

PART X, QUESTION 2

UNCERTAIN TAX POSITIONS

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number 84-0683346

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	EXCHANGE PROGRAM	21,737.
NORTH AMERICA	0	0	PROGRAM SERVICES	SEMINARS	1,415.
EUROPE	0	0	PROGRAM SERVICES	SEMINARS	2,000.
Totals . . . . ▶	0	0			25,152.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ ____

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**
Complete this part to provide the information required in Part I, line 2, and any additional information.

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.
Employer identification number: 84-0683346

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPRING LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	38,299.			38,299.
	2 Less: Charitable contributions	18,839.			18,839.
	3 Gross income (line 1 minus line 2)	19,460.			19,460.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,225.			4,225.
	7 Food and beverages	7,281.			7,281.
	8 Entertainment	15,000.			15,000.
	9 Other direct expenses	3,910.			3,910.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(30,416.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-10,956.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: ______________			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain: ______________			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: ______________			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	**13a**	%		
b	An outside facility	**13b**	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ▶				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ ______ and the amount of gaming revenue retained by the third party ▶$ ______.				
c	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.
Employer identification number: 84-0683346

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDERS' RESOURCE CLEARINGHOUSE 11059 E. BETHANY DR STE 200	84-1214286	501(C)(3)	333,668.				TO COVER OPERATING CASH SHORTFALL

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, QUESTION 2

MONITORING USE OF GRANTS IN THE U.S.

THE ONLY GRANT RECIPIENT WAS AN ENTITY CONTROLLED BY THE HEALTH CENTER.

THE RELATED ORGANIZATION DOES NOT CONDUCT ANY ACTIVITIES OUTSIDE OF THE

UNITED STATES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number
84-0683346

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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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) Retirement and other 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 reportable compensation				
RANDY STITH	(i)	239,103.	8,000.	0.	0.	18,351.	265,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARV ROBBINS	(i)	219,751.	0.	15,500.	7,068.	1,432.	243,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERYL STEFANIAK	(i)	166,097.	0.	14,190.	5,956.	26,803.	213,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KRISTIN OLSON	(i)	166,796.	2,000.	0.	5,103.	7,758.	181,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERICA L. WEIS	(i)	164,100.	0.	0.	0.	684.	164,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LESLIE WINTER	(i)	161,174.	0.	0.	3,217.	684.	165,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY SHARPE	(i)	144,259.	0.	16,500.	4,869.	3,184.	168,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
PAT NOONAN DIRECTOR	1.00	X						0.	0.	0.
PAUL ZIMMERMAN DIRECTOR	1.00	X						0.	0.	0.
MARY HELEN GAUTREAUX DIRECTOR	1.00	X						0.	0.	0.
JANE BARBER DIRECTOR	1.00	X						0.	0.	0.
TERRY CAMPBELL CARON DIRECTOR	1.00	X						0.	0.	0.
HARRISON COCHRAN DIRECTOR	1.00	X						0.	0.	0.
STEPHAN GHADAIFCHIAN DIRECTOR	1.00	X						0.	0.	0.
JUDY EDBERG DIRECTOR	1.00	X						0.	0.	0.
RANDY STITH EXECUTIVE DIRECTOR	40.00			X				247,103.	0.	18,351.
DAN DAWSON CFO	40.00			X				103,913.	0.	517.
MARV ROBBINS MEDICAL DIRECTOR	40.00				X			235,251.	0.	8,500.
SHERYL STEFANIAK MD	40.00					X		180,287.	0.	32,759.
KRISTIN OLSON MD	40.00					X		168,796.	0.	12,861.
ERICA L. WEIS MD	40.00					X		164,100.	0.	684.
LESLIE WINTER MD	40.00					X		161,174.	0.	3,901.
NANCY SHARPE MD	40.00					X		160,759.	0.	8,053.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		28,752.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	13	859.	FMV
20	Drugs and medical supplies	X	123,846	2,064,359.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		131.	20,803.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . 29 | 0

			Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, COLUMN B

NUMBER OF CONTRIBUTIONS

ALL REPORTED NUMBERS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS

EXCEPT FOR LINE 20, WHICH REPRESENTS THE NUMBER OF DOSES DONATED.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ENTERTAINMENT BASKETS	X	58	1,710.	FMV
HOLIDAY BASKETS	X	66	13,556.	FMV
TESTING, MANUALS, FORMS	X	1	5,000.	FMV
MISCELLANEOUS	X	6	537.	FMV
TOTALS		131.	20,803.	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

ATTACHMENT 2

PART VI, QUESTION 11A

DESCRIBE PROCESS TO REVIEW 990

THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER. THE CFO AND ACCOUNTANT REVIEW THE 990 BEFORE IT IS FILED. THE FORM 990 IS ALSO MADE AVAILABLE ONLINE VIA A SECURE WEBSITE TO ALL BOARD MEMBERS PRIOR TO FILING THE FINAL FORM 990 WITH THE IRS.

PART VI, QUESTION 15A

DESCRIBE PROCESS FOR DETERMINING COMPENSATION

THE HUMAN RESOURCES COMMITTEE OF THE BOARD REVIEWS TWO DIFFERENT SALARY/BENEFIT SURVEYS TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE FIRST SURVEY IS FROM MENTAL HEALTH CORPORATIONS OF AMERICA. THIS INCLUDES DATA FROM ACROSS THE UNITED STATES. HOWEVER, STATES ARE BROKEN DOWN INTO FOUR REGIONS. THE SECOND IS FROM CBHC (COLORADO BEHAVIORAL HEALTHCARE COUNCIL). THIS INCLUDES DATA FROM ALL OF THE MENTAL HEALTH CENTER DIRECTORS IN COLORADO. AFTER THE HUMAN RESOURCES COMMITTEE REVIEWS THIS INFORMATION, THEY MAKE A RECOMMENDATION TO THE BOARD EXECUTIVE COMMITTEE. THE BOARD EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD MAKES THE FINAL DECISION. THESE DECISIONS ARE ALL DONE IN AN EXECUTIVE SESSION WHERE NO MINUTES ARE TAKEN. ALL STAFF MEMBERS ARE REMOVED FROM THE ROOM. THE SURVEY DATA IS AVAILABLE TO ALL BOARD MEMBERS. THE REVIEW WAS DONE IN JANUARY 2010 AND SEPTEMBER 2010.

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 2 (CONT'D)

PART VI, QUESTION 19

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST.

PART III, LINE 4D

OTHER PROGRAM SERVICES

OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING:

CASE MANAGEMENT - ACTIVITIES THAT ARE INTENDED TO ENSURE THAT CLIENTS RECEIVE THE SERVICES THEY NEED, THAT SERVICES ARE COORDINATED, AND THAT SERVICES ARE APPROPRIATE TO THE CHANGING NEEDS AND STATED DESIRES OF CLIENTS OVER TIME. GOALS AND OBJECTIVES ARE DEVELOPED COLLABORATIVELY BETWEEN CASE MANAGERS AND CLIENTS. CASE MANAGEMENT ACTIVITIES ARE COMMUNITY-BASED, AND ARE DELIVERED EITHER IN THE CLIENT'S ENVIRONMENT OR IN THE ORGANIZATION BY A DESIGNATED PERSON OR TEAM.

LONG AND SHORT DAY - A MILIEU OF THERAPEUTIC SERVICES TO AN INDIVIDUAL, USUALLY A CHILD, DURING A PERIOD OF TWO HOURS OR MORE, BUT LESS THAN 24 HOURS.

RESIDENTIAL - TWENTY-FOUR (24) HOUR CARE, EXCLUDING ROOM AND BOARD, PROVIDED IN A NON-HOSPITAL, NON-NURSING HOME SETTING, APPROPRIATE FOR CHILDREN, YOUTH, ADULTS AND OLDER ADULTS WHOSE MENTAL HEALTH (MH) ISSUES AND SYMPTOMS ARE SEVERE ENOUGH TO REQUIRE A 24-HOUR STRUCTURED PROGRAM, BUT DO NOT REQUIRE HOSPITALIZATION.

Name of the organization	Employer identification number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

ATTACHMENT 2 (CONT'D)

VOCATIONAL - SERVICES DESIGNED TO ASSIST ADULTS AND ADOLESCENTS WHO ARE INELIGIBLE FOR STATE VOCATIONAL REHABILITATION SERVICES AND REQUIRE LONG-TERM SERVICES AND SUPPORT IN DEVELOPING SKILLS CONSISTENT WITH EMPLOYMENT AND/OR IN OBTAINING EMPLOYMENT. SERVICES ARE SKILL AND SUPPORT DEVELOPMENT INTERVENTIONS, EDUCATIONAL SERVICES (GED, COLLEGE PREP SKILLS), VOCATIONAL ASSESSMENT, AND JOB COACHING.

RESPITE - TEMPORARY OR SHORT-TERM CARE OF A CHILD, ADOLESCENT OR ADULT PROVIDED BY ADULTS OTHER THAN THE BIRTH PARENTS, FOSTER PARENTS, ADOPTIVE PARENTS, FAMILY MEMBERS OR CAREGIVERS WITH WHOM THE MEMBER NORMALLY RESIDES, DESIGNED TO GIVE THE USUAL CAREGIVERS SOME TIME AWAY FROM THE MEMBER TO ALLOW THEM TO EMOTIONALLY RECHARGE AND BECOME BETTER PREPARED TO HANDLE THE NORMAL DAY-TO-DAY CHALLENGES.

OTHER SERVICES - PROGRAMS FUNDED MAINLY BY GRANTS PROVIDE A WIDE VARIETY OF SERVICES IN SUPPORT OF THE CENTER'S DIRECT THERAPEUTIC AND CASE MANAGEMENT SERVICES, SUCH AS SPECIAL SEMINARS AND TRAINING TO HELP FAMILIES LEARN HOW TO SUPPORT A MEMBER WITH MENTAL ILLNESS. PROGRAMS ALSO SUPPORT MEMBERS OF THE COMMUNITY STRUGGLING WITH OTHER NEEDS, SUCH AS HOUSING. THE CENTER IS THE LEAD AGENCY IN ADMINISTERING HOMELESS PREVENTION AND RAPID RE-HOUSING SERVICES DESIGNED TO PERMANENTLY HOUSE THE NEWLY HOMELESS AND PREVENT OTHERS FROM LOSING THEIR HOMES BECAUSE OF THE SEVERE RECESSION.

ATTACHMENT 3

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AURORA MENTAL HEALTH CENTER IS COMMITTED TO CREATING HEALTHY AND SECURE COMMUNITIES BY PROVIDING THE LEAST RESTRICTIVE SERVICE THAT ENSURES QUALITY, APPROPRIATE, AND EFFICIENT CARE. AURORA MENTAL HEALTH CENTER SERVED APPROXIMATELY 14,200 PATIENTS FOR THE YEAR ENDED 06/30/2010.

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HAYNES MECHANICAL SYSTEMS DEPT 155 DENVER, CO 80271	HVAC SERVICES	101,945.
BEHAVIORAL HEALTHCARE, INC. 155 INVERNESS DRIVE WEST #201 CENTENNIAL, CO 80112	MEDICAID CAPITATION	475,459.
TOTAL COMPENSATION		577,404.

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST/DIVIDENDS	86,538.			86,538.
TOTALS	86,538.			86,538.

ATTACHMENT 6

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 6 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPRING FUNDRAISER LUNCHEON	18,839.
TOTAL	18,839.

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPRING FUNDRAISER LUNCHEON	19,460.	30,416.	-10,956.
TOTALS	19,460.	30,416.	-10,956.

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	156,805.	131,044.
TOTALS	156,805.	131,044.

ATTACHMENT 9

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	21,666.	0.
TOTALS	21,666.	0.

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITYWIDE BANK
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 6.500000
DATE OF NOTE: 06/28/2002
MATURITY DATE: 06/28/2022
REPAYMENT TERMS: $15,024 PAYABLE MONTHLY, INCLUDING INTEREST
SECURITY PROVIDED: DEED OF TRUST ON LAND AND ADMINISTRATION BUILDING
PURPOSE OF LOAN: FINANCE BUILING

BEGINNING BALANCE DUE .... 1,571,064.
ENDING BALANCE DUE .... 1,491,860.

LENDER: KINETIC LEASING, INC.
ORIGINAL AMOUNT: 179,215.
INTEREST RATE: 8.000000
DATE OF NOTE: 11/01/2003
MATURITY DATE: 08/01/2009
REPAYMENT TERMS: 70 MONTHLY PAYMETS OF $3,191
SECURITY PROVIDED: LEASED EQUIPMENT
PURPOSE OF LOAN: CAPITAL LEASE- TELEPHONE SYSTEM

BEGINNING BALANCE DUE .... 6,318.
ENDING BALANCE DUE .... 0.

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 10 (CONT'D)

LENDER: KINETIC LEASING, INC.
ORIGINAL AMOUNT: 23,364.
INTEREST RATE: 8.000000
DATE OF NOTE: 11/01/2003
MATURITY DATE: 08/01/2009
REPAYMENT TERMS: 70 MONTHLY PAYMENTS OF 416
SECURITY PROVIDED: LEASED EQUIPMENT
PURPOSE OF LOAN: CAPITAL LEASE- ADDITIONS TO PHONE SYSTEM

BEGINNING BALANCE DUE	824.
ENDING BALANCE DUE	0.

LENDER: ABM ENERGY SERVICES
ORIGINAL AMOUNT: 218,346.
INTEREST RATE: 9.500000
DATE OF NOTE: 05/11/2010
MATURITY DATE: 05/01/2013
REPAYMENT TERMS: 36 MONTHLY PAYMENTS OF 6,968.78
SECURITY PROVIDED: LEASED AIR CONDITIONING EQUIPMENT
PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	218,346.

Name of the organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

ATTACHMENT 10 (CONT'D)

LENDER: GRAYBAR FINANCIAL SERVICES
ORIGINAL AMOUNT: 169,564.
INTEREST RATE: 9.710000
DATE OF NOTE: 03/29/2010
MATURITY DATE: 08/01/2013
REPAYMENT TERMS: 36 MONTHLY PAYMENTS OF 5,448.40
SECURITY PROVIDED: LEASED LIGHTING EQUIPMENT
PURPOSE OF LOAN: CAPITAL LEASE

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	169,564.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,578,206.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,879,770.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization	Employer identification number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

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

(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

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

(a) 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
PROVIDERS' RESOURCE CLEARINGHOUSE 84-1214286 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	CHARITABLE	CO	501(C)(3)	LINE 7	N/A
AURORA LIVING RESOURCES, INC. 74-2377026 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	SEC 8 HOUSING	CO	501(C)(3)	LN11 TYPE I	N/A
AURORA COMM MENTAL HLTH RSRCH INSTITUTE 84-0853629 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	RESEARCH	CO	501(C)(3)	LINE 9	N/A
COMMUNITY LIVING RESOURCES, INC. 84-0848655 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	SEC 8 HOUSING	CO	501(C)(3)	LN11 TYPE I	N/A
AURORA VISTAS 84-1089147 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	FUNDRAISING	CO	501(C)(3)	LN11 TYPE I	N/A
NEIGHBORHOOD LIVING RESOURCES 27-0620801 11059 E. BETHANY DR, STE. 200 AURORA, CO 80014	AFFRD HOUSING	CO	501(C)(3)	LN11 TYPE I	N/A

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

(a) 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) 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

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to other organization(s)	**1b**	X	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	X	
d	Loans or loan guarantees to or for other organization(s)	**1d**	X	
e	Loans or loan guarantees by other organization(s)	**1e**	X	
f	Sale of assets to other organization(s)	**1f**		X
g	Purchase of assets from other organization(s)	**1g**		X
h	Exchange of assets	**1h**		X
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		X
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		X
n	Sharing of paid employees	**1n**	X	
o	Reimbursement paid to other organization for expenses	**1o**	X	
p	Reimbursement paid by other organization for expenses	**1p**	X	
q	Other transfer of cash or property to other organization(s)	**1q**		X
r	Other transfer of cash or property from other organization(s)	**1r**		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	PROVIDERS' RESOURCE CLEARINGHOUSE	B	333,668.
(2)	AURORA MENTAL HEALTH RESEARCH INSTITUTE	N	185,656.
(3)	PROVIDERS' RESOURCE CLEARINGHOUSE	N	118,671.
(4)	PROVIDERS' RESOURCE CLEARINGHOUSE	O	80,672.
(5)	AURORA MENTAL HEALTH RESEARCH INSTITUTE	P	286,000.
(6)	COMMUNITY LIVING RESOURCES	D	183,656.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

Open to Public Inspection

Name of filing organization: AURORA COMP COMM MENTAL HLTH CTR, INC.

Employer identification number: 84-0683346

Part I Continuation of 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

Part II **Continuation of 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

Part III Continuation of 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, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV **Continuation of 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

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	AURORA LIVING RESOURCES	D	146,064.
(8)	AURORA MENTAL HEALTH RESEARCH INSTITUTE	D	104,789.
(9)	NEIGHBORHOOD LIVING RESOURCES	D	100,439.
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

9E7000 1.000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

DESCRIPTION OF PROPERTY

RENTAL PROPERTY

	Yes		No	Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME			
OTHER INCOME			
RENTAL INCOME		24,928.	
TOTAL GROSS INCOME			24,928.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)	23,122.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			72,523.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-47,595.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			-47,595.
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 ATTACHMENT									
Totals									

JSA

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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	24,928.
	24,928.

OTHER DEDUCTIONS

INSURANCE	2,744.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	5,555.
REPAIRS	6,757.
SUPPLIES	1,666.
TAXES	25,420.
UTILITIES	6,982.
MISCELLANEOUS	277.
	49,401.

9E7000 1.000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
AURORA COMP COMM MENTAL HLTH CTR, INC.	84-0683346

DESCRIPTION OF PROPERTY

GROUP HOME

	Yes		No	Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME		
OTHER INCOME		
RENTAL INCOME	14,446.	
TOTAL GROSS INCOME		14,446.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		14,446.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		14,446.
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
Totals									

JSA

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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	14,446.
	14,446.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL PROPERTY	24,928.	23,122.	49,401.	-47,595.
GROUP HOME	14,446.			14,446.
TOTALS	39,374.	23,122.	49,401.	-33,149.