

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Please use IRS label or print or type. See Specific Instructions. C Name of organization AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC. D Employer identification number 84-0683346 E Telephone number (303) 617-2300 F Accounting method: Cash [] Accrual [X] Other (specify) []

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes [] No [X] H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? Yes [] No [] H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Group Exemption Number M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.AUMHC.ORG

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 21,428,176.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, 25b Compensation of former officers, 25c Compensation and other distributions, 26 Salaries and wages of employees, 27 Pension plan contributions, 28 Employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash - non-interest-bearing			-147,904.	45	-122,513.
	46 Savings and temporary cash investments			5,570,753.	46	4,276,724.
	47a Accounts receivable	47a	1,270,482.			
	b Less: allowance for doubtful accounts	47b	677,934.	572,155.	47c	592,548.
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			113,030.	53	153,837.
	54a Investments - publicly-traded securities	▶	Cost	FMV	54a	
	b Investments - other securities (attach schedule)	▶	Cost	FMV	54b	
	55a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	13,568,235.			
b Less: accumulated depreciation (attach schedule)	57b	5,380,721.	8,412,440.	57c	8,187,514.	
58 Other assets, including program-related investments (describe ▶ STMT 15)			1,399,435.	58	1,595,959.	
59 Total assets (must equal line 74). Add lines 45 through 58			15,919,909.	59	14,684,069.	
Liabilities	60 Accounts payable and accrued expenses			1,117,167.	60	1,229,123.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)	STMT 16		1,800,132.	64b	1,693,285.
	65 Other liabilities (describe ▶ STMT 17)			219,359.	65	518,515.
66 Total liabilities. Add lines 60 through 65			3,136,658.	66	3,440,923.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			10,913,042.	67	9,348,898.
	68 Temporarily restricted			1,846,059.	68	1,805,016.
	69 Permanently restricted			24,150.	69	89,232.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			12,783,251.	73	11,243,146.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73			15,919,909.	74	14,684,069.	

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 28
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 26
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows zeros in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization STMT 27 and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)
91a The books are in care of
Located at
Telephone no.
ZIP + 4

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 28					1,656,665.
b					
c					
d					
e					
f Medicare/Medicaid payments					13,813,635.
g Fees and contracts from government agencies					3,235,858.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	245,368.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-106,388.	16	-92,517.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-1,723.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					65,723.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-106,388.		151,128.	18,771,881.
105 Total (add line 104, columns (B), (D), and (E))					18,816,621.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 29

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
X		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 30			
b				
c				
Totals				486,854.

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
X		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 31			
b				
c				
Totals				91,946.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00290681
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
BKD, LLP 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848	44-0160260		719 471-4290

Form **990** (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization **AURORA COMPREHENSIVE COMMUNITY MENTAL
HEALTH CENTER, INC.**

Employer identification number
84-0683346

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 32				
Total number of other employees paid over \$50,000 . . . ▶	71			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 33		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 34		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

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

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Transactions with substantial contributors; 3a-3d. Grants and other activities; 4a-4g. Donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 15-25 include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE 26a; b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b; c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c; d Add: Amounts from column (e) for lines: 18 19 22 26b 26d; e Public support (line 26c minus line 26d total) 26e; f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 16 17 20 21 27c; d Add: Line 27a total and line 27b total 27d; e Public support (line 27c total minus line 27d total) 27e; f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g %; h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures (36-39), Total exempt purpose expenditures (40), Lobbying nontaxable amount (41), Grassroots nontaxable amount (42), and subtraction lines (43-44).

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

4-Year Averaging Period Under Section 501(h)

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include Lobbying nontaxable amount (45), Lobbying ceiling amount (46), Total lobbying expenditures (47), Grassroots nontaxable amount (48), Grassroots ceiling amount (49), and Grassroots lobbying expenditures (50).

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) NOT APPLICABLE

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers (a), Paid staff or management (b), Media advertisements (c), Mailings to members (d), Publications (e), Grants to other organizations (f), Direct contact with legislators (g), Rallies/demonstrations (h), and Total lobbying expenditures (i).

Schedule B

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

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

AURORA COMPREHENSIVE COMMUNITY MENTAL
HEALTH CENTER, INC.

Employer identification number

84-0683346

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 organizations 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 -

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC.	Employer identification number 84-0683346
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ABBOTT PATIENT ASSISTANCE PROGRAM 200 ABBOTT PARK RD D-31C AP525-1 ABBOTT PARK, IL 60064	\$ 60,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ASTRAZENECA FOUNDATION PO BOX 66551 ST. LOUIS, MO 63116	\$ 155,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BRISTOL-MYERS SQUIBB PO BOX 8309 SOMERVILLE, NJ 08876	\$ 127,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GLAZCO SMITH KLINE PO BOX 29038 PHOENIX, AZ 85038-9038	\$ 261,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JOHNSON AND JOHNSON PO BOX 221857 CHARLOTTE, NC 28222-1857	\$ 98,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LILLY CARES FOUNDATION INC P. O. BOX 230999 CENTERVILLE, VA 20120	\$ 179,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC.	Employer identification number 84-0683346
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PFIZER CONNECTION TO CARE PO BOX 66585 ST. LOUIS, MO 63166-6585	\$ 82,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	WYETH PHARMACEUTICAL PO BOX 1759 PAOLI, PA 19301-0859	\$ 59,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC.	Employer identification number 84-0683346
--	---

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>MEDICATIONS</u> _____ _____ _____	\$ 60,274.	VAR _____
2	<u>MEDICATIONS</u> _____ _____ _____	\$ 155,752.	VAR _____
3	<u>MEDICATIONS</u> _____ _____ _____	\$ 127,010.	VAR _____
4	<u>MEDICATIONS</u> _____ _____ _____	\$ 261,745.	VAR _____
5	<u>MEDICATIONS</u> _____ _____ _____	\$ 98,704.	VAR _____
6	<u>MEDICATIONS</u> _____ _____ _____	\$ 179,889.	VAR _____

Name of organization AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC.	Employer identification number 84-0683346
--	---

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	<u>MEDICATIONS</u> _____ _____ _____	\$ _____ 82,784.	VAR _____
8	<u>MEDICATIONS</u> _____ _____ _____	\$ _____ 59,657.	VAR _____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

	2007	2008
LAND	1,270,046	1,270,046
BUILDINGS	10,618,048	10,758,884
LEASEHOLD IMPROVEMENTS		8,613
EQUIPMENT & AUTOMOBILES	1,188,131	1,530,692
CONSTRUCTION IN PROGRESS	3,198	
TOTAL ASSETS	13,079,423	13,568,235
LESS ACCUMULATED DEPRECIATION	(4,666,983)	(5,380,721)
NET FIXED ASSETS	8,412,440	8,187,514

RENT AND ROYALTY INCOME

Taxpayer's Name AURORA COMPREHENSIVE COMMUNITY MENTAL	Identifying Number 84-0683346
---	---

DESCRIPTION OF PROPERTY
RENTAL PROPERTY

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

RENTAL INCOME		
OTHER INCOME	94,088.	
TOTAL GROSS INCOME		94,088.
OTHER EXPENSES:		
CLEANING	10,258.	
INSURANCE	7,756.	
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	22,250.	
TAXES	28,711.	
UTILITIES	17,129.	
OTHER EXPENSES	129,464.	
DEPRECIATION (SHOWN BELOW)	97,245.	
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		312,813.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-218,725.

Less Amount to

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	-218,725.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									97,245.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

94,088.

94,088.
=====

OTHER DEDUCTIONS

OVERHEAD ALLOCATION 120,734.
OTHER 1,138.
BAD DEBT 7,592.

129,464.
=====

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER INCOME

19,820.

19,820.
=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL PROPERTY	94,088.	97,245.	215,568.	-218,725.
GROUP HOME	19,820.			19,820.
	-----	-----	-----	-----
TOTALS	113,908.	97,245.	215,568.	-198,905.
	=====	=====	=====	=====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
SPRING FUNDRAISER LUNCHEON	20,930.

TOTAL	20,930.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
SPRING FUNDRAISER LUNCHEON	5,250.	6,973.	-1,723.
TOTALS	5,250.	6,973.	-1,723.

=====

=====

=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN BENEFICIAL INTEREST OF COMMUNITY FIRST FOUNDATION	747.
TOTAL	----- 747. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID ===== PROVIDERS RESOURCE CLEARINGHOUSE 11059 E. BETHANY DRIVE AURORA, CO 80014	AFFILIATE PUBLIC CHARITY	TO SUPPORT AFFILATE AND ITS EXEMPT PURPOSE	470,094.
		TOTAL CONTRIBUTIONS PAID	----- 470,094. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
PROFESSIONAL FEES	495,616.	110,967.	384,649.
PURCHASED SERVICES	432,581.	423,667.	8,914.
MEDICAL/LABS/MEDICATIONS	176,701.	176,537.	164.
FOOD	90,813.	90,768.	45.
CLIENT EXPENSES/SUPPLIES/ TRAVEL	70,023.	69,241.	782.
BAD DEBT	13,484.	13,484.	
DUES AND SUBSCRIPTIONS	42,203.	9,321.	32,882.
RECRUITING AND MARKETING	121,982.	108,497.	13,485.
OTHER COSTS	256,573.	160,564.	96,009.
INSURANCE	202,289.	154,751.	47,538.
DONATED MATERIALS	1,926,793.	1,918,076.	8,717.
TOTALS	3,829,058.	3,235,873.	593,185.
	=====	=====	=====

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

MENTAL HEALTH SERVICES. AURORA MENTAL HEALTH CENTER SERVED APPROXIMATELY 10,934 PATIENTS FOR THE YEAR ENDED 6/30/2008.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
LONG AND SHORT DAY		862,232.
OTHER SERVICES	470,094.	2,403,477.
RESIDENTIAL		809,067.
VOCATIONAL		594,770.
	-----	-----
TOTALS	470,094.	4,669,546.
	=====	=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
TOTALS	----- 113,030. =====	----- 153,837. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MORTGAGE ACQUISITION COSTS	21,874.	20,415.
INTERCOMPANY RECEIVABLES	264,821.	278,003.
RENT DEPOSITS	671.	2,886.
BEHAVIORIAL HEALTHCARE	1,070,707.	1,184,043.
INNET	7,500.	7,500.
METNET	7,500.	7,500.
MHRRG	1,575.	1,575.
INVESTMENT - AMBASE	116.	60.
BENEFICIAL INTEREST IN FOUNDATION	24,671.	93,977.
	-----	-----
TOTALS	1,399,435.	1,595,959.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER 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

BEGINNING BALANCE DUE 1,714,290.
 ENDING BALANCE DUE 1,645,225.

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

BEGINNING BALANCE DUE 75,942.
 ENDING BALANCE DUE 42,517.

LENDER: CAPITAL LEASE- ADDITIONS TO PHONE SYSTEM
 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: FINANCE EQUIPMENT

BEGINNING BALANCE DUE 9,900.
 ENDING BALANCE DUE 5,543.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,800,132.
 =====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,693,285.
 =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DUE TO RELATED PARTIES	219,359.	518,515.
TOTALS	219,359.	518,515.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN BENEFICIAL INTEREST OF THE COMMUNITY FIRST FOUNDATION	747.
RENTAL EXPENSES OFFSET AGAINST TOTAL REVENUE	312,813.
SPECIAL EVENTS EXPENSE OFFSET AGAINST TOTAL REVENUE	6,973.
AUDIT REPORT IS CONSOLIDATED- INCOME REPORTED ON RELATED ENTITIES 990'S	1,570,537.
TOTAL	----- 1,891,070. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES OFFSET AGAINST TOTAL EXPENSE	312,813.
SPECIAL EVENTS EXPENSE OFFSET AGAINST TOTAL EXPENSE	6,973.
AUDIT REPORT IS CONSOLIDATED- EXPENSES REPORTED ON RELATED ENTITIES' 990'S	1,714,074.

TOTAL	2,033,860.
	=====

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
LINDA ASHBURN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
TERRY CAMPBELL CARON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
HARRISON COCHRAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
PETER CUKALE 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
LARRY DAVILA 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	PRESIDENT 1.00	NONE	NONE	NONE
STEPHAN GHADAI FCHIAN	DIRECTOR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
TIM HUFFMAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
ELSIE LACY 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
RICH MARTIN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
SUE MCCOLLOM 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
LINDA METSGER 11059 E. BETHANY DRIVE 200	DIRECTOR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
AURORA, CO 80014				
RACHEL NUNEZ 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
MADOLYN PAROSKE 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
SUZANN REIKOFSKI 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
RUTH RYAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	TREASURER 1.00	NONE	NONE	NONE
JUNE SMIGEL 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	VICE-PRESIDENT 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SUE SPILLER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	SECRETARY 1.00	NONE	NONE	NONE
SUDHIR VERMA 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
PAT WOJCIECHOWSKI 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
CYNDIE WOZNIAK-BEHRENS 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
GEORGE ZIERK 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
KATHY ZINTER	DIRECTOR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
11059 E. BETHANY DRIVE 200 AURORA, CO 80014				
RANDY STITH 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	EXECUTIVE DIRECTOR 40.00	251,730.	41,063.	9,620.
MARVIN ROBBINS 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	MEDICAL DIRECTOR 40.00	246,539.	40,216.	NONE
DANIEL LOUNSBERRY 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	CFO 40.00	99,103.	16,166.	NONE
LYNN DONALDSON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
REGIS GROFF 11059 E. BETHANY DRIVE 200	DIRECTOR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
AURORA, CO 80014				
ORA PLUMMER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
MARK STEPHENSON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
SHARON WORKS 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
JOHN YOUNG 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
	GRAND TOTALS	597,372.	97,445.	9,620.
		=====	=====	=====

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----		-----	-----	-----
RANDY STITH BHI AFFILLIATE	84-1270475	36,000.	NONE	NONE
GRAND TOTALS		----- 36,000. =====	----- NONE =====	----- NONE =====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: AURORA LIVING RESOURCES

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: AURORA MENTAL HEALTH RESEARCH
INSTITUTE

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COMMUNITY LIVING RESOURCES

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: AURORA VISTAS

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PROVIDERS' RESOURCE CLEARINGHOUSE

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BEHAVIORAL HEALTHCARE, INC.

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
NET CLIENT SERVICE REVENUE					1,202,547.
GAIN ON INVESTMENT IN EQUITY INVESTEE					113,336.
MANAGEMENT FEES					62,377.
OTHER REVENUE					278,405.
		-----		-----	-----
TOTALS		=====		=====	1,656,665. =====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93	MENTAL HEALTH SERVICES TO INDIGENT AND NON-INDIGENT CLIENTS
93	GAIN ON INVESTMENT IN EQUITY OF INVESTEE WITH A SIMILAR EXEMPT PURPOSE AS AURORA MENTAL HEALTH CENTER
93	MANAGEMENT FEES PAID BY RELATED ENTITIES
93F	MEDICARE AND MEDICAID REVENUE EARNED IN CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION
93G	FEES RECEIVED FROM THE GOVERNMENT IN CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION
103B	MISCELLANEOUS REVENUE EARNED IN IN CARRYING OUT THE EXEMPT PURPOSE OF THE ORGANIZATION

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

=====

CONTROLLED ENTITY'S NAME: AURORA VISTAS
 CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
 CITY, STATE & ZIP: AURORA, CO 80014
 EIN: 84-1089147
 TRANSFER AMOUNT: 760.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 DONATIONS, SPECIAL EVENT FEES

CONTROLLED ENTITY'S NAME: PROVIDERS RESOURCE CLEARINGHOUSE
 CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
 CITY, STATE & ZIP: AURORA, CO 80014
 EIN: 84-1214286
 TRANSFER AMOUNT: 470,094.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 CASH ADVANCES FOR FURNITURE, EQUIP., SUPPLIES, STORAGE, RENTAL, UTILITIES

CONTROLLED ENTITY'S NAME: AURORA MENTAL HEALTH RESEARCH INSTITUTE
 CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
 CITY, STATE & ZIP: AURORA, CO 80014
 EIN: 84-0853629
 TRANSFER AMOUNT: 16,000.
 EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
 LEASE

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: AURORA VISTAS
CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
CITY, STATE & ZIP: AURORA, CO 80014
EIN: 84-1089147
TRANSFER AMOUNT: 31,364.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
GRANTS FOR 2007 & 2008 FISCAL YEAR & FUNDRAISERS

CONTROLLED ENTITY'S NAME: AURORA LIVING RESOURCES
CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
CITY, STATE & ZIP: AURORA, CO 80014
EIN: 74-2377026
TRANSFER AMOUNT: 17,670.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
MGMT FEES, BOOKKEEPING, OFFICE SALARIES, MAINTENANCE & JANITORIAL SERVICES

CONTROLLED ENTITY'S NAME: AURORA MENTAL HEALTH RESEARCH INSTITUTE
CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE; STE 200
CITY, STATE & ZIP: AURORA, CO 80014
EIN: 84-0853629
TRANSFER AMOUNT: 7,547.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
RENT & CONTRACTED SERVICES

CONTROLLED ENTITY'S NAME: COMMUNITY LIVING RESOURCES
CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
CITY, STATE & ZIP: AURORA, CO 80014
EIN: 84-0848655
TRANSFER AMOUNT: 33,265.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
MGMT FEES, BOOKKEEPING, OFFICE SALARIES, MAINTENANCE & JANITORIAL SERVICES

CONTROLLED ENTITY'S NAME: PROVIDERS RESOURCE CLEARINGHOUSE
CONTROLLED ENTITY'S ADDRESS: 11059 E. BETHANY DRIVE, STE 200
CITY, STATE & ZIP: AURORA, CO 80014
EIN: 84-1214286
TRANSFER AMOUNT: 2,100.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
JANITORIAL SERVICES

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
SHERYL STEFANIAK 11059 E. BETHANY DR, STE 200 AURORA, CO 80014	MED DIR ASSOC CHILD 40.00	213,789.	34,874.	NONE
LESLIE WINTER 11059 E. BETHANY DR, STE 200 AURORA, CO 80014	MED DIR ASSOC ADULT 40.00	172,119.	28,076.	NONE
EMILY BESSER 11059 E. BETHANY DR, STE 200 AURORA, CO 80014	DOCTOR 40.00	153,363.	25,017.	NONE
KRISTIN OLSON 11059 E. BETHANY DR, STE 200 AURORA, CO 80014	DOCTOR 40.00	166,077.	27,091.	NONE
NANCY SHARPE 11059 E. BETHANY DR, STE 200 AURORA, CO 80014	DOCTOR 40.00	145,852.	23,792.	NONE
	TOTAL COMPENSATION	----- 851,200. =====	----- 138,850. =====	----- NONE =====

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

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
BKD LLP 111 S. TEJON STREET, SUITE 800 COLORADO SPRINGS, CO 80903	AUDIT/TAX RETURNS	102,400.
TOTAL COMPENSATION		----- 102,400. =====

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

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
HAYNES MECHANICAL SYSTEMS DEPT 155 DENVER, CO 80271	HVAC SERVICES	208,145.
THE HANSON GROUP 1801 BROADWAY, SUITE 400 DENVER, CO 80202	MARKETING	139,234.
ATTAIN TECHNOLOGIES 5251 DTC PARKWAY, SUITE 100 GREENWOOD VILLAGE, CO 80111	COMPUTER NETWORK SUP	64,633.
SERVICE DYNAMICS 3272 FOXTAIL COURT COLORADO SPRINGS, CO 80920	ACCOUNT SOFTWARE SUP	53,262.
ALLURDATA INC 155 INVERNESS DRIVE WEST, SUITE 330 ENGLEWOOD, CO 80112	COMPUTER NETWORK SUP	51,594.
TOTAL COMPENSATION		----- 516,868. =====

A Check box if address changed

B Exempt under section
 501(C)(3) 220(e) 530(a)
 408(e) 529(a)

C Book value of all assets at end of year
14,684,069.

Print or Type

Name of organization (Check box if name changed and see instructions.)
AURORA COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
200

11059 E. BETHANY DRIVE

City or town, state, and ZIP code
AURORA, CO 80014

F Group exemption number (See instructions for Block F on page 9.) 14,684,069.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number
 (Employees' trust, see instructions for Block D on page 9.)
84-0683346

E Unrelated business activity codes
 (See instructions for Block E on page 9.)
531120

H Describe the organization's primary unrelated business activity. DEBT-FINANCED RENTAL INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of AURORA MENTAL HEALTH CENTER Telephone number 303-617-2300

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	45,764.	152,152.	-106,388.
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See page 11 of the instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	45,764.	152,152.	-106,388.

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			NONE
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See page 14 of the instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b NONE
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-106,388.
31	Net operating loss deduction (limited to the amount on line 30)			153,988.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-260,376.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-260,376.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16.
37 Proxy tax. See page 16 of the instructions.
38 Alternative minimum tax.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40 b Other credits (see page 17 of the instructions)
40 c General business credit. Check here and indicate which forms are attached:
40 d Credit for prior year minimum tax (attach Form 8801 or 8827)
40 e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39.
42 Other taxes. Check if from:
43 Total tax. Add lines 41 and 42
44 a Payments: A 2006 overpayment credited to 2007
44 b 2007 estimated tax payments
44 c Tax deposited with Form 8868
44 d Foreign organizations: Tax paid or withheld at source (see instructions)
44 e Backup withholding (see instructions)
44 f Other credits and payments:
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4 a Additional section 263A costs (attach schedule)
4 b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer
Date
Title
May the IRS discuss this return with the preparer shown below (see instructions)?

Paid Preparer's Use Only
Preparer's signature
Firm's name (or yours if self-employed), address, and ZIP code
Check if self-employed
Preparer's SSN or PTIN
EIN
Phone no.

COLORADO SPRINGS, CO 80903-9848

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns for Rent received or accrued (a, b), Deductions directly connected with the income in columns 2(a) and 2(b), and Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

Table for Schedule E with columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property (a, b), Amount of average acquisition debt, Average adjusted basis, Column 4 divided by column 5, Gross income reportable, and Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Table for Schedule F - Exempt Controlled Organizations with columns for Name of Controlled Organization, Employer Identification Number, Net unrelated income, Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, and Deductions directly connected with income in column 5.

Table for Schedule F - Nonexempt Controlled Organizations with columns for Taxable Income, Net unrelated income, Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, and Deductions directly connected with income in column 10.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)). . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5). . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 6			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶ **NONE**

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

=====

1. DESCRIPTION OF DEBT-FINANCED PROPERTY =====	2. GROSS INCOME =====	3. DEDUCTIONS DIRECTLY CONNECTED (3A) =====	3. DEDUCTIONS DIRECTLY CONNECTED (3B) =====	4. AVERAGE ACQUISITION DEBT =====	5. AVERAGE ADJUSTED BASIS =====	6. % 4 IS OF 5 =====	7. GROSS INCOME REPORTABLE (2 X 6) =====	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B) =====
RENTAL INCOME	94,088.	97,245.	215,568.	1,679,757.	3,453,476.	48.640	45,764.	152,152.
				TOTALS			45,764.	152,152.
							-----	-----
							=====	=====

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
LINDA ASHBURN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
TERRY CAMPBELL CARON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
HARRISON COCHRAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
PETER CUKALE 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
LARRY DAVILA 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	PRESIDENT		NONE
STEPHAN GHADAI FCHIAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
TIM HUFFMAN 11059 E. BETHANY DRIVE	DIRECTOR		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
200 AURORA, CO 80014			
ELSIE LACY 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
RICH MARTIN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
SUE MCCOLLOM 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
LINDA METSGER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
RACHEL NUNEZ 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
MADOLYN PAROSKE 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
SUZANN REIKOFSKI 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
RUTH RYAN 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	TREASURER		NONE
JUNE SMIGEL 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	VICE-PRESIDENT		NONE
SUE SPILLER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	SECRETARY		NONE
SUDHIR VERMA 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
PAT WOJCIECHOWSKI 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
CYNDIE WOZNIAK-BEHRENS 11059 E. BETHANY DRIVE	DIRECTOR		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
200 AURORA, CO 80014			
GEORGE ZIERK 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
KATHY ZINTER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
RANDY STITH 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	EXECUTIVE DIRECTOR		
MARVIN ROBBINS 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	MEDICAL DIRECTOR		
DANIEL LOUNSBERRY 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	CFO		
LYNN DONALDSON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

=====

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
REGIS GROFF 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
ORA PLUMMER 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
MARK STEPHENSON 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
SHARON WORKS 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
JOHN YOUNG 11059 E. BETHANY DRIVE 200 AURORA, CO 80014	DIRECTOR		NONE
TOTAL COMPENSATION			----- NONE =====