

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

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PROVIDERS' RESOURCE CLEARINGHOUSE. D Employer identification number: 84-1214286. E Telephone number: (303) 617-2300. F Accounting method: Accrual.

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

G Website: WWW.PRCCOLORADO.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.

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,488,627.

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 contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, investment income, sales of assets, special events, and gross sales of inventory. Total revenue is 2,630,149 and total expenses is 2,152,556.

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-22b, 23-24, 25a-25c, 26-30, 31-42, 43a-43g, and 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 III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a THE ORGANIZATION, IN PARTNERSHIP, WITH THE COMMUNITY, SUPPORTS COLORADO'S COMMUNITY-BASED ORGANIZATIONS AND THEIR CLIENTS BY ACQUIRING, TRANSFERRING, STORING AND REDISTRIBUTING DONATED HOUSEHOLD, OFFICE AND PERSONAL GOODS. (Grants and allocations \$ 1,454,609.) If this amount includes foreign grants, check here <input type="checkbox"/>	2,036,740.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,036,740.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	124,170.	45	28,722.	
	46 Savings and temporary cash investments		46	5,000.	
	47 a Accounts receivable	24,639.			
	b Less: allowance for doubtful accounts	3,930.	17,338.	47c	20,709.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 a 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	
	51 a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use	333,869.	52		346,718.
	53 Prepaid expenses and deferred charges	27,602.	53		31,368.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation (attach schedule)			55c		
56 Investments - other (attach schedule)			56		
57 a Land, buildings, and equipment: basis	87,456.				
b Less: accumulated depreciation (attach schedule) STMT 14	56,876.	33,993.	57c	30,580.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 4)		11,218.	58	11,218.	
59 Total assets (must equal line 74). Add lines 45 through 58		548,190.	59	474,315.	
Liabilities	60 Accounts payable and accrued expenses	45,030.	60	54,003.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 5)		560,441.	65	NONE
	66 Total liabilities. Add lines 60 through 65		605,471.	66	54,003.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		-62,281.	67	415,312.	
68 Temporarily restricted		5,000.	68	5,000.	
69 Permanently restricted			69		
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)		-57,281.	73	420,312.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		548,190.	74	474,315.	

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

a Total revenue, gains, and other support per audited financial statements			a	3,519,136.
b Amounts included on line a but not on Part I, line 12:				
1 Net unrealized gains on investments	b1			
2 Donated services and use of facilities	b2	30,509.		
3 Recoveries of prior year grants	b3			
4 Other (specify): <u>SEE STATEMENT 6</u>	b4	858,478.		
Add lines b1 through b4			b	888,987.
c Subtract line b from line a			c	2,630,149.
d Amounts included on Part I, line 12, but not on line a :				
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify): _____	d2			
Add lines d1 and d2			d	
e Total revenue (Part I, line 12). Add lines c and d			e	2,630,149.

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

a Total expenses and losses per audited financial statements			a	3,041,543.
b Amounts included on line a but not on Part I, line 17:				
1 Donated services and use of facilities	b1	30,509.		
2 Prior year adjustments reported on Part I, line 20	b2			
3 Losses reported on Part I, line 20	b3			
4 Other (specify): <u>SEE STATEMENT 7</u>	b4	858,478.		
Add lines b1 through b4			b	888,987.
c Subtract line b from line a			c	2,152,556.
d Amounts included on Part I, line 17, but not on line a :				
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify): _____	d2			
Add lines d1 and d2			d	
e Total expenses (Part I, line 17). Add lines c and d			e	2,152,556.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		66,600.	6,179.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 8		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 10 If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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

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

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ STMT 11 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a Yes No X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 22
91 a The books are in care of AURORA MENTAL HEALTH CENTER Telephone no. 303-617-2300
Located at 11059 E. BETHANY DRIVE, STE 200 AURORA, CO ZIP + 4 80014
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)? 91b Yes No X
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)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? ... 91c ... X
If "Yes," enter the name of the foreign country ...
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ... 92 ... N/A

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Net rental income, and Total.

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

Table with 2 columns: 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.

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

Table with 5 columns: (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 X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... Yes X 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	----- -----			
b	----- -----			
c	----- -----			
Totals				

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	----- -----			
b	----- -----			
c	----- -----			
Totals				

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

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.

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	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 <input type="checkbox"/>	BKD, LLP 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848		EIN <input type="checkbox"/> 44-0160260 Phone no. <input type="checkbox"/> 719 471-4290

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization

PROVIDERS' RESOURCE CLEARINGHOUSE

Employer identification number

84-1214286

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ▶ NONE

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
NONE		

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
NONE		

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) 2006

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; 2a-e. Specific transaction types; 3a-d. Grants and easements; 4a-c. Donor advised funds; 4d-g. Fund ownership and assets.

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

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

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

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

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

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

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
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 10 of the instructions.)

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

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

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

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

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

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

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

b If "Yes," complete the following schedule:

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

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

2006

Name of organization

PROVIDERS ' RESOURCE CLEARINGHOUSE

Employer identification number

84-1214286

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) (2006)

Name of organization PROVIDERS' RESOURCE CLEARINGHOUSE

Employer identification number

84-1214286

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		894,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		1,143,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		508,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		88,164.	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.)

Name of organization PROVIDERS' RESOURCE CLEARINGHOUSE

Employer identification number

84-1214286

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
2	MISCELLANEOUS FURNITURE AND HOUSEHOLD GOODS	\$ 1,143,564.	
3	MISCELLANEOUS FURNITURE AND HOUSEHOLD GOODS	\$ 508,509.	
4	MISCELLANEOUS FURNITURE AND HOUSEHOLD GOODS	\$ 88,164.	
		\$	
		\$	
		\$	
		\$	
		\$	

PROVIDERS' RESOURCE CLEARINGHOUSE

84-1214286

FORM 990, Part II - Other Grants and Allocations Paid During the Year

The following nonprofit organizations received distributions of donated goods such as office supplies, household items, personal goods and other miscellaneous items to use in carrying out their exempt purpose.

Agency Name	Address	City	Zip	TOTALS
Aurora Mental Health		Aurora		131,989
Behavioral Healthcare Inc	6801 S Yosemite St.	Centennial	80112	56,120
Arapahoe House, Inc.	8801 Lipan St.	Thornton	80260	53,100
Goals, Inc.	455 Eppinger Blvd.	Thornton	80229	46,184
ACCESS Housing, Inc.	6978 Colorado Blvd	CC	80222	44,138
Family to Family/Epworth United Methodist Church	3401 High Street	Denver	80205	41,617
Delores Project, The				38,629
A.C.S.	5045 W 1st Ave	Denver	80219	38,510
N.I.C.E.				37,750
Zion's Angels	10405 W 36th Ave	Wheatridge	80033	37,447
Loving Hands	601 Salida Way Unit B3	Aurora	80011	37,320
Colorado Rural Housing	3621 W.73rd Ave., Ste. C	Westminster	80030	36,720
Mercy Housing-Decatur Place	1155 Decatur St	Denver	80204	36,500
Lost & Found, Inc.	6700 W 44th Ave	Wheatridge	80033	35,925
Mercy Housing-Holly Park	5520 E 60th Ave	Commerce City	80022	35,900
Aurora Housing Authority	10745 E. Kentucky Ave.	Aurora	80012	33,705
Mount St. Vincent	4159 Lowell Blvd	Denver	80211	33,135
Bridges of Silence	5770 Niagra St.	CC	80022	32,280
DAACC, Inc	2950 S. Jamaica Ct. #109	Aurora	80014	31,050
Community Reach Center	8931 Huron St.	Thornton	80260	30,255
Catholic Charities	2525 W. Alameda Ave.	Denver	80219	30,005
Ecumenical Refugee Services	1600 Downing St. #400	Denver	80218	29,672
Arapahoe/Douglas Mental Health Ctr	6801 S Yosemite Ste. 200	Centennial	80112	27,125
Santa Project, The	14652 E 2nd Ave D201	Aurora	80011	26,957
Bridgeway	85 S. Union Blvd. #204	Lakewood	80228	26,952
African Community Ctr of Denver	1201 E. Colfax Ave Ste. 201	Denver	80218	25,415
Crossroads Of The Rockies	4201 W. Kentucky Ave.	Denver	80219	24,225
Whiz Kids Tutoring, Inc.	5500 E Yale Ave.	Denver	80222	23,375
Alliance for a Sustainable Colorado	1536 Wynkoop St. B-500	Denver	80202	22,547
New American School				21,630
Colorado Statewide Parent Coalition	7150 Hooker St. Ste. B	Westminster	80030	19,110
Colfax Community Network	PO Box 202373	Denver	80220	18,375
ECCOS Church El Centro				16,530
Stout Street Foundaton	7251 E. 49th Ave.	CC	80022	15,210
His Love Fellowship Church-Boy Scouts of America	910 Kalamath St.	Denver	80204	14,660
In His Presence Ministries				13,125
Academy Urban Learning				13,010
New Life in Christ				11,506
Gathering Place				10,940
Rocky Mountain Climate Center	POB 270444	Louisville	80027	10,176
Mercy Housing-Parkside Apts.	1999 Broadway #1000	Denver	80202	9,340
Child's Song, A	PO Box 351679	Westminster	80035	9,003
El Shaddai	3301 W. Alameda Ave.	Denver	80219	8,900
Clayton/ Family Futures Headstart	3801 Martin Luther King Jr. Blvd	Denver	80205	8,600
Habitat for Humanity of Metro Denver	1500 W 12th Ave	Denver	80204	7,110
Seniors Inc.	5840 E. Evans Ave.	Denver	80222	6,880
Colorado African Organization	1582 S. Parker Rd. Ste. 309	Denver	80231	6,600
Employment Assistance America Inc	9034 E Easter Place	Centennial	80122	6,030
Jewish Experience, The	1555 Stuart St.	Denver	80204	5,840
Now Youth				5,050
Metro Carering	PO Box 300459	Denver	80203	3,900
Ranch of Hope	2283 Co. Rd. 323	Westcliffe	81252	3,780
Family to Family/Lowry Family Center	4800 Oakland #3	Denver	80239	3,700
Senior High Rise Food Bank	2611 S. Decatur	Denver	80219	3,675
Youth Partners NET	PO Box 11909	Denver	80211	3,650
Officer's Christian Fellowship	3784 S. Inca St.	Englewood	80110	3,490
Zion Senior Center	5151 E 33rd Ave.	Denver	80207	3,480
Colorado Rural Health Center	225 E. 16th Ave, Ste. 1050	Denver	80203	3,330
Early Childhood Council of SLV	609 Main St. #7	Alamosa	81107	3,150
MS Center				3,150
Native American Cancer Research	3022 S. Nova Rd./ 363 S. Harlan	Pine/ Denver	80470/ 80226	3,000
Denver Works, Inc.	2825 N. Speer Blvd. #103	Denver	80211	2,805

PROVIDERS' RESOURCE CLEARINGHOUSE

84-1214286

FORM 990, Part II - Other Grants and Allocations Paid During the Year

The following nonprofit organizations received distributions of donated goods such as office supplies, household items, personal goods and other miscellaneous items to use in carrying out their exempt purpose.

Agency Name	Address	City	Zip	TOTALS
Limb Preservation Foundation	1600 Broadway #2400	Denver	80202	2,772
Stories On Stage	216 S. Grant St., 2nd Fl.	Denver	80209	2,700
True Praise and Worship Church	3300 Josephine St.	Denver	80205	2,700
Realities Focus	2925 Alamo Ave	Ft. Collins	80525	2,590
Mile High Council/Alcoholism & Drug Abuse	1801 Federal Blvd.	Denver	80204	2,520
Lowery				2,350
IDE				2,220
Visiting Nurse Assoc.	390 Grant St	Denver	80203	2,220
Creating Caring Communities	1385 S Colorado Blvd., Ste 610	Denver	80222	2,130
Coffo				2,055
Beacon Of Hope Outreach Center	PO Box 461074	Aurora	80046	2,025
Central Latin America District Council	7410 N. Sherman St.	Denver	80221	1,980
Mi Casa Resource Ctr for Women	360 Acoma St	Denver	80223	1,920
Arthritis Foundation				1,800
Summer Scholars	3401 Quebec. ST.#5010	Denver	80207	1,800
Valley Horizons	1322 Main St. Ste. B	Alamosa	81101	1,650
Aspen Center for Autism	2695 S. Jersey Street	Denver	80222	1,620
N. E. Denver Housing Center	1734 Gaylord St.	Denver	80206	1,608
Especially Me/Just Say Know	PO Box 370244	Denver	80237	1,575
Dominican Sisters	2501 Gaylord St	Denver	80205	1,560
International Harvest Foundation	4321 Crestone Cr.	Broomfield	80020	1,560
Community Resource Center	655 Broadway #300	Denver	80203	1,530
Shalom Denver	2498 W 2nd Ave	Denver	80223	1,500
SLV Immigrant Resource Ctr	225 6th St., Ste. B	Alamosa	81101	1,470
Community Alternatives	2600 S. Parker Rd. #5-250	Aurora	80014	1,350
Other Side Arts	1644 Platte Street	Denver	80202	1,350
Foresight Ski Guides				1,290
Bead for Life	1143 Portland Pl Ste #1	Boulder	80304	1,230
Channel 12 PBS	2900 Welton St.	Denver	80205	1,200
9 to 5, Natl. Assoc. of Working Women				1,200
Harrison Memorial Animal Hospital	191 Yuma St.	Denver	80223	1,125
Adams County Head Start	7111 E 56th Ave.	CC	80022	1,050
SYDA				1,000
Community Of Faith United	13265 Bellaire Cir.	Thornton	80241	780
International Hearing Dog				750
Reach Out and Read Colorado	4105 E Florida Suite 204	Denver	80222	750
Community Computer Connection	14200 E. 35th Pl., 105	Aurora	80011	740
Health Bridge Alliance	1370 Pennsylvania St. #450	Denver	80206	730
Colorado Center for the Blind	2505 18th St. Ste. 100	Denver	80211	720
Colorado Christian Services	1100 W. Littleton Blvd. Ste. 105	Littleton	80120	720
Black United Fund of Colorado	PO Box 202380	Denver	80220	700
Imagine Scribe Service Corp.	5700 South Olathe Court	Centennial	80015	660
Women's Bean Project	3201 Curtis St.	Denver	80205	585
LDS Church				460
Aurora Educational Foundation	15701 E First Ave	Aurora	80011	450
Project WISE	3401 W 29 Ave.	Denver	80211	450
Black Tie	1301 Pennsylvania Street Suite 290	Denver	80203	420
Grace Church	10100 Grant St	Thornton	80229	360
Shepherds' Keep				330
American Veteran Service	PO Box 2033	CC	80037	300
Fort Collins Symphony	214 S. College Ave.	Fort Collins	80524	300
Regis University				300
Colorado Horse Park	7522 S. Pinery Dr.	Parker	80134	270
Denver Metro Community Parent Ctr	14321 E. 4th Ave. #100	Denver	80011	200
Community Baptist				180
St. Elizabeth's School	3605 Martin Luther King Blvd	Denver	80205	180
Colorado Symphony Association	Boettcher Concert Hall DPAC	Denver	80202	150
Family to Family/Fresh Start	2250 E 16th Ave	Denver	80206	150
GLBT Community Ctr of Colo, The	1050 Brodway (PO BOX 9798)	Denver	80209	150
Medical Wings International				150
Rocky Mountain MS Center	2851 W 52nd Ave	Denver	80221	150
Rocky Mountain Repertory Theater	po Box 1682	Grand lake	80447	150
Turkish World Outreach	508 Fruitvale Ct	Grand Junction	81504	150
Youth Biz, Inc.	3535 Larimer St.	Denver	80205	100
Colorado Nonprofit Association	455 Sherman St. #207	Denver	80203	90
Attention Homes				72
Missions of Hope				30
				\$ 1,454,609.00

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PROFESSIONAL FEES	19,700.	NONE	19,700.	NONE
ADVERTISING TOTAL	853.	853.	NONE	NONE
AUTO	23,950.	23,950.	NONE	NONE
BAD DEBT	4,899.	4,899.	NONE	NONE
CONTRACT SUPPORT	20,286.	NONE	20,286.	NONE
DUES, FEES AND SUBSCRIPTIONS	21,132.	21,132.	NONE	NONE
FURNITURE AND EQUIPMENT	2,323.	2,323.	NONE	NONE
GOODS PURCHASED FOR REDISTRIBUTION	13,037.	NONE	NONE	13,037.
INSURANCE	21,658.	21,658.	NONE	NONE
MARKETING	1,385.	1,385.	NONE	NONE
MISCELLANEOUS TOTAL	1,919.	1,919.	NONE	NONE
PRODUCT DISTRIBUTIONS	1,520.	1,520.	NONE	NONE
TOTALS	132,662.	79,639.	39,986.	13,037.
	=====	=====	=====	=====

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

SUPPORT COMMUNITY ORGANIZATIONS WITH IN-KIND RESOURCES

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SECURITY DEPOSITS	11,218.	11,218.
TOTALS	----- 11,218. =====	----- 11,218. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO AUMHC	560,441.	NONE
TOTALS	----- 560,441. =====	----- NONE =====

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

=====

DESCRIPTION	AMOUNT
-----	-----
COST OF GOODS SOLD	858,478.
TOTAL	----- 858,478.
	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
COST OF GOODS SOLD	858,478.
TOTAL	----- 858,478.
	=====

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
TERRY CAMPBELL CARON 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
LARRY DAVILA 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	PRESIDENT 1.00	NONE	NONE	NONE
WENDY MITCHELL 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
SUZANN REIKOFSKI 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE
RUTH RYAN 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	TREASURER 1.00	NONE	NONE	NONE
JUNE SMIGEL 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	VICE PRESIDENT 1.00	NONE	NONE	NONE
SUE SPILLER 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	SECRETARY 1.00	NONE	NONE	NONE
GEORGE ZIERK 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	DIRECTOR 1.00	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
HEATHER DOLAN 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	EXECUTIVE DIRECTOR 40.00	66,600.	6,179.	NONE
RANDY STITH 11059 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	EXECUTIVE DIRECTOR 40.00	NONE	NONE	NONE
RANDY'S SALARY IS PAID BY AURORA MENTAL HEALTH CENTER. SEE STATEMENT 10.				
GRAND TOTALS		66,600.	6,179.	NONE
		=====	=====	=====

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 AURORA MENTAL HEALTH CENTER AFFILIATED ORGANIZATION	84-0683346	239,179.	37,945.	NONE
GRAND TOTALS		----- 239,179.	----- 37,945.	----- NONE
		=====	=====	=====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: AURORA MENTAL HEALTH CENTER

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: AURORA LIVING RESOURCES

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COMMUNITY LIVING RESOURCES

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: AURORA VISTAS

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: AURORA MENTAL HEALTH RESEARCH
INSTITUTE

EXEMPT: X NONEXEMPT:

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION	AMOUNT	RELATED OR EXEMPT
-----	CODE	-----	CODE	-----	FUNCTION INCOME
-----	----	-----	----	-----	-----
COMMUNITY SERVICE REVENUES					100,287.
TOTALS		-----		-----	100,287.
		=====		=====	=====

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 SERVICES PROVIDED TO COMMUNITIES IN CONNECTION WITH PARTNERS
 IN SHARING, GIFTS IN KIND, TECHNOLOGY REUSE PROJECT AND
 WELFARE TO WORK.
- 94 DUES AND FEES ARE CHARGED TO DEMONSTRATE NON-DUPLICATION OF
 SERVICES AND COLLABORATION AMONG PRC AND OTHER HUMAN-SERVICE
 PROVIDERS.

FEDERAL FOOTNOTES

990 Part IV, line 57

	<u>2006</u>	<u>2007</u>
Equipment & Furniture	80,988	87,456
Less Accumulated Depreciation	(46,995)	(56,876)
Net Fixed Assets	<u>\$ 33,993</u>	<u>\$ 30,580</u>