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Form 990

Department of the Treasury Interital Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 2009 and ending .TIIN 30

	OI LITE	2009 calendar year, or tax year beginning 0011 1, 2009 and endi	ng U	UN 30, 2010	
В	Check if applicable	Please C Name of organization		D Employer identific	ation number
_	Addres	use in 3			
느	change Name	print or Pikes Peak United way		04.01	-11700
F	change Initial	Doing Dusiness As	1-		511799
늗	return	10	n/surte	E Telephone number	
느	Termir ated Amend	Instruc 518 North Nevada Avenue) 632-1543
느	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	6,345,501.
L	Applic tion pendir			H(a) Is this a group re	
	, - · · - · ·	F Name and address of principal officer: David Frauginer	İ	for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	
		empt status			list (see instructions)
		e: > www.ppunitedway.org		H(c) Group exemption	
			L Year o	f formation: 1922 M	State of legal domicile: CO
Pa	art I	Summary		- · · · ·	
ę,		Bnefly describe the organization's mission or most significant activities Mobiliz			
Governance		power of the community and create the best			
Ë	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
Activities &	5	Total number of employees (Part V, line 2a)		5	35
<u>×</u>		Total number of volunteers (estimate if necessary)		6	4000
Ç		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business-taxable income from Form 990-T, line 34			0.
		RECEIVED		Prior Year	Current Year
<u> </u>		Contributions and grants (Part-VIII, line-1h)		6,418,877.	6,164,673.
enc	9	Program service reverse (Part VIII, line 29) .		8,031.	59,062.
Revenue	10	Investment income (Part VIII, Column (A), lines 3, 4, and 7d)		46,839.	51,572.
. "		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 6c, 10c, and 11e)		17,339.	21,364.
		Total revenue - add lines 8th ough F1 (thust equal Part VIII, column (A), line 12)		6,491,086.	6,296,671.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,637,429.	4,398,656.
		Benefits paid to or for members (Part IX, column (A), line 4)	ļ		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,271,986.	1,444,499.
υS	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ļ		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		762,969.	657 <u>,068</u> .
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,672,384.	6,500,223.
	19	Revenue less expenses Subtract line 18 from line 12		<181,298.	<u>> <203,552.</u> >
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		7,351,914.	6,739,607.
± EAS	21	Total liabilities (Part X, line 26)		4,619,194.	<u>4,084,149.</u>
2	22	Net assets or fund balances Subtract line 21 from line 20		2,732,720.	<u>2,655,458.</u>
Pi	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than offices) as based on all information of which preparer has any kni	tements, a owledge	nd to the best of my knowledg	e and belief, it is true, correct,
		DO 11 Fac	_	. 0/	
Sig	n	LAU W/rang		7/6	20//3
He	re	Signature of officer		Date	
		DAVIA WATTERWIGE		<u> </u>	
		Type or print name and title	10.		
Pai	d	Preparer's Date	Che I self-		r's identifying number tructions)
	u parer's	signature Gree Papineau, CPA 09/11/1	1 0) emp	oloyed 🕨 💹	P00294662
	Only	Firm's name (or pours if BiggsKofford, P.C.		EIN ► 84-	0884124
500	· • · · · · · ·	self-employed), 630 Southpointe Court, Suite 200			
		ZIP+4 Colorado Springs, CO 80906		Phone no. ► 7:	<u> 19.579.9090 </u>
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
9320	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	ate inst	ructions.	Form 990 (2009)

1 \ is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 is the organization required to complete Schedule B, Schedule of Contributors? Did the organization required to complete Schedule B, Schedule of Contributors? Did the organization required to complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization is, is the organization subject to the section 6033(e) notice and reporting requirement and provide Xarl II "As". Complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts II "Nes," complete Schedule D, Part II Did the organization meanization resorts in the structures? If "Nes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide redict counseling, debt management, redid repair, or debt registation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide redict counseling, debt management, redid repair, or debt registation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV, IV, VII, K, or X as applicable) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete	Pai	t iv. Checklist of Required Schedules			
I Yes, *complete Schedule A Schedule D, *Complete Schedule B, *Schedule of Contributions* Schedule D, *Complete Schedule C, *Part I Section 501(c)]4, 501(c)]5, and 501(c)[6] organizations. But the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If *Yes,* complete Schedule C, *Part I Section 501(c)]4, 501(c)[5], and 501(c)[6] organizations. But the organization engage in lobbying activities? If *Yes,* complete Schedule C, *Part I Section 501(c)]4, 501(c)[5], and 501(c)[6] organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If *Yes,* complete Schedule C, *Part II Section 501(c)]4, 501(c)[5], and 501(c)[6] organizations. Is the organization counts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If *Yes,* complete Schedule D, *Part I Section 501(c)[4], 501(c) Section				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(3) organizations. Did the organization is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any dionic advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including assements to preserve open space. 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IIV 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not histed in Part X, or provide conditions applicable. 9 Did the organization report an amount for flority in the complete schedule D, Part IV 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part V, VIII, VIII, IX, or X as applicable 9 Did the organization report an amount for investments of other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for investments other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets rep	1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		12	x	
	40		13		
	19		19		х

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) Pikes Peak United Way

Part IV Checklist of Required Schedules (continued)

L: -	The following of frequency continuous	,		
			Yes	No
21 `	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	0.4	v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	000		v
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	•		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K If "No", go to line 25	24a	 	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	l		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 (2009)

Га	t V Statements negariting other ins runings and rax compliance			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ļ
	U.S Information Returns. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
_	Financial Accounts	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
_	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l		
_	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Sec	tion A. Governing Body and Management									
			ı			Yes	No			
1a	Enter the number of voting members of the governing body	<u>1a</u>		14						
b	Enter the number of voting members that are independent .	1b	<u> </u>	14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		2		х			
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?			-	3		<u>X</u>			
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?		4		<u>X</u>			
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5		<u>X</u>			
6	Does the organization have members or stockholders?			}	6		<u>X</u>			
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?		,		7a		X			
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			-	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ı aurın	g the year							
_	by the following				0-	х				
a				}	8a	X				
b	Each committee with authority to act on behalf of the governing body?			ł	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII, Section A, who cannot be reconstructed in Part VIII.	acned	at the		9		X			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal F	Povoni	o Code I		9					
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal P	revent	ie Code.)			Yes	No			
102	Does the organization have local chanters, branches, or affiliates?			[10a	162	X			
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	chan	ere affiliates	f	iva					
U	and branches to ensure their operations are consistent with those of the organization?	Спар	iers, armatos,		10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina tl	ne form?	1	11	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing ti	10 1011111	İ						
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х				
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld av	e rise	- 1	12-0					
	to conflicts?	ala gi	01.00		12b	х				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe	İ						
·	In Schedule O how this is done	. 00,			12c	x				
13	Does the organization have a written whistleblower policy?			İ	13	X				
14	Does the organization have a written document retention and destruction policy?		•	Ī	14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent	1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision									
а	The organization's CEO, Executive Director, or top management official				15a	X_				
	Other officers or key employees of the organization			İ	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	ļ						
	taxable entity during the year?				16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	n [
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızat	ion's	1						
	exempt status with respect to such arrangements?		<u>`</u>		16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CO									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	alable :	for					
	public inspection. Indicate how you make these available. Check all that apply									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest po	licy, an	d fina	ncıal				
	statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the org	janizat	on: 🕨					
	<u>David Frauhiger - (719)632-1543</u>									
	<u>518 North Nevada Avenue, Colorado Springs, CO 809</u>	<u> 903</u>								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	(6)		Position neck all that apply)			hΑ	Reportable compensation	Reportable compensation	Estimated amount of
	per			all	lilat	арр	''y/ 	from	from related	other
	week	individual trustee or director				8		the	organizations	compensation
		stee o	Institutional trustee			pensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		ual tru	onat		ploye	t com		(**=***********************************		and related
		hubul	Institut	Officer	Key employee	Highest compensated employee	Former			organizations
Mike Edmonds						-				
Chair	1.00	X						0.	0.	0.
Jay Alexander										
Director	1.00	X	ļ		L			0.	0.	0.
Vic Andrews										
Director	1.00	X						0.	0.	0.
Tamarinde Doane								_	_	_
Director	1.00	X						0.	0.	0.
Jan Doran						i	l			
Director	1.00	X	-				<u> </u>	0.	0.	0.
Jerry Forte									•	•
Director	1.00	X	ļ				├	0.	0.	0.
Nick Gledich	1 00								•	•
Director	1.00	X						0.	0.	0.
Bill Hodgkins	1								•	•
Director	1.00	X				_	-	0.	0.	0.
Kimberly McKay	1 00	3,							0	^
Director Terrence McWilliams	1.00	X						0.	0.	0.
	1 00	. ,					1		^	^
Director	1.00	Х				_	\vdash	0.	0.	0.
Tom Naughton	1.00	x						0.	0.	0.
<u>Director</u> Cari Shaffer	1.00	^		-			-	0.	0.	
Director	1.00	x						0.	0.	0.
Barb Winter	1.00	^					\vdash	0.	0.	<u> </u>
Director	1.00	v					1	0.	0.	0.
Dan Winter	1.00		-				-	0.		<u>.</u>
Director	1.00	Y						0.	0.	0.
John "JD" Dallager	1.00	-					1	0.	•	<u> </u>
Chief Executive Officer	40.00			Х		х		130,044.	0.	11,081.
Lynne Telford	20.00		<u> </u>				一	200,022.		
Chief Operating Officer	40.00			X	x			95,697.	0.	11,778.
David Frauhiger					 -	\vdash	<u> </u>	33,03,0	•	,
Chief Financial Officer	40.00			X	x			64,412.	0.	16,269.
							_			F 000 (0000)

932007 02-04-10

L	(A)	(B)	inpi	уее		<u>na i</u> C)	nigh	EST	(D)	(E)			(F)	_
	Name and title	Average hours	Position (check all that apply)						Reportable compensation	Reportable compensation			timat	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		com fr org and	other pensa om th anizat d relat	ation ie tion ted
													_	
													_	
<u> </u>			<u> </u>								+			
46	Tatal		l				Ļ	l	290,153.		0.		9,1	20
1 <u>0</u> 2	Total Total number of individuals (including but	not limited to the	nose	liste	ed al	bove	e) wi	no re			<u>U • I</u>		9,1	40
	compensation from the organization													
3	Did the organization list any former office	ar director or tri	ictoc	. ka	, om	nlo	VAA	or h	unheet compensated er	mployee on	Г		Yes	No
Ü	line 1a? If "Yes," complete Schedule J for			, κυ	y C11	ipio	yee,	01 11	iighest compensated cr	npicyce on		3		X
4	For any individual listed on line 1a, is the	·		-						the organization		4		х
5	and related organizations greater than \$1 Did any person listed on line 1a receive or									ices rendered to	-	4		
_	the organization? If "Yes," complete Sche	=										5		X
Sec 1	Complete this table for your five highest of	nomponented in	done	ndo	nt o	ont	racto	ore t	hat received more than	\$100,000 of comp	enca	tion f	rom	
	the organization. NONE	Jornponoucou III	аорс	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	(A) Name and busines	ss address							(B) Description of s	ervices	Co	(C ompe) nsatio	n
								1						
														
														
2	Total number of independent contractors \$100,000 in compensation from the orga		not li	mite	d to		se li	sted	above) who received m	nore than	_			
	,				_								990 /	2000

	n 990 (2		lay		84-0513	L799 Page 9
Pa	rt VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1d 1f 6,164,67	3.			
ontri od of	g	Noncash contributions included in lines 1a-1f \$				
		Total. Add lines 1a-1f Business C Fees 62410				
Program Service Revenue	2a b	FEMA Administrative Fe 62410		11,541.		
Ser	c					
eve	d					
<u>6</u>	e					
۵.	1	All other program service revenue	50.060			
		Total. Add lines 2a-2f	▶ 59,062.			
	3	Investment income (including dividends, interest, and other similar amounts)	▶ 51,572.			51,572.
	4	Income from investment of tax-exempt bond proceeds	<u> </u>			
	5	Royalties .	•			
		(i) Real (ii) Persor	nal			
	6 a	Gross Rents		!		
	ь	Less rental expenses				
	С	Rental income or (loss)				
İ	d	Net rental income or (loss)	>			
	7 a	Gross amount from sales of (i) Securities (ii) Othe	<u>r</u>			
	_	assets other than inventory Less: cost or other basis				
	6	and sales expenses				
	_	Gain or (loss)				
	l	Net gain or (loss)	>			
Other Revenue	I	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	- 0			
Je.	1.	Part IV, line 18 a 55,55 Less direct expenses b 48,83				
õ		Less direct expenses b 48,83 Net income or (loss) from fundraising events	\triangleright 6,720.	6,720.		1
	9 a	Gross income from gaming activities See	0,120	0,720		
	"	Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities	D			
	10 a	Gross sales of inventory, less returns				
		and allowances a				
	1	Less cost of goods sold b				
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Business C	Code	 		+
	14 -	Miscellaneous Revenue Business C Miscellaneous Income 62410		14,644.		
			14,044.	13,033.		
	b		<u> </u>			
	d	All other revenue	-			
	e	Total. Add lines 11a-11d	▶ 14,644.			
	12	Total revenue. See instructions.	▶ 6,296,671.	80,426.	0	
9320 02-04	09 4-10		10			Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,398,656.	4,398,656.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	270 000	122,640.	107,400.	48,760.
6	trustees, and key employees Compensation not included above, to disqualified	278,800.	122,040.	107,400.	40,700.
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	879,261.	518,379.	141,930.	218,952.
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	075,201.	310,375.	141,550.	210,332.
0	and section 403(b) employer contributions)	58,259.	32,248.	12,543.	13,468.
9	Other employee benefits	24,732.	13,690.	5,325.	5,717.
10	Payroll taxes	203,447.	112,614.	43,802.	47,031.
11	Fees for services (non-employees)		1		
а	Management	195,745.	132,272.	38,352.	25,121.
b	Legal				<u>-</u>
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	33,097.	18,872.	2,191.	12,034.
14	Information technology				
15	Royalties	252 254	000 410	00 601	20.044
16	Occupancy	262,964.	200,419.	29,601.	32,944.
17	Travel	10,688.	6,413.	434.	3,841.
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials	11 000	6 221	661.	4,198.
19	Conferences, conventions, and meetings	11,080.	6,221.	001.	4,130
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
22 23	Insurance	23,247.	13,446.	4,726.	5,075.
24 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а		55,124.	30,513.	11,868.	12,743.
b		24,488.	4,600.	374.	19,514.
c	Staff Development	24,148.	15,856.	1,845.	6,447.
d		15,267.	1,871.	371.	13,025.
е		1,220.	821.	168.	231.
f	All other expenses	C F00 000	E 600 531	401 501	160 101
<u>25</u>	Total functional expenses Add lines 1 through 24f	6,500,223.	5,629,531.	401,591.	469,101.
26	Joint costs Check here X if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

	rt X		ted way		01	0311133 Tage 11
L				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,161,583.	2	2,033,127.
	3	Pledges and grants receivable, net		1,954,887.	3	1,655,479.
	4	Accounts receivable, net	321,924.	4	27,806.	
	5	Receivables from current and former officers, di	rectors, trustees, key			•
		employees, and highest compensated employe	es. Complete Part II			
	ľ	of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495		:		
		Part II of Schedule L		6	_	
S.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges		52,619.	9	_76,338.
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 1,929,486.			
	ь	Less. accumulated depreciation	10b 554,976.	1,418,664.	10c	1,374,510.
	11	Investments - publicly traded securities		1,352,242.	11	1,472,167.
	12	Investments other securities See Part IV, line	11 [89,995.	12	100,180.
	13	Investments - program-related. See Part IV, line	11 [13	
	14	Intangible assets		14	_	
	15	Other assets See Part IV, line 11			15	
	16	Total assets, Add lines 1 through 15 (must equ	al line 34)	7,351,914.	16	6,739,607.
	17	Accounts payable and accrued expenses		132,567.	17	176,887.
	18	Grants payable	3,015,281.	18	2,795,138.	
	19	Deferred revenue		739,012.	19	431,790.
	20	Tax-exempt bond liabilities		732,334.	20	680,334.
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
abi		highest compensated employees, and disqualifi	ied persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	·
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,619,194.	26	4,084,149.
		Organizations that follow SFAS 117, check he	ere 🕨 💹 and complete			
es	1	lines 27 through 29, and lines 33 and 34.				
ဋ	27	Unrestricted net assets		848,202.	27	950,548.
3ai	28	Temporarily restricted net assets		794,523.	28	604,730.
둳	29	Permanently restricted net assets		1,089,995.	29	1,100,180.
Ξ		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	ľ		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	· ·		31	
et	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
Z	33	Total net assets or fund balances	ļ	2,732,720.	33	2,655,458.
	34_	Total liabilities and net assets/fund balances		7,351,914.	34	6,739,607.

Form **990** (2009)

Form	990 (2009) Pikes Peak United Way	84-0511799	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	i on a		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

Name of t	the organizati	on						E	mployer i	dentification number
		Pikes P	<u>eak United W</u>	lay					84	-0511799
Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this par	t) See ins	tructions		
The organ	ization is not a	a private foundation t	because it is (For lines 1	1 through 1	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	rıbed ın se	ction 170	(b)(1)(A)(i)).		
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗌	A hospital or	a cooperative hospit	tal service organization (described	ın section	170(b)(1)	(A)(iii).			
4	A medical res	search organization o	operated in conjunction	with a hos	pital desci	nbed in s e	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital's name,
	city, and stat									
5	An organizat	on operated for the l	benefit of a college or ui	niversity ov	wned or op	erated by	a governi	mental un	rt describe	d ın
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🖳	A federal, sta	ite, or local governme	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).			
7 X	An organizati	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general p	ublic described in
	section 170(b)(1)(A)(vi). (Complet	te Part II.)							
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 📖	-	-	eives: (1) more than 33 1							
		•	nctions - subject to certa	· ·	-	-				-
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975
		509(a)(2). (Complete								
10	•		perated exclusively to te	-	-			•		_
11 📖	•	•	perated exclusively for the		-					•
		•	itions described in secti		•		2). See se e	ction 509	(a)(3). Che	ck the box that
			organization and compl		_					T III. Other
	a Type		- *'		e III - Func	•	•			Type III - Other
e	-		t the organization is not							
		_	han one or more publicly						9(a)(1) or s	ection 509(a)(2).
f	_		ten determination from t	me ins ma	atitisa iy	рет, туре	il, or Type) III		
_		rganization, check th		ov aft or o	ontribution	from any	of the fell	owana nor	rope?	لـــا
g	_		rganization accepted ar irectly controls, either al							Yes No
			upported organization?	ione or tog	ether with	persons	zescribeu	in (ii) and	(III) DCIOVV,	11g(i)
	•		n described in (i) above?)						11g(ii)
	. ,	•	person described in (i) of		e?					11g(iii)
h		<u>-</u>	about the supported or	• •						T.S.W.
••	r rorido tiro r	one ming innomitation	about the supported of	ga <u>-</u> a	(-).					
/i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did vo	u notify the	(vi)	s the	(vii) Amount of
	anization	(ii) Cin	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	tion in col.	organizáti (i) organi	on in col. !	support
			above or IRC section	governing	document?	(i) of you	r support?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
			<u> </u>							· · · · · · · · · · · · · · · · · · ·
				ļ						
			-	ļ	ļ				\bot	<u> </u>

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 P	<u>ikes Peak</u>	<u>United W</u>	ay		<u>84-051</u>	1799 Page 2
Pa	rt II Support Schedule for	•		Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Seg	ction A. Public Support					, -	,
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	5635127.	5855329.	5595192.	6418877.	6164673.	<u>29669198.</u>
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						ļ
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5635127.	5855329.	5595192.	6418877.	6164673.	<u> 29669198.</u>
5	The portion of total contributions						
	by each person (other than a	1					
	governmental unit or publicly]	j				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						819,381.
	Public support. Subtract line 5 from line 4						28849817.
Sec	ction B. Total Support				<u> </u>		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008_	(e) 2009	(f) Total
7	Amounts from line 4	5635127.	5855329.	<u>5595192.</u>	6418877.	6164673.	29669198.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	126,767.	163,096.	179,320.	46,839.	51,572.	567,594.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	160,092.	133,942.	202,617.	67,494.		661,518.
11	Total support. Add lines 7 through 10				<u> </u>		30898310.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			·· ····	· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2009 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	93.37 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	92.74 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				. ▶ [X]
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	ınızatıon dıd not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	ınızatıon dıd not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	rf you checked the b	ox on line 9 of Part l.)
	ction A. Public Support		_				т
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")			-			
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						İ
_	organization's tax-exempt purpose				+		
3	Gross receipts from activities that				}		
	are not an unrelated trade or bus-						
	iness under section 513				 	 	
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				+		
5	furnished by a governmental unit to						
	the organization without charge					ļ	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received					·	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support			,			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties		İ				
	and income from similar sources				-		
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					 	
44	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,		ļ				
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part IV)	-					
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the organization'	s first second thu	d fourth or fifth t	tax vear as a secti	on 501(c)(3) organi	zation
17	check this box and stop here	Title organization	5 mot, 5000ma, tim	a, rourin, or man	tar your as a soon	on 00 1 (0)(0) 0. ga	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (column (f))		15	%
16	Public support percentage from 2008					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	009 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	fies as a publicly	supported organiz	ation	ightharpoons
ŀ	33 1/3% support tests - 2008. If the	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
					90	hedule A /Form 90	M AT 000 E71 2000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization 84-0511799 Pikes Peak United Way Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 Pikes Pe	eak United	Way				8	<u> 34-05</u>	11799	Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, o	r Other	Simila	r Asse	ts (contini	ued)
3	Using the organization's acquisition, accessio	on, and other record	ls, check	any of the	following that	t are a sig	nıficant u	ise of its	collection i	tems
•	(check all that apply).									
а	Public exhibition	d	<u> </u>	oan or exc	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	n how the	ey further tl	he organizatio	on's exem	pt purpo	se ın Par	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nzation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if orga	anızatıon ar	nswered "Yes	to Form	990, Pai	t IV, line	9, or	
	reported an amount on Form 990, Part	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	contribution	s or other as:	sets not ir	ncluded		-	_
	on Form 990, Part X?	-						<u> </u>	Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing to	able.						
									Amount	
С	Beginning balance			-			1c			
d	Additions during the year	••					1d			
е	Distributions during the year						1e			
f	Ending balance					•	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete f	the organization an	swered '	'Yes" to Fo	rm 990, Part	IV, line 10	·		,	
		(a) Current year		nor year	(c) Two year	s back (c	i) Three yo	ears back	(e) Four y	ears back
1a	Beginning of year balance	L,554,150.	1,894	<u>4,550.</u>						
b	Contributions	21,061.								
С	Net investment earnings, gains, and losses	135,115.	<294	<u>4,465.</u>	>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	50,587.	45	<u>5,935.</u>						
f	Administrative expenses		_							
g	End of year balance	L,659,739.	<u>1,554</u>	<u>4,150.</u>	<u> </u>					
2	Provide the estimated percentage of the year		ıs.							
а	Board designated or quasi-endowment > _	31.17	_%							
b	Permanent endowment ► 60.26	%								
С	Term endowment ▶ 8.57 %	6								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	ınd admınıste	red for the	e organiz	ation	ــــم	
	by								_ Y	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Sched	iule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI │Investments - Land, Building	s, and Equipme	ent. Se	e Form 990	, Part X, line	10				
	Description of investment	(a) Cost or o		· · · ·	or other		cumulate	d	(d) Book v	/alue
		basis (investr	nent)		(other)	depr	eciation			
1a	Land				6,000.					<u>,000.</u>
b	Buildings			1,34	5,627.	2	<u>39,19</u>	96.	1,106	<u>,431.</u>
С	Leasehold improvements									
d	Equipment			42	7,859.	3	15,78	30.	112	<u>,079.</u>
е	Other									
T-4-1	Add lines 1a through 1e (Column (d) must ed	aual Form 000 Part	Y colum	n (R) line 1	10(c))				1.374	510

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Pikes Peak United Water XIV Supplemental Information (continued)	ay	84-0511799 Page 5
In~Kind Expenses	<21,193>	
Total	<11,007>	
Included in Part XII, Line 2d:		-
Change in Beneficial Interest in		
Perpetual Trust		
In-Kind Contributions	21,193	
Total		
Included in Part XII, Line 4b:		
Donor Designations		
Included in Part XIII, Line 2d:		
In-Kind Expenses	21,193	
Included in Part XIII, Line 4b:		
Donor Designations	1,563,064	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

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

Open To Public

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization	eak United Way					Employer ide 84-0511	ntification number
	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	ıne 1		
1 Indicate whether the organization rais a	sed funds through any of the following Solicitates Gamma Solicitates Gamma Special Special or oral agreement with any individual part VII) or entity in connection with prividuals or entities (fundraisers) pursur	ion of ion of fundra (includ	non-g gover using o ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					<u>-</u> -		
		-					
						 	
Total 3 List all states in which the organization	on is registered or licensed to solicit	funds (or has	been notified it is ex	empt	from registrati	on or licensing
							·
			-				

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

	6 Volunteer labor				
	7 Direct expense summary. Add lines 2 through 5 in column (d))
	8 Net gaming income summary Combine line 1, column (d), and line 7			Yes	No
-	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		9a	163	
	If "No," explain				
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain		10a		
11	Does the organization operate gaming activities with nonmembers?		11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	001	12	20 [7]	0000

Schedule G (Form 990 or 990-EZ) 2009 Pikes Peak United Way 8	4 - 051	<u> 179</u>	<u>9 Pa</u>	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	<u>%</u>			
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:			
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b if "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt			
of gaming revenue retained by the third party > \$				
c if "Yes," enter name and address of the third party				
Name				
Address ▶				
16 Gaming manager information:				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
organization's own exempt activities during the tax year 🕨 💲				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 Inspection

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

82. **2** Schedule I (Form 990) 2009 **Employer identification number** 84-0511799 upport the Charitable upport the Charitable Support the Charitable upport the Charitable upport the Charitable upport the Charitable (h) Purpose of grant or assistance X Yes urpose of the urpose of the urpose of the urpose of the urpose of the recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable cash grant assistance or government assistance are in a sistance and address of organization (a) FIN Ell (b) FIN Ell (b) FIN Ell (c) IRC section if applicable cash grant assistance or government as government as government as government as government as government as government as government as government as government as government as government as urpose of the Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any rganization rganization rganization rganization rganization Organization 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ٥. 。 ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 181,012, 505 216,267 213,326 286,043 270,750 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 264 2 Enter total number of section 501(c)(3) and government organizations 84-0731930 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 Pikes Peak United Way 84-0746803 84-0586169 84-0632406 84-0402712 84-1071825 General Information on Grants and Assistance criteria used to award the grants or assistance? Springs - 228 North Cascade Avenue Early Connections Learning Centers - Colorado Springs, CO 80903-1322 1 (a) Name and address of organization The Salvation Army-El Paso County Development - 2330 West Robinson Colorado Springs, CO 80903-4010 Colorado Springs, CO 80915-1200 Colorado Springs, CO 80906-3882 CO 80909-5045 Catholic Charities of Colorado - Colorado Springs, CO Comm. Partnership for Child 104 East Rio Grande Street 435 Gold Pass Heights 2605 Preamble Point Name of the organization Colorado Springs 910 Yuma Street Care and Share 80904-3752 Part Street Part II

27

932101 02-02-10

Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Schedule I-1 (Form 990) 2009 upport the Charitable Support the Charitable Support the Charitable Support the Charitable support the Charitable Support the Charitable upport the Charitable Support the Charitable (h) Purpose of grant or assistance **Employer identification number** Inspection urpose of the urpose of the urpose of the Purpose of the urpose of the urpose of the urpose of the urpose of the 84-0511799 Organization rganization rganization rganization Organization Organization rganization rganization (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) o. 0 ċ (e) Amount of non-cash assistance o 0 o ö ö 114,736, 668, (d) Amount of cash grant 126 784 110,165 107,459 131,238 179,264 90,191 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 99 (c) IRC section if applicable 501(c)3 84-0537544 501(c)3 501(c)3 84-0532684 501(c)3 84-1188208 501(c)3 501(c)3 501(c)3 501(c)3 Pikes Peak United Way 23-7109922 84-0617567 84-0416503 42-1600485 84-6051921 (p) EIN Region - PO Box 15919 - Colorado Inc. - 1322 N. Academy Blvd. Ste. Colorado Springs, CO 80904-3726 Colorado Springs, CO 80910-3190 Colorado Springs, CO 80906-3882 Colorado Springs, CO 80903-2127 Colorado Springs, CO 80918-1433 Boys & Girls Club of Pikes Peak Colorado Springs, CO 80910-2522 Centers - 340 Printers Parkway Pikes Peak Mental Health, Inc. Urban League of the PP Region, (a) Name and address of organization or government - Colorado Springs, CO Peak Vista Community Health Silver Key Senior Services Partners in Housing, Inc. Springs, CO 80935-5919 418 South Weber Street Cheyenne Village, Inc. 455 Gold Pass Heights The Resource Exchange Name of the organization 6275 Lehman Drive 220 Ruskin Drive Department of the Treasury Internal Revenue Service 2250 Bott Ave. 80909-3317 Part 1 201

1 1

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

Pikes Peak United Way

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 84-0511799

Schedule I-1 (Form 990) 2009 upport the Charitable Support the Charitable Support the Charitable support the Charitable Support the Charitable Support the Charitable Support the Charitable support the Charitable (h) Purpose of grant or assistance urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the rganization Organization rganization rganization rganization rganization rganization rganization (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ન ٥. Ö ö o 0 (e) Amount of non-cash assistance 70,330, 66,045, 61,195, 46,644 (d) Amount of cash grant 76,037 60,897 89,912 49,444 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 84-1054293 501(c)3 501(c)3 84-0404226 501(c)3 84-0933888 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 84-0530067 23-7161796 20-3058736 84-0437753 84-0821987 (b) EIN Council - 985 West Fillmore Street Inc. -- Pikes Peak - 111 South Tejon - Colorado Springs, CO 80907-5809 - Colorado Springs, - Colorado Springs, CO Boy Scouts of America-Pikes Peak (S-CAP) - 1301 South 8th Street, Southern CO - 1352 North Academy The Arc of the Pikes Peak Region Chapter - 1040 South 8th Street Disability Services, Inc./Pikes Colorado Springs, CO 80905-7364 Southern Colorado AIDS Project - Colorado Springs, CO Big Brothers Big Sisters of CO - Colorado Peak Partnership - 1352 North American Red Cross-Pikes Peak - Colorado Springs, CO Agency, Inc. - 14 West Bijou Multiple Sclerosis Alliance, (a) Name and address of organization or government Pikes Peak Community Action Colorado Springs, CO 80909 Springs, CO 80903-2249 12 North Meade Avenue Street, Suite 302 Academy Blvd. CO 80909-3314 80909-3314 80905-7302 80903-1311 Suite 200 Street Blvd.

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990) Part III or Part III

OMB No 1545-0047
2009
Open to Public

(Form 99U) Department of the Treasury Internal Revenue Service		▼ Attach to Fo Sched	h to Form 990 to list additional informati Schedule I (Form 990), Part II or Part III.	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	n for		Open to Public Inspection	
Name of the organization Pikes Peak United Wav	k United	Wav				Employe 8	Employer identification number 84-0511799	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	(·II		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Lutheran Family Services of								
Colorado - 108 E. St. Vrain, Ste							Support the Charitabl	ø.
21 - Colorado Springs, CO							Purpose of the	
80903-1161	84-0775550	501(c)3	42,441,	0			Organization	
CASA Court Appointed Special								
Advocates - 701 South Cascade							Support the Charitabl	a)
Avenue - Colorado Springs, CO							Purpose of the	
80903-3900	84-1115548	501(c)3	41,353,	0			Organization	
Cerebral Palsy Assoc, of Colorado								
Springs - 1322 North Academy							Support the Charitable	o
Blvd., Suite 115 - Colorado							Purpose of the	
Springs, CO 80909-3326	84-0522163	501(c)3	39,826,	0			Organization	
womens Kesource Agency, Inc.							Support the charitable	a)
750 Citadel Drive East, Suite 3116							Purpose of the	
Colorado Springs, CO 80909-5348	84-0747154	501(c)3	36,402.	0			Organization	
Colorado Legal Services							Support the Charitable	ø)
617 South Nevada Avenue							Purpose of the	
Colorado Springs, CO 80903-4005	84-0402702	501(c)3	36,278,	0			Organization	
American Cancer Society- Pikes								
Peak Region - 1445 N. Union							Support the Charitable	o o
Blvd., #B-100 - Colorado Springs,							Purpose of the	
CO 80909-2881	84-1316555	501(c)3	35,467.	0			Organization	
RethHaven Incorporated							Support the Charitah	q
300 Box 306								,
FO BOX 320							Furpose or che	
Colorado Springs, CO 80901-0326	84-0829849	501(c)3	35,324,	0			Organization	
Colorado Springs Fine Arts Center							Support the Charitabl	ď
30 West Dale Street							Purpose of the	1
Colorado Springs CO 80903-3210	84-0406947	501(c)3	29 597.	0			Ordanization	
HA For Privacy Act and Panerwork Beduction Act Notice see the Instructions for Form 990	iction Act Notice	see the Instructions	for Form 990				Schedule I. 1 (Form 990) 2009	000
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 566 the mondered						3

Department of the Treasury nternal Revenue Service SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Schedule I (Form 990), Part II or Part III

Schedule I-1 (Form 990) 2009 Support the Charitable Support the Charitable Support the Charitable upport the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable (h) Purpose of grant or assistance **Employer identification number** urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the 84-0511799 Organization rganization rganization Organization Organization Organization rganization rganization (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö o. Ö Ö Ö Ö Ö Ö (e) Amount of non-cash assistance 853. (d) Amount of cash grant 26,008 24,999, 24,655, 26,973 26,170 23 793 26,954 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 25. (c) IRC section if applicable 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 13-1635270 | 501(c)3 Pikes Peak United Way 84-0809393 84-0404266 84-0765729 35-1640064 84-1241767 84-0681414 20-8643063 (b) EIN - Colorado Springs, CO 80909-6371 - Colorado Springs, CO 80947-0950 Services - 2812 East Bijou Street CS Utilities Foundation- Project COPE - PO Box 1103 Mail Code 950 Colorado Springs, CO 80903-1306 Colorado Springs, CO 80915-2812 Colorado Springs, CO 80910-2522 Pikes Peak Habitat for Humanity Colorado Springs, CO 80932-0861 YMCA of the Pikes Peak Region Junior Achievement Worldwide (a) Name and address of organization or government Colorado Springs, CO 80903 Rocky Mountain Health Care Colorado Springs, CO 80906 207 North Nevada Avenue Energy Resource Center 423 South Cascade Ave Name of the organization 220 Ruskin Drive, One Education Way 5920 Paonia Ct. P. O. Box 9861 Workout, Ltd. Safe Passage Part

SCHEDULE 1-1 Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Schedule I-1 (Form 990) 2009 Support the Charitable Support the Charitable upport the Charitable upport the Charitable upport the Charitable Support the Charitable Support the Charitable Support the Charitable (h) Purpose of grant or assistance Inspection **Employer identification number** urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the 84-0511799 rganization rganization rganization rganization rganization Organization rganization (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 0, ٥. Ö o Ö o (e) Amount of non-cash assistance 17,970, (d) Amount of cash grant 22, 711, 20,965, 20,112, 21,765 19,259 18,500 23,155 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 84-1199481 501(c)3 84-1318849 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 Pikes Peak United Way 84-1476535 74-2501356 84-0507958 84-6049811 84-0410111 84-0404238 (b) EIN - Colorado Springs, CO 80909-3314 Mental Health America, Pikes Peak University of Colorado Foundation Region - 1352 North Academy Blvd. Humane Society of the Pikes Peak Colorado Springs, CO 80901-2169 Center for Hearing Speech and Language - 1329 North Academy - Colorado Springs, CO Special Kids Special Families (a) Name and address of organization or government 4190 Garfield Street Unit 5 Colorado Springs Teen Court Colorado Springs, CO 80905 Colorado Springs, CO 80905 Region - 610 Abbott Lane Boulder, CO 80301-2538 424 W. Pikes Peak Ave. Project Angel Heart Name of the organization Monument, CO 80132 4740 Walnut Street CO 80216 Department of the Treasury Internal Revenue Service Tri Lakes Cares P.O. Box 2169 P O Box 1301 80909-3313 Part 1 Blvd.

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Department of the Treasury internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 84-0511799

Pikes Peak United Way

Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable (h) Purpose of grant or assistance Surpose of the Purpose of the urpose of the urpose of the Purpose of the urpose of the urpose of the urpose of the rganization rganization Organization Organization rganization rganization rganization rganization (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö Ö o Ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 16,256, 14,769, 14,249, 14,000, 13,399, 16,850 14,000 13,710 (c) IRC section if applicable 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 84-1220570 84-1467174 84-0404251 84-1264465 84-0410630 84-1589318 31-1543705 61-1427158 (p) EIN Griffith Centers for Chldren/Youth 1805 South Bellaire Street, Suite Society - 4250 Cheyenne Mtn. Zoo CO 80903-1008 Colorado Springs, CO 80917-5292 - Colorado Springs, CO & Family Services - 10 North Foundation - 601 North Nevada Road - Colorado Springs, CO Colorado Springs World Arena Cheyenne Mountain Zoological (a) Name and address of organization or government Farragut Avenue - Colorado 3535 Parkmoor Village Drive Colorado Springs, CO 80910 Community Health Charities Colorado Springs, CO 80906 Gospel Shelters for Women Pikes Peak or Bust Rodeo Girl Scouts of Colorado 730 North Nevada Avenue 2934 E. Fountain Blvd. Springs, CO 80909-5626 Denver, CO 80222-4381 Colorado Springs 3185 Venetucci Dr Peak Education 80906-5728 Avenue 80903

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009 Open to Public

Open to Pu Inspection

Employer identification number 84-0511799

Schedule I-1 (Form 990) 2009 upport the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable Support the Charitable support the Charitable (h) Purpose of grant or assistance urpose of the Purpose of the urpose of the urpose of the urpose of the urpose of the urpose of the urpose of the rganization rganization rganization Organization Organization)rganization rganization rganization (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 0 ŏ Ö ċ 0 Ö ö (e) Amount of non-cash assistance 11,805, (d) Amount of cash grant 13,072, 11,563 10,000 12,424 12,212 11,769 10,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 74-2497109 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 Pikes Peak United Way 84-0403198 84-1453050 84-0513516 84-1549702 23-7262876 84-1149337 84-1366092 (b) EIN LULAC National Educational Service Foundation-Colorado Springs - 1355 825 East Pikes Peak Avenue, Suite - Colorado Springs, CO South - Colorado Blvd Denver, CO Center - 829 North Circle Drive, ပ္ပ Franciscan Community Counseling Colorado Springs, CO 80903-3609 Colorado Springs, CO 80919-3837 Pikes Peak Hospice Foundation Building 1526 - Fort Carson, Army Community Service, Fort (a) Name and address of organization or government Carson - 6303 Wetzel Avenue - Colorado Springs, CO Urban Peak Colorado Springs I Have a Dream Foundation Denver, CO 80203-1123 Denver, CO 80202-1100 7665 Assisi Heights 1485 Delgany Street 1836 Grant Street 423 E. Cucharras Cystic Fibrosis 80222-3305 MCA Denver 80903-3631 Suite 101 80909 009

SCHEDULE I-1

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009

(Form 990) Department of the Treasury Internal Revenue Service			► Attach to For Schedu	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	tional information art II or Part III.	n for		Open to Public Inspection	
ation							Employe	Employer identification number	•
1	Pikes Peak United Way	United	Way				_	84-0511799	
Part I Continuation of Gr	ants and Other A	ssistance to Go	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	izations in the Ur	ited States (Sche	dule I (Form 990), Par	(III		
(a) Name and address of organization or government	ess of rnment	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
First Presbyterian Church 219 East Bijou	rch							Support the Charitable Purpose of the	
85	CO 80903-1303	26-2348716	501(c)3	7,269.	0			Organization	
Crossfire Ministries Inc. 307 North Union Blvd. Colorado Springs CO 80909-5707	nc. 0909-5707	84-1295381	501(c)3	7 000	ď			Support the Charitable Purpose of the Organization	
Centro de la Familia								Support the Charitable	
122 E. Las Animas	00000	84-1435000	501/0/3	008	c			Purpose of the	
		1	2/2/122					1100	
Ų	Southern jou Street				•			Support the Charitable Purpose of the	
- Colorado Springs, CO	CO 80905-1308	84-6009223	501(c)3	6,693	O			Organization	
Future Self 210 E. Cimarron Street <u>Colorado Springs, CO 80903</u>	0903	05-0542124	501(c)3	6,630,	0			Support the Charitable Purpose of the Organization	
United Way of Greater Houston Harris Cty - 50 Waugh Drive - Houston, TX 77007-5813	Houston Drive -	74-1167964	501(c)3	6,553,	0			Support the Charitable Purpose of the Organization	
Memorial Health System Foundation 1519 East Boulder Street Colorado Springs, CO 80909-5663	rstem Foundation Street CO 80909-5663	84-1576338	501(c)3	6.489	0			Support the Charitable Purpose of the Organization	
Homeward Pikes Peak 518 North Nevada Avenue, Colorado Springs, CO 80903-1106	e, 0903-1106	13-4242773	orth Nevada Avenue, ado Springs, CO 80903-1106 13-4242773 501(c)3 En Prince Act and Panaruck Beduction Act Notice see the Instructions for Earn 900	6,353.	0			Support the Charitable Purpose of the Organization School of the School	
	rapei woi n neud		see nie liisu denoils					Schedule 1-1 (Form 990) 2003	

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number 84-0511799

Pikes Peak United Way

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	edule I (Form 990), Par	t II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SET of Colorado Springs 825 East Pikes Peak Ave Bldg. 29 Colorado Springs. CO 80903	84-1183335	501(c)3	6 036	0			Support the Charitable Purpose of the Organization
Business of Art Center 513 Manitou Avenue Manitou Springs, CO 80829-1806	74-2445135	501(c)3		0			Support the Charitable Purpose of the Organization
Colorado Springs Conservatory Foundation - 1600 N. Union Blvd. - Colorado Springs CO 80909-2812	84-1502211	501(c)3	დ თ	0			Support the Charitable Purpose of the Organization
Pikes Peak Hospice and Palliative Care - 825 East Pikes Peak Avenue, Suite 600 - Colorado Springs, CO 80903-3631	84-0816047	501(c)3	5 644	0			Support the Charitable Purpose of the Organization
Springs Rescue Mission 5 West Las Vegas Street - Colorado Springs CO , CO 80903-4217	84-1340824	501(c)3	5,527,	0			Support the Charitable Purpose of the Organization
Consumer Credit Counseling Service 1233 Lake Plaza Drive Colorado Springs, CO 80906-3585	75-1437638	501(c)3	5,489,	0			Support the Charitable Purpose of the Organization
Colorado Springs Philharmonic Orchestra - 111 South Tejon Street Suite 102 - Colorado Springs, CO 80903-2247	74-3091110	501(c)3	5,255,	0			Support the Charitable Purpose of the Organization
St. Jude Childrens Research Hospital - 501 St. Jude Place - Memphis, TN 38105-1905	62-0646012	501(c)3	5,168,	0			Support the Charitable Purpose of the Organization
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıction Act Notice	, see the Instructions	s for Form 990.				Schedule I-1 (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Schedule I-1 (Form 990) 2009 Support the Charitable Support the Charitable Support the Charitable Support the Charitable (h) Purpose of grant or assistance Inspection **Employer identification number** urpose of the Purpose of the Surpose of the urpose of the 84-0511799 Organization Organization Organization Organization (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. (e) Amount of non-cash assistance ċ Ö Ö (d) Amount of cash grant 5,096 5,000 5,159 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 53-0242652 501(c)3 501(c)3 84-1535504 501(c)3 84-0705937 501(c)3 Pikes Peak United Way 42-1600485 (p) EIN Coalition - 415 South Weber Street Pikes Peak Behavioral Health Group - Colorado Springs, CO 80903-2126 - Colorado Springs, CO 80903-5101 Chapter - 104 S. Cascade Ave #109 Inc. - 220 East Bijou Street 2-E The Nature Conservancy-Colorado Colorado Springs, CO 80910-2522 Pikes Peak Family Connections, - Colorado Springs, CO 80909 (a) Name and address of organization or government Colorado Veterans Resource Name of the organization 220 Ruskin Drive Department of the Treasury Internal Revenue Service H

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Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number 84 - 0511799

Form 990, Part III, Line 4a, Program Service Accomplishments:
Park, and Chaffee counties. 2-1-1 is an easy to remember and
universally recognizable number that makes a critical connection via
referrals between individuals and families in need and the appropriate
community-based organizations and government organizations that offer
services. 2-1-1 Community Specialists assess each caller's need and
potential eligibility in order to provide referrals to appropriate
agencies and services. Callers are provided with detailed information
including hours of operation, intake/document requirements, directions
and more. By directing people to the right resources and preparing them
for their visit, 2-1-1 promotes higher assistance success and decreases
frustrations.
2-1-1 offers information and referrals from our call center staffed
with experienced operators, including bilingual staff and translation
services, to the following types of services:
*Basic human needs resources: food banks, clothing, shelters, rent
assistance, utility assistance, shelter and housing.
*Physical and mental health resources: medical information lines,
crisis intervention services, support groups, counseling, drug and
alcohol intervention, rehabilitation, health insurance programs,
Medicaid and Medicare, maternal health, childrens health insurance
programs, health fairs and screenings.
*Employment support: unemployment benefits, financial assistance, job
training, transportation assistance, employment assistance and
education programs.

SCHEDULE O (Form 990)[,]

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number 84-0511799

*Support for older Americans and persons with disabilities: Area
Agencies on Aging, caregiver support, in-home health care, adult day
care, congregate meals, Meals on Wheels, respite care, transportation
and homemaker services.
*Support for children, youth and families: quality childcare, after
school programs, preschool programs, family resources, summer camps and
recreation programs, mentoring, tutoring, protective services and
school supplies.
*Earned Income Tax Credit (EITC) outreach: eligibility criteria for the
EITC, location and hours of tax assistance sites, language(s) in which
tax preparation services are offered and a list of documents needed.
*Office of Emergency Management: special needs population emergency
evacuation registry, as well as serving to expand capacity of the
emergency management response system, reassuring callers, mobilizing
and managing volunteers, serving as intake for service providers, and
sustaining crucial connection to citizens during an emergency.
*Volunteer Pikes Peak: volunteer opportunities and to make meaningful
donations.
This year, due to growing community recognition, 2-1-1 brought in over
\$110,000 of outside funding to supplement PPUW dollars. Funding
partners include:
*Pikes Peak Area Council of Governments Area Agency on Aging for the
handling of senior and adult disability calls
*Colorado Health Foundation for increased client support for seniors
and disabled adults Comparison Act and Branch Perfection Act Notice and the Instructions for Form 990 Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization Pikes Peak United Way 84-0511799 *Piton Foundation for ongoing support for tax related calls *Colorado Springs Utilities for requests for assistance with utility_ bills. Homeless Management Information System (HMIS) HMIS is a computerized data collection application designed to capture client-level information on the characteristics and service needs of adults and children experiencing homelessness over time. The U.S. Department of Housing and Urban Development (HUD) requires a local HMIS for communities to receive federal funding. HMIS implementation presents communities with an opportunity to re-examine how homeless services are provided in their community, to make informed decisions, and to develop appropriate action steps. HMIS also allows community stakeholders to build new alliances, strengthen services, meet consumer needs in a more streamlined manner, and obtain information to guide future planning. Without this program, the local community would forfeit \$1.8 million annually in Homeless Continuum of Care funding and \$112,000 in Emergency Shelter Grants. HMIS is required for another \$1.8 million in Homeless Prevention and Rapid Re-Housing Program funds for 2009-2012. HMIS is used as the sole source for our Homeless Point In Time survey, another HUD requirement. Pikes Peak United Way dollars are used for a portion of the 20% local match required for HMIS program grant.

Community Impact

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Schedule O (Form 990) 2009

Department of the Treasury

932211

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Schedule O (Form 990) 2009

Internal Revenue Service

Employer identification number Name of the organization Pikes Peak United Way 84-0511799 including: *Joint Initiatives For Youth and Families *Mayor's Top 100 Teens program *City of Colorado Springs programs *Comprehensive Homeless Assistance Programs *Pikes Peak Area Agency on Aging *Pikes Peak Organizations Active in Disasters (PPVOAD) *Pikes Peak Area Council on Government initiatives *El Paso County Department of Health and the Environment programs *Pikes Peak Community Foundation initiatives *University of Colorado at Colorado Springs programs *Military Family Support *Good Works Coalition *Chamber of Commerce programs *Directors of Volunteer in Agencies (DOVIA) *FEMA *Colorado Springs Rising Professionals *Colorado Volunteer Center Network *Leadership Pikes Peak *Volunteer Day *City and El Paso County Offices of Emergency Management *Piton Foundation Tax Initiative Participation in these efforts takes thousands of hours of staff time, yet the elected and non-elected leadership of this community believe PPUW staff participation helps them better manage community efforts to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number 84-0511799

improve quality of life. An important step in community building this year was the third annual Quality of Life Indicators for the Pikes Peak Region report. More than 200 community leaders were convened to create the report, which quantitatively measures the quality of community life. By tracking data over time, the report helps the community understand who we are, where we have been and where we are going. School Readiness Initiative Pikes Peak United Way's School Readiness Initiative focuses on children from birth to five years of age. The goal of the initiative is to ensure that all children in our community have the tools and support they need to succeed in school and in life. The initiative focuses on four key areas: Early Learning & Literacy, Health, Nutrition, and Stable Families. Women's Leadership Council The PPUW Women's Leadership Council was launched to bring about long-lasting change in the community through philanthropy, advocacy and The Council specifically promotes initiatives that support lifelong learning, starting with School Readiness. Community Investment / Allocation Services Pikes Peak United Way staff and volunteers spend thousands of hours

each year to understand the ever-changing health and human services needs in our community. PPUW works to anticipate problems before they

and prevent them where possible.

Schedule O (Form 990) 2009

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number 84-0511799

More than 180 volunteers from more than 100 organizations work on three
committees comprised of a Fund Allocations Committee, a Community
Impact Committee, and a Stewardship Committee. These committees
provide fund allocation recommendations regarding the partner agencies'
financial oversight, and the distribution of the "Community Fund" as
well as the El Pomar Emergency Grant Fund. PPUW also distributes funds
to military families in need through the Military Family Assistance
Program.
In addition to these, we have been contracted by The City of Colorado
Springs to administer their Human Service Agreements and have paid PPUW
over \$16,000 during the fiscal year to carry out these services.
Form 990, Part III, Line 4b, Program Service Accomplishments:
The Volunteer Center manager also works in conjunction with the
Directors of Volunteers in Agencies (DOVIA), to provide professional
networking opportunities along with workshops and training for
nonprofit volunteer managers.
Community Events
Pikes Peak United Way provides opportunities for individuals, churches,
companies and schools to get involved in community-wide volunteer
events. Make a Difference Month is PPUW's annual community-wide
volunteer effort. Each year thousands of warm-hearted individuals and LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions of

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Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number 84-0511799

groups from corporate, military, nonprofit, and faith-based sectors

gather during the month of October to address local human needs. They
help their neighbors through the reclamation of community parks,
reading to children, and by weatherizing the homes of seniors and
individuals with disabilities. In 2009, thousands of citizens served
over 12,600 hours during the month of October which has an estimated
\$271,000 worth to our community. PPUW also assists the Center for
Nonprofit Excellence with Nonprofit Day and Volunteer Day.

Community Rooms

The Pikes Peak United Way building has become a gathering place for community groups. The Community Room and the Cornerstone Room are now popular meeting places for boards, networking events and community task forces. Our central downtown location, fine facility, and no-cost meeting rooms create more opportunities for people coming together to help others.

Center for Nonprofit Excellence

The Center for Nonprofit Excellence is a membership organization of
nonprofits in the Pikes Peak region. Its mission is to strengthen the
nonprofit sector through leadership and resource development, advocacy
and collaboration primarily through workshops, training, consulting,
and networking. The Center is a recognized leader in promoting
operational effectiveness through Standards for Excellence, a licensed
program of the nationally acclaimed Standards for Excellence Institute.

♥ , A SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Pikes Peak United Way

Employer identification number 8.4 - 0.511799

Fixes Fear United way 04-0311735
Homeward Pikes Peak
Pikes Peak United Way is the host for Homeward Pikes Peak. This
organization is the coordinating agency for homeless services in the
Pikes Peak region. Homeward Pikes Peak works with community agencies
and homeless advocates to efficiently and effectively help those in
need by coordinating, facilitating and monitoring a Continuum of Care
for homeless services and resource utilization.
Federal Emergency Management Agency (FEMA)Emergency Food and Shelter
Program
In 2009, thanks to additional ARRA funding, this program provided over
\$600,000 for emergency food and shelter and homelessness prevention for
people in need in El Paso and Teller Counties. Pikes Peak United Way
administers these funds for the federal government, managing the local
board, the allocations process and follow-up accountability.
2-1-1 Emergency Management
Pikes Peak United Way has formal memoranda of understanding with the
City of Colorado Springs and El Paso County Offices of Emergency
Management to use 2-1-1 as a resource for emergency preparedness and
response. To date, 2-1-1 has been activated for several disaster
responses: the Castle west fire, eastern El Paso County snowstorms and
several El Paso County fires, including two large ones on Fort Carson
that resulted in mandatory evacuation. The major benefit to the city
and county is a drop in 9-1-1 calls, thus allowing 9-1-1 to concentrate
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 920-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Schedule O (Form 990) 2009

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 84-0511799 Pikes Peak United Wav on medical, fire, police and safety emergencies. The benefit to citizens is a single source to provide information on road closures, evacuation routes and shelters for people and their animals. Gifts In-Kind International Pikes Peak United Way is the regional coordinator for this international organization that helps the private sector connect with nonprofit agencies and organizations to donate goods and services. 2010, over \$200,000 in goods and services went to local agencies helping those in need, from clothing to computer hardware. Form 990, Part VI, Section B, line 11: A copy of the 990 is provided to the CFO of the organization for review before filing. The CFO reviews the 990, makes any recommendations and then presents it to the finance committee for further review. After all recommendations are taken into consideration, the 990 is filed. Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy. Form 990, Part VI, Section B, Line 15: The process for determining the compensation of the organization's officers, key employees, CEO, Executive Director, or top management official include a review and approval by the Board of Directors. Compensation is compared with similar personnel for

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other similar non-profit organizations as well as for-profit organizations.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932211 02-03-10

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
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Employer identification number Name of the organization 84-0511799 Pikes Peak United Way A performance factor is then incorporated into the data. The board then reviews and approves the compensation. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available to the public through the organization's website and on www.guidestar.org. Any documents that are not on these sources are available upon request.