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Form **990**

...

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2010

OMB No 1545-0047

Open to Public Inspection

Make change Check fraghtable Pake Peak United Way Address change Check fraghtable Pake Peak United Way Check fraghtable Pake Peak United Way Check fraghtable Check	Name change		the 2010 c	alendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Employe	r identification number		
Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	_		C Name of organization Pikes Peak United Way					
Number and street (or P O box if mail is not delivered to street address) Room/suite (719) 632-1543	Number and street (or P O box if mail is not delivered to street address) Room/suite (719)632-1543		-	Doing Business As					
Terminated	Tax-exempt status	_	-			E Telephon	ie number		
Application pending	Application pending F Name and address of principal officer John Dallager S18 North Nevada A venue Colorado Springs, CO 80903 H(b) Are all affidates included Test T				Room/suite	(719)6	32-1543		
F Name and address of principal officer John Dallager 518 North Nevada Avenue Colorado Springs, CO 80903 Website: ► www.ppunitedway.org	F Name and address of principal officer John Dallager 518 North Nevada A venue Colorado Springs, CO 80903 Website: www.ppunitedway.org	_		Colorado Springs, CO 80903		G Gross rece	eipts \$ 6,394,013		
Tax-exempt status	John Dallager S18 North Nevada A venue Colorado Springs, CO 80903 H(b) Are all affinites included? Yes If 'No," attach a list (see instructions) H(c) Group exemption number H(b) Are all affinites included? Yes If 'No," attach a list (see instructions) H(c) Group exemption number H(c)	Арр	lication pending						
Sist North Nevada A venue Colorado Springs, CO 809003 Tax-exempt status	Signature Sign			· · ·	H(a) Is this a g	group return for a	ffiliates? Yes No		
The second springs, CO 80903 The second springs and springs and springs are springs are springs are springs and springs are springs are springs and springs and springs are springs and springs are springs and springs are springs and springs and springs are	Colorado Springs, CO 80903 If "No," attach a list (see instructions) H(c) Group exemption number Form			518 North Nevada Avenue	H(b) Are all a	ffiliates include	ed?		
Website:	Website: ► www.punitedway.org Total composition Message Me			Colorado Springs, CO 80903			, , , , , , , , , , , , , , , , , , , ,		
The proper service revenue (Part VIII, line 1h) Surrice rouse (Part VIII, line 1h) Total runest met income (Part VIII, column (A), lines 1-3) Total revenue (Part VIII, column (A), lines 1-3)	Summary	Ta>	c-exempt status	✓ 501(c)(3)	H(c) Group	exemption	number 🟲		
Part Summary	Pare Summary	J W	ebsite: ► ww						
Part Summary	Pare Summary	K Form	of organization	Cornoration Trust Association Other	I Year of form	nation 1922	M State of legal domicile. C		
Page 1 Briefly describe the organization's mission or most significant activities Mobilize and grow the caring power of the community and create the best quality of life possible 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	1 Briefly describe the organization's mission or most significant activities Mobilize and grow the caring power of the community and create the best quality of life possible				E rear or rom	idion 1322	Pr State of legal dofficile.		
Next unrelated business taxable income from Form 990-T, line 34 . The prior Year	Note	allice			of life possible	e			
Note the contributions and grants (Part VIII, line 1h)	Note	je l	2 (11-1			04 - 5 - 1			
Net unrelated business taxable income from Form 990-T, line 34 . 7b	Net unrelated business revenue from Part VIII, column (2), line 12	9		•	more than 25	1	1		
Net unrelated business taxable income from Form 990-T, line 34 . 7b	Net unrelated business revenue from Part VIII, column (2), line 12	ø				<u> </u>			
Net unrelated business taxable income from Form 990-T, line 34 . 7b	Net unrelated business revenue from Part VIII, column (2), line 12	<u> </u>				<u> </u>			
Net unrelated business taxable income from Form 990-T, line 34 . 7b	Net unrelated business revenue from Part VIII, column (2), line 12	WI):			•	<u> </u>			
B Net unrelated business taxable income from 990-T, line 34 7b	B Next unrelated business taxable income from Porm 990-T, line 34 7b	4				7	<u>'</u>		
### Secontributions and grants (Part VIII, line 1h)	Second S					71	ь		
9 Program service revenue (Part VIII, line 2g)	Program service revenue (Part VIII, line 2g)				Prior	Year	Current Year		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	8 Contr	ibutions and grants (Part VIII, line 1h)		6,164,673	6,238,064		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9 Progr	am service revenue (Part VIII, line 2g)		59,062	41,794		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Вэче	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		51,572	57,95		
12)	12)					21,364	16,049		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)					6,296,671	6,353,860		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		13 Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		4,398,656	4,230,51		
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		14 Benef	its paid to or for members (Part IX, column (A), line 4)		C)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,6	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,64	88		es, other compensation, employee benefits (Part IX, column (A), lines 5-		1,444,499	1,455,14		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,6	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,64	Expense	•	ssional fundraising fees (Part IX, column (A), line 11e)					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,6	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 657,068 634,5 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,500,223 6,320,2 19 Revenue less expenses Subtract line 18 from line 12 -203,552 33,64								
19 Revenue less expenses Subtract line 18 from line 12203,552 33,6	19 Revenue less expenses Subtract line 18 from line 12203,552 33,64					657,068	634,558		
			18 Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,500,223	6,320,21		
Beginning of Current Year 20 Total assets (Part X, line 16)	Beginning of Current Find of Year		19 Rever	nue less expenses Subtract line 18 from line 12		-203,552	33,649		
20 Total assets (Part X, line 16)	20 Total assets (Part X, line 16)	න ය. කරලය					End of Year		
		essa Base	20 Total	assets (Part X, line 16)	6,739,607 6,				
[21 Total liabilities (Part X, line 26)	21 Total liabilities (Part X, line 26)	4 E				4,084,149	3,945,848		
						2,655,458	2,963,74		
	-		_						
21 Total liabilities (Part X, line 26)	Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	Not Assets or and Balances	18 Total 19 Rever 20 Total 21 Total 22 Net a: t II Sign penalties of pedge and belie	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12	Ye Ye	6,500,223 -203,552 of Current ar 6,739,607 4,084,149 2,655,458	6,320 2 33 End of Year 6,909 3,945 2,963 d to the best of my		
******	The second secon	knowi	D =						
Sign ***** 2011-10-03 Date	sign r - s	Sign	Sign						
Sign Here ****** 2011-10-03 Date David Frauhiger Chief Financial Officer	Here David Frauhiger Chief Financial Officer	knowl Sign	Sign	ature of officer Id Frauhiger Chief Financial Officer					
Sign Here ****** Signature of officer Date	Here David Frauhiger Chief Financial Officer Type or print name and title	knowl Sign	Sign Dav Type	ature of officer Id Frauhiger Chief Financial Officer e or print name and title	Date	е	Town.		
****** Signature of officer David Frauhiger Chief Financial Officer Type or print name and title Print/Type preparer's name Greg Papineau CPA Preparer's signature Greg Papineau CPA Print/Type Preparer's signature Greg Papineau CPA Print/Type Preparer's signature Greg Papineau CPA Print/Type Preparer's signature Print/Type Print/Type Preparer's signature Print/Type Print/Type Preparer's signature Print/Type Preparer's signature Print/Type Print/Ty	Here David Frauhiger Chief Financial Officer	Sign Here	Sign Dav Type Print/Typ preparer	ature of officer od Frauhiger Chief Financial Officer e or print name and title oe Preparer's signature for any of the Greg Papineau CPA On the Greg Papineau CPA	Date	e heck if self-	_ PTIN		
Sign Here David Frauhiger Chief Financial Officer Date	Here David Frauhiger Chief Financial Officer	Sign Here	Print/Typ preparer Firm's na	ature of officer od Frauhiger Chief Financial Officer e or print name and title oe Preparer's signature for any of the Greg Papineau CPA On the Greg Papineau CPA	Date	e heck if self-			
Sign Here Navid Frauhiger Chief Financial Officer Date	Print/Type preparer's name BiggsKofford PC Firm's address 630 Southpointe Court Suite 200 Greg Papineau CPA Greg Papineau CPA Firm's address 630 Southpointe Court Suite 200 Greg Papineau CPA Greg Papineau CPA Greg Papineau CPA Firm's address 630 Southpointe Court Suite 200 Greg Papineau CPA Greg Papineau CPA Greg Papineau CPA Greg Papineau CPA Firm's EIN Firm's EIN Firm's address Greg Papineau CPA Gre	Sign Here Paid	Print/Typpreparer Firm's na	ature of officer of Frauhiger Chief Financial Officer of or print name and title of se s name Greg Papineau CPA Preparer's signature Greg Papineau CPA Date 201:	Date	e heck if self-			

	•	2010)							F	Page
Part	Ш	Statemen Check if Sch				lishments uestion in this l	Part III .		F	
1	Briefl	ly describe th	e organizatio	on's mission						
To mo	bilize	and grow the	caring powe	r of our comm	iunity, to crea	ate the best qu	ality of life pos	sible for all of our citize	ns	
2	the pr	rıor Form 990	or 990-EZ?	·				were not listed on	Yes ▽ No	
3	Did th		n cease con	ducting, or ma	ake significar	nt changes in h		any program	_ Yes	
		es," describe t						,	105 , 110	
4	Section	on 501(c)(3)	and 501(c)((4) organizatio	ns and section		trusts are requ	program services by e ired to report the amou reported		
4a	needs Pikes create unive The p critical hours highe toget inform follow and n insura suppo adults care, tuton locate Mana reassi crucia	s Peak United Was in the Pikes Peas Peak United Was Peak United Was positive, sustail program serves sal needs and potes of operation, inter assistance succeiver community learned and referrifit from 2-1-1's as a call center staff ving types of referental health resont unemployments and persons with transportation and ing, protective seen and hours of agement special suring callers, moal connection to consider the server was said to see the server when the server was said to see the server was server when the server was se	ly is a local nor ak Region With a partners with ined changes in ole number ava its counties. Chential eligibility take/document tess and decrea eaders to provious al at Catholic Cassistance and offed with experierral services are decreased in the disabilities with the disabilities with the disabilities and homemaker ervices and schot tax assistance in eeds population bilizing and macitizens during a	th the help of count local businesses on community containable 24 hours an afee, Cheyenne, of each caller to trequirements, dasses frustrations ide insight and succharities' Hanifen yet may not be a rienced multilinguing provided * Baral information linitedicare, materna ancial assistance Area Agencies on riservices * Suppool supplies * Eai sites, language (sites, language (sites) en emergency ean americal are delicare, resulting to the sites of the sites	ntless volunteers, foundations, reditions 2-1-1 Inf day, seven day, Lincoln, Park, I provide referral irections and me This year, 2-1-1 iggestions for the Center House ware or able to all operators. Ad sic human need es, crisis interveal health, childres, job training, transport for children, med Income Tais, in which tax provided in the part of the pa	ur community togers, our team diliger inonprofits, local go formation and Refers a week that offe Teller, El Paso and is to appropriate agore By directing permanent of the second of the second in th	ther, focusing our titly works to mon vernment entities erral Pikes Peak Uers free informatio portions of the Sagencies and service ople to the right onew initiatives. To we ment of 2-1-1 was Soup Kitchen, of it because they translation service clothing, shelters, port groups, coun e programs, healt tance, employment e health care, adult quality childcare lunteer Income Tass are offered and ling to expand capoviders, freeing up the Karea Council of the service in the service of the service in the service of the) (Revenue \$ resources on the most criticator and understand the unique and individual donors so that inted Way 2-1-1 is an easy nand referral for basic health in Luis Valley 2-1-1 Commuses Callers are provided with resources and preparing their he first established the 2-1-1. The second introduced a tithis is a central location to relack telephone access 2-1-1 is ensures that all callers can rent assistance, utility assistabling, drug and alcohol intended and immunization fairs and tassistance and education plit day care, congregate means, preschool programs, family a Assistance (VITA) outreact a list of documents needed acity of the emergency mand the 9-1-1 system for non-6 Governments Area Agency of Springs Utilities for requesting and intended acity of the system for non-6 Governments Area Agency of Springs Utilities for requesting and intended acity of the system for non-6 Governments Area Agency of Springs Utilities for requesting and intended acity of the system for non-6 Governments Area Agency of Springs Utilities for requesting and the system for non-6 Governments Area Agency of Springs Utilities for requesting and the system for non-6 Governments Area Agency of Springs Utilities for requesting and the system for non-6 governments Area Agency of Springs Utilities for requesting and the system for non-6 governments Area Agency of Springs Utilities for requesting and the system for non-6 governments Area Agency of Springs Utilities for requesting and the system for non-6 governments area and system for non-6 government	ue needs of our commulation together, we can strive to remember, confident in and human service ne nity Specialists assess the detailed information income for their visit, 2-1-1 pit 1 Advisory Council, bring rial period of face-to-face and period of face-to-face and a population who coffers information and infeceive assistance. The stance and housing * Physical together information, and is screenings * Employmentor, resources, mentoring, in eligibility criteria for the office of Emergency agement response system emergency calls and sustant page 1 piccon a spring for the handling for the handling for the face of the control of the control of the piccon and the piccon and the piccon and the piccon as the piccon and the piccon as the piccon and the piccon as the pi	nity e to a lal and eeds he eeds he cluding romot ging ee coould referra /sical health heant bent he EIT eem, ttaning g of
4ь	Inform Devel (HMIS to re- to bui the H comm	munity Information on the charles on	on Systems Tharacteristics and requires commus prings, El Paso ormeless service, strengthen se point in Time rts such as the feit \$1 9 million	d service needs of unities receiving to county, we call escare provided, to ervices, meet con- and Housing/Bed Quarterly Perform annually in Con-	of adults and chi federal funding this our Client I to make informe sumer needs in I Inventory surv mance Report, I tinuum of Care	ildren experiencing to have a local sys Management Syste ed decisions and to a more streamline eys, two more HU Annual Performanc Homeless Assistan	ges a computerize homelessness ov tem which they rem (CMS) CMS im develop approprion dimanner and obto requirements Ce Report, and Ann) (Revenue \$ d data collection application er time The U S Department efer to as Homeless Manager plementation presents the color ate action steps CMS also a ain information to guide fut MS is also used to generate ual Homeless Assessment R g, \$112,000 in Emergency S	nt of Housing and Urban ment Information Syster ommunity with an oppoi llows community stakeh irre planning CMS is use required agency-specific eport Without this progra	n m rtunity nolders ed for c and am, o
4c	(Code	e) (Exp	penses \$	206,013	ıncludıng grants	of \$) (Revenue \$)	
	Comr witho comm and E Spring Comr El Pas Imag Well (munity Impact In out collaborative p nunity efforts Cr El Paso County O gs Chamber of C munity Roundtab so County Depar ination Celebrativ Colorado Springs tives* Pikes Peal	n all that Pikes partners Conventical communit ffices of Emerg commerce* Col- ole Luncheon* E trment of Heal II on Leadership (* Metro Denve k Organizations	Peak United Way ersely, when our ty initiatives and gency Manageme lorado Springs Di Directors of Volun h * El Pomar- En Council* Indy Giver Homeless Initias Active in Disaste	y (PPUW) under agencies and o collaborations hent* City of Coloversity Forum* (teer in Agencies rel Executive Cetive* Military Faters (PPVOAD)* P	takes, collaborations are de lave included * Allorado Springs Progrado Springs Progrado Springs Progrado Springs Progrado Springs Progrado Springs Progrado Springs Programite * Joint Institute	n is critical None eveloping initiative ance for Kids* Ba ams* Colorado Cusing Professional: 11 Service Learning gram* FEMA* Fine itiatives For Youth es Peak Area Agerhools Coalition* Pi	of our programs would have s, PPUW is often asked to p lance of State Continuum of palition for the Homeless* Cos* Colorado Volunteer Center Advisory Board* Educating Advisory Board* Educating Arts Center* Hanifen Center and Families* Leadership Picty on Aging* Pikes Peak Arts foundation Tax Initiative	articipate to better mana Care* City of Colorado olorado College* Colorad r* Colorado 211 Collabo g Children of Color Confe r* Homeward Pikes Pea kes Peak Volunteer Day ea Council on Governme	age Spring do Prative erence k* ** Live
1 21	O + L -	or program	ruess /D==	ariba in C-b-	dula O A Casa	nloo A dditi:	Data for Dece	intion		
4d		er program se oenses \$	•		duie O) See : iding grants c	also Additional of \$	4,230,511)(•)	
4 -		·			5 395 76		.,200,011)(Ψ	,	—
4e	Inta	al program ser	vice expense		5 445 /6					

Form **990** (2010)

Part IV	Checklist	of Rea	uired	Schedu	ıles

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		110
_	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Q I	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	!		
	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N c
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N C
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	The storme salor sp, did the organization me Form 8888-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	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 to			
	file Form 8282?	7c		N
	11 Tes, indicate the number of forms 0202 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
	contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	\vdash		
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νc
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	- ~		.,,

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

Se	ection A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
b	year			
2	Independent			
2	other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		.,	
	Describe in Cabadula O the masses of any weed by the ansance team to make the Company of the Com	11a	Yes	
D	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	15b	Yes		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. A nother's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > David Frauhiger

518 North Nevada Avenue Colorado Springs, CO 80903

(719) 632-1543

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	tion (that a	(che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Mike Edmonds Director	1 00	х						0	0	0
(2) Jay Alexander Director	1 00	х						0	0	0
(3) Vic Andrews Director	1 00	х						0	0	0
(4) Tamarınde Doane Dırector	1 00	х						0	0	0
(5) Kathy Boe Director	1 00	х						0	0	0
(6) Jerry Forte Director	1 00	х						0	0	0
(7) Nick Gledich Director	1 00	х						0	0	0
(8) Bill Hodgkins Director	1 00	х						0	0	0
(9) Kımberly McKay Dırector	1 00	х						0	0	0
(10) Terrence McWilliams Vice Chair	1 00	х						0	0	0
(11) Tom Naughton Director	1 00	х						0	0	0
(12) Timothy Mason Director	1 00	х						0	0	0
(13) Barb Winter Chair	1 00	х						0	0	0
(14) Paula Miller Director	1 00	х						0	0	0
(15) Carm Moceri Director	1 00	х						0	0	0
(16) John JD Dallager Chief Executive Officer	40 00			Х		х		120,444	0	6,592

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

	(A) Name and Title	(B) Average hours per	Posi	tion ((che				(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	(from t organizati relati organiza	the ion and ed
	Lynne Telford Operating Officer	40 00			Х	х			91,656		0		13,633
	David Frauhiger Financial Officer	40 00			х	х			62,164		0		24,297
	Carrie Cramm Community Impact	40 00			х	х			49,963		0		8,738
	Sub-Total							<u> </u>			+		
	Total from continuation sheets	to Part VII, Sec	tion A	· ·	<u> </u>	<u> </u>	<u></u>				-		
d	Total (add lines 1b and 1c) .							►	324,227		0		53,260
2	Total number of individuals (incl \$100,000 in reportable compen	-				ted	above) who	received more tha	n			
										_		Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy	ee, o	or highest compens	ated employee			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								3		No			
	individual	• • • •		•	•	•	• •	•	· · · · ·		4		No
5	Did any person listed on line 1a services rendered to the organiz		•				•		•		5		No
	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	hıghest compei		ndep	ende	ent c	ontrac	ctors	that received more	e than			
	·	(A) me and business ad							Descr	(B) iption of services		(C Compen	
											-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **>**0

Form 9							Р	age 9
Part \	/ ///	Statement of Revenu	ue	1	(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
						revenue		tax under
								sections
								512,
								513, or
40 00	1a	Federated campaigns	1a					514
Contributions, gifts, grants and other similar amounts		· ·						
₽ĕ		Membership dues						
મું મુજ્	С	Fundraising events	1c					
_ਉੱਦੂ	d	Related organizations	. 1d					
統	e	Government grants (contributions)	1e					
美量	f	All other contributions, gifts, grants	, and 1f	6,238,064			!	İ
急ぎ	_	similar amounts not included above Noncash contributions included in li						
돌	_				6 220 064			
ပ္က	h	Total. Add lines 1a-1f	<u> </u>		6,238,064			
III e	_	_		Business Code				
Program Serwce Revenue		Fees		624100	38,709			
<u>æ</u>	b c	FEMA Administrative Fe		624100	3,085	3,085		
MCE	d							
Š								
E	e f	All other program service rev						
8	ľ	All other program service rev	venue					
<u>Ā</u>	g	Total. Add lines 2a-2f			41,794			
	3	Investment income (includin	ng dividends, interest					
		and other similar amounts)			57,953			57,953
	4	Income from investment of tax-ex						
	5	Royalties		1 () 5				
	6-	Gross Rents	(ı) Real	(II) Personal				
		Less rental						
		expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	_	Cross amount	(ı) Securities	(II) O ther				
	/a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
		Gain or (loss)						
As .		Net gain or (loss)						
ž	oa	Gross income from fundraisii (not including	ng events					
 }		\$						
άč		of contributions reported on See Part IV, line 18						
Other Revenue			a	55,549				
₹	ь	Less direct expenses	b	40,153				
	С	Net income or (loss) from fur	ndraising events 🕨		15,396			15,396
	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a					
		·		b				
		Net income or (loss) from ga						<u> </u>
	10a	Gross sales of inventory, les returns and allowances	S					
		and anomalicos	а					
	ь	Less cost of goods sold .	. b					
		Net income or (loss) from sa	_					
		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous Income		624100	653	653		
	ь)						
	c		_					
	d	All other revenue	•					
	е	Total. Add lines 11a-11d			653			
			•					
	12	Total revenue. See Instructi	ons		6 252 960	42.447	١ ,	72 240

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	4,230,511	4,230,511		· ·
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, trustees, and key employees	351,002	159,472	129,406	62,124
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	818,584	430,897	143,403	244,284
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,493	17,412	8,044	9,037
9	Other employee benefits	166,021	83,801	38,726	43,494
10	Payroll taxes	85,042	· · · · · ·	19,836	22,279
а	Fees for services (non-employees) Management		,		
ь	Legal				
c	Accounting				
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses	34,264	22,691	1,006	10,567
14	·	34,204	22,091	1,000	10,307
15	Information technology				
	·	224,976	107.212	0.464	10.200
16	Occupancy	,	<u> </u>		19,300
17 18	Payments of travel or entertainment expenses for any federal,	11,298	5,268	399	5,631
10	state, or local public officials	0.706	4.000	703	4.006
19 20	Conferences, conventions, and meetings	9,786	4,088	702	4,996
	Interest				
21 22	<i>,</i>				
	Depreciation, depletion, and amortization	22,022	12.105	4 207	
23 24	Insurance	22,033	12,105	4,307	5,621
а	Contract Services	198,502	126,905	51,984	19,613
b		52,242	· ·	10,839	14,146
c	Printing	39,437	· · · · · ·	224	21,598
d	Staff Development	21,268	, , , , , , , , , , , , , , , , , , ,	2,081	6,443
е		19,026	· ·	1,431	13,797
f	All other expenses	1,726	,	289	377
25	Total functional expenses. Add lines 1 through 24f	6,320,211			503,307
26	Joint costs. Check here ► 🔽 if following	.,===,===		,	
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	combined educational campaign and iditionalsing solicitation	I	<u> </u>		000 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 2,033,127 2 Savings and temporary cash investments 1.676.521 1,655,479 1,660,738 3 27,806 4 336,621 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 7 8 8 Prepaid expenses and deferred charges 76,338 9 61,640 10a Land, buildings, and equipment cost or other basis Complete 1.951.791 10a Part VI of Schedule D 10b 634.556 ь Less accumulated depreciation 1,374,510 **10c** 1,317,235 1.743.523 11 1.472.167 11 100,180 113,317 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 6,739,607 16 6,909,595 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 176.887 17 188.053 17 Accounts payable and accrued expenses . 18 2,795,138 18 2,730,488 431.790 398.973 19 19 680,334 628,334 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 4,084,149 26 26 3,945,848 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 950,548 1,185,790 Temporarily restricted net assets 604,730 28 28 664,640 Fund 1,100,180 1,113,317 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,655,458 33 2,963,747 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 6.739.607 6.909.595

Pal	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,3	353,860
2	Total expenses (must equal Part IX, column (A), line 25)	2			320,211
3	Revenue less expenses Subtract line 2 from line 1	3			33,649
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	555,458
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	274,640
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,9	63,747
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ァ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	,	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

84-0511799

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization Pikes Peak United Way

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

Employer identification number

he	organı	ızatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, check	only one b	oox)				
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	churches o	described in s e	ection 170((b)(1)(A)(i).				
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state											
5	Γ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
_	_				-			470/13/					
6	 	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
7	 ~	describ	ed ın	A)(vi) (Complete Pa		n part of its	support from	a governm	ental unit or i	rom the	genera	i public	-
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							ss					
		receipt	s from activ	ities related to its ex	cempt functio	ons—subjed	ct to certain ex	ceptions,	and (2) no mo	ore than	331/3%	o of	
				oss investment incor									
		acquire	d by the org	anızatıon after June	30,1975 S	ee sect ion	509(a)(2). (C	omplete Pa	art III)				
LO	\sqcap	Anorga	anızatıon org	janized and operated	l exclusively	to test for	public safety	See sectio	n 509(a)(4).				
l1	Γ	one or i	more publicl	ganized and operated y supported organiza bes the type of supp b Type II	atıons descrı ortıng organı	bed in sect zation and	tıon 509(a)(1)	or section s 11e thro	n 509(a)(2) S ugh 11h	ee sect		(a)(3).	. Check
e f	ı	other th section If the o	nan foundatı 509(a)(2)	ox, I certify that the on managers and oth	ner than one	or more pu	blicly supporte	ed organiza	ations describ	ed in se	ection 5	09(a)(1) or
g		followin	g persons?	2006, has the organi rectly or indirectly co					•	1		Yes	No
				governing body of th				Jersons de	scribed iii (ii)	' 	11g(i)		140
			•	er of a person describ		-	.ucion				11g(ii)		
			•	led entity of a persor			ahove?				11g(iii)		_
h				ng information about								<u>' I </u>	<u> </u>
	(i) Name suppo rganız	e of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi Is th organiza col (i) or in the l	ne tion in ganized		A mo	/ii) unt of oport
				instructions))	Yes	No	Yes	No	Yes	No			
										L			
ota	ıl												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II die	organization i	ans to quanty u	iluei ule tests i	isted below, pie	ease co	ilipiete r	art III.)
	ection A. Public Support	1						
Cal	endar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and							
-	membership fees received (Do not	5,855,329	F FOF 103	6,418,877	6,164,673	6	370 050	20 212 020
	include any "unusual	5,855,325	5,595,192	6,418,877	6,164,673	C	,279,858	30,313,929
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	5,855,329	F FOF 103	6 410 077	6 164 673		270.050	20 212 020
4	Total. Add lines 1 through 3	5,855,329	5,595,192	6,418,877	6,164,673		,279,858	30,313,929
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							551,336
	on line 1 that exceeds 2% of the							551,555
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							20 762 502
•	from line 4							29,762,593
S	ection B. Total Support	•	•		•		•	
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	110	(f) Total
	beginning in) 🟲	` '	(b) 2007	(6) 2008	(u) 2009	(6) 20	,10	(I) I Otal
7	A mounts from line 4	5,855,329	5,595,192	6,418,877	6,164,673	6	,279,858	30,313,929
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	163,096	179,320	46,839	51,572		57,953	498,780
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income Do not include							
10	gain or loss from the sale of							
	capital assets (Explain in Part	133,942	202,617	67,494	97,373		16,049	517,475
	IV)							
11	Total support (Add lines 7							31,330,184
	through 10)							31,330,104
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	for the organization	on's first, second	. third. fourth, or fi	fth tax vear as a	501(c)(3) organiz	ation.
	check this box and stop here	3	,	, ,	,	. , ,	, ,	▶ □
_ <u>S</u>	<u>ection C. Computation of Pub</u>	olic Support P	ercentage					
14	Public Support Percentage for 2010	O (line 6 column ((f) divided by line	11 column (f))		14		95 000 %
15	Public Support Percentage for 2009	9 Schedule A, Pa	rt II, lıne 14			15		93 370 %
16a	33 1/3% support test-2010. If the	organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	ormore	, check t	his box
	and stop here. The organization qua						•	▶ ▽
b	33 1/3% support test-2009. If the	organization did	not check the box	c on line 13 or 16	a, and line 15 is :	3 3 1/3%	or more,	check this
	box and stop here. The organization	n qualifies as a pi	ublicly supported	organızatıon				▶┌
17a	10%-facts-and-circumstances test-	-						
	is 10% or more, and if the organiza							
	in Part IV how the organization mee	ets the "facts and	cırcumstances"	test The organiza	ation qualifies as	a publicl	y support	
_	organization	2000 7511			40.45 :=:			► □
Ь	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizar supported organization	tion meets the "R	acts and circumst	ances test ine	organization qual	iiiies as i	a publicly	▶ □
18	Private Foundation If the organizat	ion did not check	a hox on line 13	16a 16h 17a or	17h chack this	hox and	See	F 1
	instructions	ala liot ciidek	_ 50% CH HHC 15,	,,,,,,,,,,	b, check tills	_ CA UIIU		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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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.

Name of the organization **Employer identification number** Pikes Peak United Wav 84-0511799 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No 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 may 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

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

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

Total number of conservation easements

Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌

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 violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

A mount 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)(ı) and 170(h)(4)(B)(ıı)?

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.

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

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

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

Revenues included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2010

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Sche	dule D (Form 990) 2010									Page 2
Par	Organizations Maintaining Co	llections of Art,	His	torical Ti	reasu	ires, or Oth	er Similar	<u>Asse</u>	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	-		_		ection	1	
а	Public exhibition		d	Loan	orexc	hange prograr	ns			
b	Scholarly research		e	C O the	r					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and explain	n how	they furthe	er the o	organization's	exempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•			ımılar	Γ,	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	"Yes" to Forr	n 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				itions	or other asset	s not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	ollowi	ıng table						
								A mou	nt	
C	Beginning balance					10	:			
d	Additions during the year					10	ı			
е	Distributions during the year					16	:			
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/								
Pa	rt V Endowment Funds. Complete	ıf the organızatıon								
		(a)Current Year	(b)	Prior Year	+ ` ^		(d)Three Years B	ack (e)) Four Y	ears Back
.a	Beginning of year balance	1,659,739		1,554,15	+	1,894,550		-		
b	Contributions	43,925		21,06		204.465				
С	Investment earnings or losses	276,211		135,11	5	-294,465				
d	Grants or scholarships	24 224		50.50		45.005		-		
e	Other expenditures for facilities and programs	21,224		50,58		45,935				
f	Administrative expenses	4.050.654		4 650 70		4 554 450				
g	End of year balance	1,958,651		1,659,73	9	1,554,150				
2	Provide the estimated percentage of the year	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	27 380 %								
b	Permanent endowment 🕨 51 060 %									
c	Term endowment ► 21 560 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	tıon t	hat are held	d and a	idministered f	or the			
	organization by						Г		Yes	No
	(i) unrelated organizations						<u> </u>	3a(i)		No
ь	(ii) related organizations		• on S	chadula P2	٠		· · · [3a(ii) 3b	<u> </u> 	N o
ļ	Describe in Part XIV the intended uses of th				•				<u> </u>	<u> </u>
	t VI Investments—Land, Building				90. P	art X. line 10).	,		
	Description of investment			(a) Cost or basis (inves	r other	(b)Cost or other)			(d) Bo	ok value
La	Land					156,00	00	\rightarrow		156,000
	Buildings		-			1,345,62		6,859		1,068,768
	Leasehold improvements					1,515,02		-,555		_,
	Equipment					450,10	54 35	7,697		92,467
	Other					730,10	33	.,057		JZ,7U
	I. Add lines 1a-1e (Column (d) should equal Fo			line 10(c)) .	<u> </u>	▶	\longrightarrow		1,317,235
		555, raic x, colain	(2),	10(0).)	• •			 le D / E		90) 201
							Juleau		w	;;

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,353,860
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,320,211
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,649
4	Net unrealized gains (losses) on investments	4	261,506
5	Donated services and use of facilities	5	10,528
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,606
9	Total adjustments (net) Add lines 4 - 8	9	274,640
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	308,289
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	4,892,731
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 23,662		
e	Add lines 2a through 2d	2e	285,168
3	Subtract line 2e from line 1	3	4,607,563
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,746,297
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 _	6,353,860
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	4,584,442
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	O ther losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,528
3	Subtract line 2e from line 1	3	4,573,914
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,746,297
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,320,211
Day	rt XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	•	Part V, Line 4 The Organization's endowment provides funding to support the Organization's exempt purpose programs
		Included in Part XI, Line 8 Change in Beneficial Interest in Perpetual Trust 13,134 In-Kind Expenses <10,528> Total <2,606> Included in Part XII, Line 2d Change in Beneficial Interest in Perpetual Trust 13,134 In-Kind Contributions 10,528 Total 23,662 Included in Part XII, Line 4b Donor Designations 1,746,297 Included in Part XIII, Line 2d In-Kind Expenses 10,528 Included in Part XIII, Line 4b Donor Designations 1,746,297

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

Pikes Peak United Way						84-0511799		
Part I Fundraising Acti	vities. Complet	te if the orga	——— anızatı	ion answered "Yes"	to Form	990, Part IV	, line 17.	
 Indicate whether the organia Mail solicitations Internet and e-mail solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in F If "Yes," list the ten highest to be compensated at least 	citations written or oral agr Form 990, Part VII paid individuals o	eement with a I) or entity in r entities (fun	e f g iny indi connec draiser	Solicitation of no Solicitation of no Solicitation of go Special fundraisic vidual (including offication with professional rs) pursuant to agreen	on-governmovernment ing events ers, directo I fundraisin nents unde	nent grants grants ors, trustees g services? r which the fur	ndraiser is	Γ _N
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser custody control contribution Yes	have or of	(iv) Gross receipts from activity	(or refundrate	ount paid to tained by) ser listed in ol (i)	(vi) A mount programme (or retained organization)	by)
			•					

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

Pa	rt II	Fundraising Events. Components than \$15,000 on Form				
			(a) Event #1 Leader in Giving (event type)	(b) Event #2 Community Celebration (event type)	(c) O ther Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	22,500	17,026	16,023	55,549
<u> </u>	3	Gross income (line 1 minus line 2)	22,500	17,026	16,023	55,549
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
<u>D</u> eg	8	Entertainment				
Δ	9	Other direct expenses .	17,039	12,631	10,483	40,153
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	40,153
	11	Net income summary Combine lin				15,396
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
နှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ш g	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %	
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)	<u> ▶</u>	
9 a b	Is t	er the state(s) in which the organizathe organization licensed to operate	gamıng actıvıtıes ın eacl	n of these states?		· Fyes Fno
10a b		re any of the organization's gaming li Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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OMB No 1545-0047

DLN: 93493284007021

Inspect ion

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

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

Department of the Treasury Internal Revenue Service

Pikes Peak United Way

Schedule I

(Form 990)

► Attach to Form 990 Name of the organization

Employer identification number

84-0511799

Part I General Information	on on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or as	sıstance [?]					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	Assistance to Go le 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
See Additional Data Table							
-							
Enter total number of section 5Enter total number of other orga						· · · · · • <u>•</u>	84 7
For Privacy Act and Paperwork Reduction	n Act Notice, see the I	nstructions for Form 99	0.	Cat No 50055P		Schedu	le I (Form 990) 2010

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

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

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	1	Schedule I, Part I, Line 2 United Way monitors the use of grant funds in the United States by performing periodic on-site monitoring of these organizations. On such visits, any audited or unaudited financial statements are reviewed and the use of
		grant funds examined Recommendations are given to the grantees based on the findings

Software ID: **Software Version:**

EIN: 84-0511799

Name: Pikes Peak United Way

Form 990,Schedule I, Par	-			1		I	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society- Pikes Peak Region1445 N Union Blvd B-100 Colorado Springs, CO 809092881	84-1316555	501(c)3	32,170				Support the Charitable Purpose of the Organization
American Red Cross-Pikes Peak Chapter1040 South 8th Street Colorado Springs, CO 809057364	84-0437753	501(c)3	36,423				Support the Charitable Purpose of the Organization
Army Community Service Fort Carson6303 Wetzel Avenue Building 1526 Fort Carson, CO 809134104	84-0403198	501(c)3	14,260				Support the Charitable Purpose of the Organization
BethHaven IncorporatedPO Box 326 Colorado Springs,CO 809010326	84-0829849	501(c)3	25,758				Support the Charitable Purpose of the Organization
Big Brothers Big Sisters of CO IncPikes Peak111 South Tejon Street Suite 302 Colorado Springs, CO 809032249	23-7161796	501(c)3	87,236				Support the Charitable Purpose of the Organization
Boy Scouts of America-Pikes Peak Council985 West Fillmore Street Colorado Springs, CO 809075809	84-0404226	501(c)3	69,353				Support the Charitable Purpose of the Organization
Boys & Girls Club of Pikes Peak RegionPO Box 15919 Colorado Springs, CO 809355919	84-0416503	501(c)3	171,372				Support the Charitable Purpose of the Organization
Care and Share2605 Preamble Point Colorado Springs, CO 809151200	84-0731930	501(c)3	185,107				Support the Charitable Purpose of the Organization
CASA Court Appointed Special Advocates 701 South Cascade Avenue Colorado Springs, CO 809033900	84-1115548	501(c)3	47,527				Support the Charitable Purpose of the Organization
Catholic Charities of Colorado Springs228 North Cascade Avenue Colorado Springs, CO 809031322	84-0586169	501(c)3	261,111				Support the Charitable Purpose of the Organization
Center for Hearing Speech and Language1329 North Academy Blvd Colorado Springs, CO 809093313	84-0404238	501(c)3	6,625				Support the Charitable Purpose of the Organization
Cerebral Palsy Assoc of Colorado Springs1322 North Academy Blvd Suite 115 Colorado Springs, CO 809093326	84-0522163	501(c)3	12,441				Support the Charitable Purpose of the Organization

Form 990,Schedule I, Pari	t 11, Grants and	TOther Assistance	to Governments	and Organizations	s in the officed Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cheyenne Mountain Zoological Society4250 Cheyenne Mtn Zoo Road Colorado Springs, CO 809065728	84-1220570	501(c)3	14,685				Support the Charitable Purpose of the Organization
Cheyenne Village Inc6275 Lehman Drive Colorado Springs, CO 809181433	84-6051921	501(c)3	172,047				Support the Charitable Purpose of the Organization
Colorado Legal Services617 South Nevada Avenue Colorado Springs, CO 809034005	84-0402702	501(c)3	26,399				Support the Charitable Purpose of the Organization
Colorado Springs Conservatory Foundation 1600 N Union Blvd Colorado Springs, CO 809092812	84-1502211	501(c)3	5,677				Support the Charitable Purpose of the Organization
Colorado Springs Fine Arts Center30 West Dale Street Colorado Springs, CO 809033210	84-0406947	501(c)3	18,057				Support the Charitable Purpose of the Organization
Colorado Springs Teen Court PO Box 2169 Colorado Springs, CO 809012169	84-1318849	501(c)3	6,585				Support the Charitable Purpose of the Organization
Colorado Springs World Arena 3185 Venetucci Dr Colorado Springs,CO 80906	84-1264465	501(c)3	10,500				Support the Charitable Purpose of the Organization
CommPartnership for Child Development2330 West Robinson Street Colorado Springs, CO 809043752	84-1071825	501(c)3	237,101				Support the Charitable Purpose of the Organization
Community Health Charities 1805 South Bellaire Street Suite 185 Denver, CO 802224381	31-1543705	501(c)3	10,172				Support the Charitable Purpose of the Organization
Consumer Credit Counseling Service1233 Lake Plaza Drive Colorado Springs, CO 809063585	75-1437638	501(c)3	5,845				Support the Charitable Purpose of the Organization
Crossfire Ministries Inc307 North Union Blvd Colorado Springs, CO 809095707	84-1295381	501(c)3	7,500				Support the Charitable Purpose of the Organization
CS Utilities Foundation- Project COPEPO Box 1103 Mail Code 950 Colorado Springs, CO 809470950	20-8643063	501(c)3	22,327				Support the Charitable Purpose of the Organization

Form 990,Schedule 1, Par	t 11, Grants an	u Other Assistance	to dovernments	anu Organization	s in the United Sta	1165	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cystic Fibrosis Foundation- Colorado Springs1355 South Colorado Blvd Denver, CO 802223305	84-0513516	501(c)3	11,004				Support the Charitable Purpose of the Organization
Disability Services IncPikes Peak Partnership1352 North Academy Blvd Colorado Springs, CO 809093314	20-3058736	501(c)3	18,219				Support the Charitable Purpose of the Organization
Early Connections Learning Centers104 East Rio Grande Street Colorado Springs, CO 809034010	84-0632406	501(c)3	298,659				Support the Charitable Purpose of the Organization
Energy Resource Center 5920 Paonia Ct Colorado Springs, CO 809152812	84-0809393	501(c)3	36,909				Support the Charitable Purpose of the Organization
First Presbyterian Church 219 East Bijou Colorado Springs, CO 809031303	26-2348716	501(c)3	14,507				Support the Charitable Purpose of the Organization
Franciscan Community Counseling7665 Assisi Heights Colorado Springs, CO 809193837	84-1149337	501(c)3	14,444				Support the Charitable Purpose of the Organization
Gırl Scouts of Colorado3535 Parkmoor Vıllage Drıve Colorado Sprıngs, CO 809175292	84-0410630	501(c)3	14,684				Support the Charitable Purpose of the Organization
Griffith Centers for ChidrenYouth & Family Services10 North Farragut Avenue Colorado Springs, CO 809095626	84-0404251	501(c)3	8,407				Support the Charitable Purpose of the Organization
Homeward Pikes Peak518 North Nevada Avenue Colorado Springs, CO 809031106	13-4242773	501(c)3	15,555				Support the Charitable Purpose of the Organization
Humane Society of the Pikes Peak Region610 Abbott Lane Colorado Springs, CO 80905	84-0410111	501(c)3	23,485				Support the Charitable Purpose of the Organization
I Have a Dream Foundation 1836 Grant Street Denver, CO 802031123	74-2497109	501(c)3	10,000				Support the Charitable Purpose of the Organization
Junior A chievement USAO ne Education Way Colorado Springs, CO 80906	84-6009223	501(c)3	24,614				Support the Charitable Purpose of the Organization

Form 990,Schedule 1, Par	t 11, Grants an	d Other Assistance	to Governments	and Organization	s in the onited Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LULAC National Educational Service Center829 North Circle Drive Suite 101 Colorado Springs, CO 80909	23-7262876	501(c)3	23,998				Support the Charitable Purpose of the Organization
Lutheran Family Services of Colorado108 E St Vrain Ste 21 Colorado Springs, CO 809031161	84-0775550	501(c)3	69,457				Support the Charitable Purpose of the Organization
MCA Denver1485 Delgany Street Denver, CO 802021100	84-1366092	501(c)3	10,000				Support the Charitable Purpose of the Organization
Memorial Health System Foundation1519 East Boulder Street Colorado Springs, CO 809095663	84-1576338	501(c)3	11,263				Support the Charitable Purpose of the Organization
Mental Health America Pikes Peak Region1352 North Academy Blvd Colorado Springs, CO 809093314	84-0507958	501(c)3	11,876				Support the Charitable Purpose of the Organization
Multiple Sclerosis Alliance Southern CO1352 North Academy Blvd Colorado Springs, CO 809093314	84-0821987	501(c)3	14,350				Support the Charitable Purpose of the Organization
Partners in Housing Inc455 Gold Pass Heights Colorado Springs, CO 809063882	84-1188208	501(c)3	99,532				Support the Charitable Purpose of the Organization
Peak Education730 North Nevada Avenue Colorado Springs, CO 809031008	84-1467174	501(c)3	7,885				Support the Charitable Purpose of the Organization
Peak Vista Community Health Centers 340 Printers Parkway Colorado Springs, CO 809103190	84-0617567	501(c)3	161,106				Support the Charitable Purpose of the Organization
Pikes Peak Behavioral Health Group220 Ruskin Drive Colorado Springs, CO 809102522	42-1600485	501(c)3	11,885				Support the Charitable Purpose of the Organization
Pikes Peak Community Action Agency Inc14 West Bijou Street Colorado Springs, CO 809031311	84-0933888	501(c)3	26,862				Support the Charitable Purpose of the Organization
Pikes Peak Habitat for HumanityP O Box 9861 Colorado Springs, CO 809320861	35-1640064	501(c)3	14,549				Support the Charitable Purpose of the Organization

Form 990,Schedule I, Par	t 11, Grants an	d Other Assistance	e to Governments	and Organization	is in the United Sta	ites	,
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pikes Peak Hospice Foundation825 East Pikes Peak Avenue Suite 600 Colorado Springs, CO 809033631	84-1453050	501(c)3	22,419				Support the Charitable Purpose of the Organization
Pikes Peak or Bust Rodeo Foundation601 North Nevada Avenue Colorado Springs, CO 80903	84-1589318	501(c)3	15,000				Support the Charitable Purpose of the Organization
Project Angel Heart4190 Garfield Street Unit 5 Denver, CO 80216	84-1199481	501(c)3	18,325				Support the Charitable Purpose of the Organization
Rocky Mountain Health Care Services2812 East Bijou Street Colorado Springs, CO 809096371	84-0765729	501(c)3	18,236				Support the Charitable Purpose of the Organization
Safe Passage423 South Cascade Ave Colorado Springs, CO 80903	84-1241767	501(c)3	21,544				Support the Charitable Purpose of the Organization
Silver Key Senior Services 2250 Bott Ave Colorado Springs, CO 809043726	23-7109922	501(c)3	132,198				Support the Charitable Purpose of the Organization
Southern Colorado AIDS Project (S-CAP)1301 South 8th Street Suite 200 Colorado Springs, CO 809057302	84-1054293	501(c)3	19,797				Support the Charitable Purpose of the Organization
Springs Rescue Mission5 West Las Vegas Street Colorado Springs CO,CO 809034217	84-1340824	501(c)3	26,763				Support the Charitable Purpose of the Organization
TESSA435 Gold Pass Heights Colorado Springs, CO 809063882	84-0746803	501(c)3	153,447				Support the Charitable Purpose of the Organization
The Arc of the Pikes Peak Region12 North Meade Avenue Colorado Springs, CO 80909	84-0530067	501(c)3	41,829				Support the Charitable Purpose of the Organization
The Nature Conservancy- Colorado Chapter104 S Cascade Ave 109 Colorado Springs, CO 809035101	53-0242652	501(c)3	10,015				Support the Charitable Purpose of the Organization
The Resource Exchange418 South Weber Street Colorado Springs, CO 809032127	84-0532684	501(c)3	89,575				Support the Charitable Purpose of the Organization

Form 990,Schedule 1, Par	t II, Grants an	u Other Assistance	to doverninents	and Organization	The United Sta	165	1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army-El Paso County910 Yuma Street Colorado Springs, CO 809095045	84-0402712	501(c)3	297,884				Support the Charitable Purpose of the Organization
Tri Lakes CaresP O Box 1301 Monument, CO 80132	74-2501356	501(c)3	19,740				Support the Charitable Purpose of the Organization
University of Colorado Foundation4740 Walnut Street Boulder, CO 803012538	84-6049811	501(c)3	13,573				Support the Charitable Purpose of the Organization
Urban League of the PP Region Inc1322 N Academy Blvd Ste 201 Colorado Springs, CO 809093317	84-0537544	501(c)3	20,648				Support the Charitable Purpose of the Organization
Urban Peak Colorado Springs 423 E Cucharras Colorado Springs, CO 809033609	84-1549702	501(c)3	20,879				Support the Charitable Purpose of the Organization
Womens Resource Agency Inc750 Citadel Drive East Suite 3116 Colorado Springs, CO 809095348	84-0747154	501(c)3	25,760				Support the Charitable Purpose of the Organization
YMCA of the Pikes Peak Region207 North Nevada Avenue Colorado Springs, CO 809031306	84-0404266	501(c)3	21,175				Support the Charitable Purpose of the Organization
AspenPointe Health Services 525 N Cascade Ave Ste100 Colorado Springs, CO 80903	84-0602716	501(c)3	44,104				Support the Charitable Purpose of the Organization
Austin Baptist Association 3811 Harmon Avenue Austin, TX 78751	74-1246261	501(c)3	25,000				Support the Charitable Purpose of the Organization
Benet Hill Monastery3190 Benet Lane Colorado Springs,CO 80921	84-0523354	501(c)3	25,000				Support the Charitable Purpose of the Organization
Campus Crusade for Christ Military Ministry915 Cheyenne Blvd Colorado Springs, CO 80905	95-6006173	501(c)3	6,000				Support the Charitable Purpose of the Organization
Children's Literacy Center 2928 Straus Lane Ste 100 Colorado Springs, CO 80907	84-1209272	501(c)3	8,825				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado College14 E Cache La Poudre St Colorado Springs, CO 80903	84-0402510	501(c)3	6,089				Support the Charitable Purpose of the Organization
Diocese of Colorado Springs 228 N Cascade Ave Colorado Springs, CO 80903	84-0936629	501(c)3	5,058				Support the Charitable Purpose of the Organization
Ecumenical Social Ministries 201 N Weber St Colorado Springs, CO 80903	84-0890978	501(c)3	10,501				Support the Charitable Purpose of the Organization
Goodwill Industries of Colorado Springs Foundation PO Box 6300 Colorado Springs, CO 80934	84-1488592	501(c)3	6,250				Support the Charitable Purpose of the Organization
Grace & St Stephens Episcopal ChurchPO Box 548 Colorado Springs, CO 80901	84-0405258	501(c)3	7,500				Support the Charitable Purpose of the Organization
Hendrıx College1600 Washıngton Ave Conway, AR 72032	71-0236897	501(c)3	5,000				Support the Charitable Purpose of the Organization
High Plains Orthodox Presbyterian Church657 Seventh St Calhan, CO 80808	99-999999	501(c)3	5,000				Support the Charitable Purpose of the Organization
In Their Honor Events711 S Tejon St Ste 201 Colorado Springs, CO 80903	84-1449682	501(c)3	5,000				Support the Charitable Purpose of the Organization
Juvenile Diabetes Research Foundation3710 Sinton Road Ste 220 Colorado Springs, CO 80909	23-1907729	501(c)3	30,350				Support the Charitable Purpose of the Organization
National Military Family Association2500 N Van Dorn St Ste102 Alexandria, VA 22302	52-0899384	501(c)3	31,302				Support the Charitable Purpose of the Organization
National MS Society616 N Tejon St Colorado Springs,CO 80903	84-0412595	501(c)3	5,784				Support the Charitable Purpose of the Organization
Northern Churches CarePO Box 26416 Colorado Springs, CO 80936	84-1093341	501(c)3	12,101				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Penrose St Francis Healthcare Foundation2222 N Nevada Ave Colorado Springs, CO 80907	84-0902211	501(c)3	7,300				Support the Charitable Purpose of the Organization
Pikes Peak Community Foundation730 N Nevada Ave Colorado Springs, CO 80903	84-1339670	501(c)3	6,517				Support the Charitable Purpose of the Organization
Pikes Peak Therapeutic Riding Center13620 Hallelulah Trail Colorado Springs, CO 80106	74-2232440	501(c)3	5,102				Support the Charitable Purpose of the Organization
St Mary's Catholic High School2501 E Yampa St Colorado Springs, CO 80909	84-1060677	501(c)3	6,605				Support the Charitable Purpose of the Organization
Temple Shalom1523 E Monument St Colorado Springs, CO 80909	84-0613002	501(c)3	6,750				Support the Charitable Purpose of the Organization
The Colorado Springs School 21 Broadmoor Ave Colorado Springs, CO 80906	84-0517369	501(c)3	9,230				Support the Charitable Purpose of the Organization

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As Filed Data -

DLN: 93493284007021

Employer identification number

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Form 990, Part

VI, Section B,

line 11

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Pikes Peak United Way

84-0511799

Identifier Return Reference

A copy of the 990 is provided to the CFO of the organization for review before filing. The CFO reviews the

finance committee then recommends the 990 to the Board of Directors. The Board of Directors reviews and

990, makes any recommendations and then presents it to the finance committee for further review. The

approves the 990 After all recommendations are taken into consideration, the 990 is filed

ldentifier	Return Reference	Explanation
	l ' ' '	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy

Identifier	Return Reference	Explanation
	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 other similar non-profit organizations as well as for-profit organizations. A performance factor is then incorporated into the data. The board then reviews and approves the compensation.

Identifier	Return Reference	Explanation
	· ·	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

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 261,506 Donated services and use of facilities 10,528 Change in Beneficial Interest in Perpetual Trust 13,134 In-Kind Expenses -10,528 Total to Form 990, Part XI, Line 5 274,640

ldentifier	Return Reference	Explanation
Audit Committee Oversight	Form 990 Part XII, Line 2c	The process for overseeing the audit and seleting the audit firm has not changed from prior year

Software ID: Software Version:

EIN: 84-0511799

Name: Pikes Peak United Way

orm 990, Part III - 4 Program Service Accomplishments (See the Instructions)
4d. Other program services
(Code) (Expenses \$ 108,758 including grants of \$) (Revenue \$)
Success By 6 - School Readiness Initiative The Pikes Peak United Way Success By 6 program, formerly referred to as School Readiness Initiative, was launched in 2008 with the goal that every child in our community is prepared to succeed when he/she starts school. Over the course of this year, we worked with the community to narrow our focus from four quadrants. Early Learning and Literacy, Health, Nutrition and Family Stability down to specific objectives that we can fund, create awareness, advocate and mobilize volunteers. The identified objectives for the coming two years are Early Literacy and Education, Parent Education and Home Visitations. This initiative is rooted in the understanding that the earliest years of life are critical to human development. Ensuring that all of our children are prepared for school requires a long-term commitment from families, service providers, policymakers, business, educators and civic leaders. Success By 6 provides a structure to encourage people and organizations to work together for the benefit of children. The unique opportunities for collaboration and partnerships among the public and private sectors that this initiative offers represent our collective commitment to doing what it takes to help the youngest members of our community achieve success.
(Code) (Expenses \$ 60,663 including grants of \$) (Revenue \$)
Quality of Life Indicators An important step in community building this year was the fourth annual Quality of Life Indicators report for the Pikes Peak Region. More than 200 community leaders were convened to create the report, which quantitatively measures the quality of life in our community. By tracking data over time, the report helps the community understand who we are, where we have been and where we are going, while at the same time, enabling our elected and non-elected leaders to prioritize and make educated decisions about which areas deserve investment of our time, talent and resources.
(Code) (Expenses \$ 47,481 including grants of \$) (Revenue \$)
Community Investments/Allocation Services Pikes Peak United Way staff and volunteers spend thousands of hours each year to understand the ever-changing health and human service needs in our community PPUW works to anticipate problems before they develop and prevent them where possible More than 130 volunteers from over 50 community organizations work on three committees Stewardship, Community Impact, and Fund Allocations These committees provide insight and recommendations regarding agencies' financial viability and stability, the fund allocations processes, the distribution of the PPUW Community Fund, El Pomar Emergency Grant Fund and the City of Colorado Springs and Community Development Block Grant (CDBG) funds PPUW, in conjunction with El Pomar Foundation, also distributes funds through the Military Family Assistance Program to military families in need
(Code) (Expenses \$ 154,562 including grants of \$) (Revenue \$)
As a Difference Month, PPUW's annual community-wide volunteer effort Each October, thousands of individuals and groups from Make a Difference Month, PPUW's annual community-wide volunteer effort Each October, thousands of individuals and groups from corporate, military, nonprofit and faith-based sectors gather to address local human needs. Activities may include reclamation of community parks, reading to children or weatherizing the homes of seniors and individuals with disabilities. In 2010, nearly 4,000 citizens provided over 17,000 hours, equating to an estimated \$371,000 worth of services to our community. Additionally, PPUW participated in the National Day of Action on June 21st by bringing together over 40 community volunteers to inform two local neighborhoods about our 2-1-1 Information and Referral program. PPUW also assists the Center for Nonprofit Excellence with Nonprofit Day and Volunteer Day Volunteer Services Pikes Peak United Way's Volunteer Center offers an abundance of services to nonprofits, corporate sectors and the community at large. It is a one-stop shop for all volunteer eneds. It also ensures the best match between volunteer skills and the interest and needs of more than 130 local agencies. Much of this is done through the Volunteer Pikes Peak website (www.volunteerpikespeak.org). The Volunteer Center is an advocate for volunteerism in the community and promotes it while providing the community with valuable information on national initiatives, products and services days. One of the largest community-wide volunteer efforts coordinated by the Volunteer Center is "Make A Difference Month" (see Community Event section for more details). The Director of the Volunteer Center 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 Rooms Pikes Peak United Way's building has become a gathering place for community groups. The Community Room and the
(Code) (Expenses \$ 4,230,511 including grants of \$ 4,230,511) (Revenue \$)
Funds awarded to various community organizations