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DLN: 93493304011802

# 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)

2011

OMB No 1545-0047

Open to Public
Inspection

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

Internal R	evenue	Service   Fine organization may have to use a copy of this r	eturii to satisiy	state reporting	requirements	Inspection	
A For	the 2		ending 06-30-20	12	D Employer i	dentification number	
_		pplicable C Name of organization Pikes Peak United Way					
Addr	ess ch	Doing Business As		<b>-</b>	84-05111 E Telephone		
Nam	ie chai	nge			•		
Initia	al retui	Number and street (or P O box if mail is not delivered to stree	et address) Room/	suite	(719)632		
Term	nınated	d 518 North Nevada Avenue			<b>G</b> Gross receip	ots \$ 6,487,287	
┌ Ame	nded i		<b>I</b>				
Appl	ıcatıon	Colorado Springs, CO 80903					
		F Name and address of principal officer		H(a) Is thu	a aroup roti	urn for	
		John Dallager		affiliat	s a group reti :es?	TYes ▼ No	
		518 North Nevada Avenue Colorado Springs, CO 80903					
		Colorado Springs, CO 00303			affiliates incl		
<b>I</b> Tax	-exem	pt status	l) or		," attach a li: o exemption	st (see instructions)	
J We	bsite	: ► www ppunitedway org					
<b>K</b> Form	of ord	ganization 🔽 Corporation Trust Association Other 🕨		L Year of for	mation 1922	<b>M</b> State of legal domicile CO	
Par		Summary		I		<u> </u>	
		Briefly describe the organization's mission or most significant a	activities				
_		Mobilize and grow the caring power of the community and creat		ity of life possib	le		
ଞ୍ର	-						
<u>₽</u>	-						
를	2 (	Check this box 🛏 if the organization discontinued its operation	ons or disposed	of more than 2!	5% of its net	assets	
Activities & Governance		Number of voting members of the governing body (Part VI, line			з	1	
×6		Number of independent voting members of the governing body			4		
<u>ĕ</u>		Fotal number of individuals employed in calendar year 2011 (F		-	5		
		Fotal number of volunteers (estimate if necessary)			6	3,000	
ଧି		Fotal unrelated business revenue from Part VIII, column (C), l			7a	•	
		Net unrelated business taxable income from Form 990-T, line			76	-	
$\dashv$		Tet uniciated business taxable medine noni Form 550 T, inte	<u> </u>	Prior	Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	6,238,064				
9	9	Program service revenue (Part VIII, line 2g)	41,794				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7			57,953		
Æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	•	16,049			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII)		ne l	10,045	11,304	
		12)			6,353,860	6,443,383	
	13	Grants and similar amounts paid (Part IX, column (A ), lines	1-3)		4,230,511	3,810,808	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0	
این	15	Salaries, other compensation, employee benefits (Part IX, co	olumn (A ), lines		1 455 142	1 629 209	
Expenses		5-10)			1,455,142	1,628,308	
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0	
_	Ь	Total fundraising expenses (Part IX, column (D), line 25) ► 573,164					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	-		634,558		
	18	Total expenses Add lines 13-17 (must equal Part IX, colur			6,320,211	6,154,006	
	19	Revenue less expenses Subtract line 18 from line 12		<u> </u>	33,649	289,377	
ල් ජී ප්රක්ෂ					of Current ear	End of Year	
6 gg	20	Total assets (Part X, line 16)			6,909,595	6,806,963	
# B	21	Total liabilities (Part X, line 26)			3,945,848		
25	22	Net assets or fund balances Subtract line 21 from line 20			2,963,747	3,138,975	
Pari		Signature Block				-,,	
Under	penal edge a	ties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer					
		*****		I	12.40.25		
Sian		Signature of officer			12-10-29 te		
Sign Here							
		David Frauhiger Chief Financial Officer Type or print name and title					
		Date Date		Check If	Preparer's tay	payer identification number	
Paid		Preparer's signature Greg Papineau CPA 2012-10	0-29	self-	(see instruction		
Paid Prepai	rer'e	employed ▶ P00294662					
Use O		Firm's name (or yours BiggsKofford PC if self-employed),			EIN • 84-088	34124	
JJG U	y	address, and ZIP + 4 630 Southpointe Court Suite 200			<u> </u>		

Colorado Springs, CO 80906

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . .

Other program services (Describe in Schedule O ) including grants of \$ 3,810,808 ) (Revenue \$ Total program service expenses►\$ 5,181,351

including grants of \$

3,810,808

) (Expenses \$

Funds awarded to various community organizations

3,810,808 ) (Revenue \$

Part IV Checklist of Required Sch	edules
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	•		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 instructions)? $^{f z}$	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		No
4	<b>Section 501(c)(3) organizations.</b> 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 $I^{2}$	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? <i>If "Yes," complete Schedule D, Part II</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, 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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νo
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part II and IV.	15		No
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, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		No
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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 questions 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		
	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? If "Yes," complete Schedule L, Part III	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			1
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," 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 owner? <i>If</i> "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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

•		,
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		-1	
			Yes	No
la.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
b	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			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
,	were not tax deductible?	6b		
a	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	7a		Νo
L	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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			
14	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
b	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?			110
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)	- 1		l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	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)			

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 David Frauhiger

518 North Nevada Avenue Colorado Springs, CO 80903

(719)632-1543

# 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

<b>(A)</b> Name and Title	(B) Average hours per week (describe	unles an	on (d e thar	n one son er ar	e box is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Jay Alexander Director	1 00	х						0	0	0
(2) Vic Andrews Director	1 00	х						0	0	0
(3) Kathy Boe Director	1 00	Х						0	0	0
(4) Jerry Forte Director	1 00	х						0	0	0
(5) Nick Gledich Director	1 00	х						0	0	0
(6) Bill Hodgkins Director	1 00	х						0	0	0
(7) Kımberly McKay Dırector	1 00	х						0	0	0
(8) Terrence McWilliams Vice Chair	1 00	х						0	0	0
(9) Timothy Mason Director	1 00	х						О	0	0
(10) Barb Winter Chair	1 00	х						0	0	0
(11) Paula Miller Director	1 00	х						0	0	0
(12) Carm Moceri Director	1 00	х						0	0	0
(13) Liz Cobb Community Leader	1 00	х						0	0	0
(14) Kent Fortune Director	1 00	х						0	0	0
(15) Gary Peacock Director	1 00	х						0	0	0
(16) Jill Tiefenthaler Director	1 00	х						0	0	0
(17) John JD Dallager Chief Executive Officer	40 00			Х				120,434	0	1,829

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compen from organizat	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former		MISC)	relat organıza	
	David Frauhiger Financial Officer	40 00			х				66,834	0		17,964
	Carrie Cramm Community Impact	40 00			Х				66,568	0		2,122
	Amy Dinofrio IR & Support Services	40 00			х				58,146	0		6,201
	Deborah Muehleisen Resource Development	40 00			Х				51,036	0		839
	F											
11.	Sub-Total							<u> </u> ▶				
1b c	Sub-Total		ion A	· ·	÷	<u>.</u>		<u>-</u>				
d								▶	363,018	0		28,955
2	Total number of individuals (inclu \$100,000 of reportable compens					ted a	above	) who	received more tha	n		
											Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete School							ee, d	r highest compens			NI -
4	For any individual listed on line 1 organization and related organiza	a, is the sum of	reporta	able d	omp	ens	ation			n from the	3	No_
_	Individual		• •	•		• ·		•		<u> </u>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person									5	No	
Se	ction B. Independent Cont											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	the organization										
	Nam	(A) e and business add	ress						Descr	(B) iption of services	(C Comper	
	Fotal number of independent contr \$100,000 of compensation from th			ot lim	nited	to t	nose l	ıste	d above) who receiv	ed more than		

Part \	/	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a					
至至	ь	Membership dues 1b					
ಕ್ಷ	l c	Fundraising events 1c					
# <u>₩</u>	d	Related organizations 1d					
ਠੂ≅ੂ							
£ 25	e						
a	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above	5,393,765				
ē€	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ပ္မ	h	Total. Add lines 1a-1f	▶-	6,393,765			
an a		Busines	s Code				
Ĭ	2a	Fees	624100	34,717	34,717		
9. A.	Ь	FEMA Administrative Fe	624100	1,577	1,577		
e≛ ou		TEMA Administrative Fe	024100	1,377	1,377		
Š	c   .						
Ř	d						
Program Serwce Revenue	e						
<u> </u>	f	All other program service revenue					
ř	g	Total. Add lines 2a-2f		36,294			
	3	Investment income (including dividends, interes		30,234			
	-	and other similar amounts)	` ▶ ├	1,740			1,740
	4	Income from investment of tax-exempt bond proceeds	. ▶ -				
	5	Royalties					
		(ı) Real (ıı) Per					
	6a	Gross rents (1) (1)	301141				
	b	Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	. ►				
		(ı) Securities (ıı) O	ther				
	7a	Gross amount from sales of					
		assets other					
	Ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising	-				
<u> </u>		events (not including					
듄		\$ of contributions reported on line 1c)					
Š		See Part IV, line 18					
Ģ.		a	52,099				
Other Revenue	ь	Less direct expenses b	43,904				
ᅙ	c	Net income or (loss) from fundraising events .		8,195			8,195
	9a	Gross income from gaming activities	F				
		See Part IV, line 19					
		a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activities .	· •*				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of inventory .	. •				
		Miscellaneous Revenue Busines	s C ode				
	11a	Miscellaneous Income	624100	3,389	3,389		
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			►	3,389			
	12	Total revenue. See Instructions	►				
	1			6,443,383	39,683	0	9,935

# Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,810,808	3,810,808		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	· ·		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	363,017	166,943	120,808	75,266
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	973,275	524,022	167,678	281,575
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	196,173	101,436	42,351	52,386
10	Payroll taxes	95,843	49,558	20,691	25,594
11	Fees for services (non-employees)				
а	Management				
b	Legal	276	220	21	35
С	Accounting	18,550	14,764	1,422	2,364
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	35,086	21,093	2,493	11,500
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy	256,957	227,667	9,694	19,596
17	Travel	4,272	4,272	3,03.	15,550
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,272	1,272		
19	Conferences, conventions, and meetings	12,049	8,028	776	3,245
20	Interest	6,626	,	801	5,825
21	Payments to affiliates	1,120			
22	Depreciation, depletion, and amortization				
23	Insurance	21,893	12,352	3,872	5,669
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			2,3.1.2	-,
а	Contract Services	220,895	175,805	16,938	28,152
b	United Way Worldwide Du	55,420	29,649	10,459	15,312
c	Printing	37,659	15,337	318	22,004
d	Staff Development	25,950	16,408	476	9,066
е					
f	All other expenses	19,257	2,989	693	15,575
25	Total functional expenses. Add lines 1 through 24f	6,154,006	5,181,351	399,491	573,164
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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1.957.258 2 1.676.521 3 1,660,738 3 1,637,432 336.621 44.297 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L . . . . . 7 8 9 61.640 9 48.603 Prepaid expenses and deferred charges . . . . 2.403.336 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 714,111 b Less accumulated depreciation . . . . 1,317,235 10c 1,689,225 1,743,523 1,327,518 11 11 113,317 12 12 102,630 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 15 15 6,909,595 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 6,806,963 188,053 239,315 17 17 Accounts payable and accrued expenses . 18 2.730.488 18 2.284.272 19 398,973 19 428,067 20 628.334 20 716.334 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . . 26 3,945,848 26 3,667,988 **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 1,185,790 1,083,905 Unrestricted net assets . . . . 664,640 28 952,440 28 Temporarily restricted net assets . . . . . Fund 29 1,113,317 29 1,102,630 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 2.963.747 33 3.138.975 34 Total liabilities and net assets/fund balances . . . . . 6.909.595 34 6.806.963

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		6.4	143,38
2	Total expenses (must equal Part IX, column (A), line 25)	2			154,00
3	Revenue less expenses Subtract line 2 from line 1	3		Ź	289,37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	963,74
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	14,14
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		3,1	138,97
Par	T XII Financial Statements and Reporting  Check If Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	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 the 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		<b>2</b> c	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	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a	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	

Employer identification number

### OMB No 1545-0047

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization

Pikes	Peak U	Inited Way											
		84-05117											
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See in	structions										
The	organı —	zation is not a private foundation because it is (For lines 1 through 11, check only one box )											
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).											
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )											
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(</b> hospital's name, city, and state	1)(A)(iii). E	nter the	е								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II)	al unit desc	 rıbed ın	I								
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	<u> </u>	An organization that normally receives a substantial part of its support from a governmental unit or fr described in section 170(b)(1)(A)(vi) (Complete Part II)	om the gene	ral pub	lıc								
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )											
9		An organization that normally receives (1) more than 331/3% of its support from contributions, mem	bership fees	, and g	ros	s							
9	·	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		its support from gross investment income and unrelated business taxable income (less section 511			25								
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )	,										
10	Г	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>											
11	ř-	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to one or more publicly supported organizations described in section $509(a)(1)$ or section $509(a)(2)$ So the box that describes the type of supporting organization and complete lines 11e through 11h		09(a)(3	3). (	Check							
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or mother than foundation managers and other than one or more publicly supported organizations describe section 509(a)(2)	-	-									
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type I check this box	II supportir	ıg orgaı	nıza	ition,							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Ye	s	No							
		and (III) below, the governing body of the the supported organization?	11g		$\perp$								
		(ii) a family member of a person described in (i) above?	11g(		$\perp$								
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(	iii)	- [								

(i) Name of supported organization	(ii) EIN		(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is th organizat col (i) org	e ıon ın anızed	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 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 Part III. If the ection A. Public Support	e organization	rails to qualify u	naer the tests I	iistea peiow, pie	ease co	mpietė i	art III.)
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual			. ,	6,279,858		,430,059	30,888,659
2	grants ") 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							
4 5	to the organization without charge <b>Total.</b> Add lines 1 through 3 The portion of total contributions	5,595,19	6,418,877	6,164,673	6,279,858	6	,430,059	30,888,659
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							777,736
6	Public Support. Subtract line 5							30,110,923
S	from line 4 ection B. Total Support							
	<b>endar year</b> (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	011	<b>(f)</b> Total
7	beginning in) A mounts from line 4	5,595,192	6,418,877	6,164,673	6,279,858		,430,059	30,888,659
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	179,320	46,839	51,572	57,953		1,740	337,424
9	and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	202,617	67,494	97,373	16,049			383,533
11	<b>Total support</b> (Add lines 7 through 10)							31,609,616
12	Gross receipts from related activit					12		60,294
13	First Five Years If the Form 990 is check this box and stop here			, tnira, fourth, or fi	itth tax year as a :	501(c)(:	3) organiz	eation, ▶  ———————————————————————————————————
<u> </u>	ection C. Computation of Pul Public Support Percentage for 201			11 column (f))		14		95 260 %
15	Public Support Percentage for 201	•				15		95 000 %
	33 1/3% support test—2011. If the and stop here. The organization qu	alıfıes as a public	ly supported orga	nızatıon				<b>►</b> ▼
	33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization me organization	n qualifies as a p — <b>2011.</b> If the org ation meets the "	ublicly supported janization did not o facts and circumst	organization check a box on lin cances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b>	and line	e 14 Explain	<b>▶</b> ┌
	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization Supported organization	nization meets thation meets the "	ne "facts and circu facts and circumst	mstances" test, c cances" test The	check this box and organization qual	d <b>stop he</b> Ifies as a	e <b>re.</b> a publicly	<b>▶</b> □
18	<b>Private Foundation</b> If the organizations	cion dia not checi	va nox on tine 13,	10a, 10b, 1/a 0ľ	1/D, CHECK THIS I	DUX 4NG	566	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Software ID: Software Version:

**EIN:** 84-0511799

Name: Pikes Peak United Way

### Form 990, Special Condition Description:

Funds awarded to various community organizations

### **Special Condition Description**

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)	
4d. Other program services	
(Code ) (Expenses \$ 110,451 including grants of \$ ) (Revenue \$ Success by 6 Pikes Peak United Way's Success By 6 program was established in 2008 with the goal that every child in our community prepared to succeed when he/she starts school. 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 organization to work together for the benefit of children. The unique opportunities for collaboration and partnerships among the public and private section that this initiative offers represent our collective commitment to doing what it takes to help the youngest members of our community achieve success. Working with community experts and stakeholders, we narrowed our focus this year to specific objectives that will have more immediate and direct impact. Early Literacy and Education, Parent Education and Home Visitation programs in the geographic are Harrison School District 2 and Colorado Springs School District 11. These school districts were identified as strategic priorities for our current two-year funding cycle due to our ability to reach the highest number of impoverished children and families in the Pikes Peak reg. Beginning in July 2012, 13 programs that are focused on Success By 6's new strategic imperatives will be allocated \$510,000 (per year from the Pikes Peak United Way Community Fund through our volunteer-directed allocation process. Over the next two years, Pikes Peak United Way will support those programs with training, networking opportunities and collaboration possibilities. We are directing our Success By 6 advocacy efforts towards business relationships, harnessing the political and financial capital of Colorado's business sector to ensure that all children develop into healthy, educated and productive citizens.	ons ctors ve a ea of r gion ar) ak cess
(Code ) (Expenses \$ 45,501 including grants of \$ ) (Revenue \$	)
Quality of Life Indicators The annual Quality of Life Indicators Report for the Pikes Peak Region was released in 2011 and, now in its fifyear, certain community trends became more evident. More than 200 community volunteers convened to create the report, which quantitatively measures several aspects of the quality of life in our community. Three themes were identified as significant, the local economy's impact on our region, the need for increased infill and redevelopment, and the need for continued community conversations a more collaboration between public, private, nonprofit, governmental and educational entities to prioritize investment of resources. It was decided soon after the release of this year's publication that the Quality of Life Indicators Report would become a biennial publication (every two years). This will allow for more solutions-based conversation about identified themes or "red flags," and will aid various local regional entities with strategic planning processes as well as the development of community initiatives and/or tools.	and s
(Code ) (Expenses \$ 62,838 including grants of \$ ) (Revenue \$  Community Investment/Allocation Services Pikes Peak United Way staff and volunteers spend thousands of hours annually to understathe ever-changing health and human service needs in our community. Every other year, we invite our nonprofit partner agencies and affiliates to submit two-year funding requests to the PPUW Community Fund. In 2011, each funded agency had a mid cycle review. In 2012, new allocations were awarded to programs in both Safety Net Services and Success By 6. See page 22 of the audit, Schedule of Funds Awarded for the years ended June 30, 2012 and 2011. More than 100 high-level volunteers representing businesses and organizations from throughout the community receive extensive training to participate on one of three committees that scrutinize these grant requests. Stewardship, Community Impact and Fund Allocations. These committees provide insight and recommendations regard the agencies' and/or programs' financial viability and stability, the fund allocations process and the distribution of funds. In addition to the PPUW Community Fund, volunteer committees also distribute monies from the El Pomar Emergency Grant Fund, City of Colorado Sprin and Community Development Block Grant (CDBG) funds, and PPUW Women's Leadership Council Jewel Fund. PPUW, in conjunction with Pomar Foundation, also distributes funds through the Military Family Assistance Program to military families in need.	e ling the ngs
(Code ) (Expenses \$ 67,482 including grants of \$ ) (Revenue \$	)
Community Events Pikes Peak United Way provides opportunities for members of the community to get involved through a myriad of events. One such event is Make a Difference Month, part of a nation-wide initiative that brings millions of Americans together to improve their communities and help those in need. Activities may include reclamation of community parks, reading to children or weatherizing the homes of seniors and individuals with disabilities Pikes Peak United Way hosted a Volunteer Symposium in conjunction with the Center Nonprofit Excellence and the Leighty Foundation that brought together executive directors, volunteer managers and board members from more than 25 local nonprofits to create a capacity-building plan for their organizations. Additionally, PPUW coordinates or collaborates the Center for Nonprofit Excellence on a number of other events, including Volunteer Day, an annual event recognizing outstanding volunteers, and Nonprofit Day, which convenes community nonprofits around a day of educational workshops and seminars related to the sector.	ne for m with
(Code ) (Expenses \$ 35,932 including grants of \$ ) (Revenue \$	)
Community Rooms The Pikes Peak United Way building has become a gathering place for community groups The Community Room and Cornerstone Room are popular meeting places for nonprofit boards and committees, networking events and community task forces. Our central downtown location, ample parking and availability of meeting rooms at no cost create opportunities for people coming together to help others.	-
(Code ) (Expenses \$ 45,330 including grants of \$ ) (Revenue \$ Volunteer Center Pikes Peak United Way's Volunteer Center is the one-stop-shop for volunteerism in the Pikes Peak region. It plays the critical role of encouraging professional development and promoting community service by connecting individuals and groups with volund opportunities that utilize a wide-range of skills and interests. The impact is mutually beneficial to the volunteers, nonprofits, corporate sector, and the community at large. The Center fills a significant gap that exists between the needs of the community and the resources available to meet them. Volunteers looking for ongoing opportunities and/or date specific projects can visit the Volunteer Center websit www.ppuwvolunteercenter.org, while agencies are provided ongoing volunteer recruitment and support, training and best practices to effectively manage their volunteer programs and opportunities. In FY 2011-2012, nearly 3,000 citizens contributed 24,681 hours of volunteer time to more than 100 community projects, equating to \$543,722 in manpower service.	nteer s
(Code ) (Expenses \$ 26,096 including grants of \$ ) (Revenue \$	)
Center for Nonprofit Excellence The Center for Nonprofit Excellence, which is housed at Pikes Peak United Way, is a membership organization of nonprofits in the Pikes Peak region. Its mission is to strengthen the nonprofit sector through leadership and resource development, advocacy and collaboration primarily through workshops, training, consulting and networking. The Center is a recognized leader in promoting operational effectiveness through Standards for Excellence, a licensed program of the nationally acclaimed Standard for Excellence.	<sup>-</sup> ds
(Code ) (Expenses \$ 18,454 including grants of \$ ) (Revenue \$ Homeward Pikes Peak Pikes Peak United Way is the host for Homeward Pikes Peak This organization is the coordinating agency for homeless services in the Pikes Peak region. Homeward Pikes Peak works with community agencies and homeless advocates to efficient and effectively help those in need by coordinating, facilitating and monitoring a Continuum of Care for homeless services and resource utilization.	) itly
(Code ) (Expenses \$ 2,541 including grants of \$ ) (Revenue \$ Federal Emergency Management Agency (FEMA) Emergency Food and Shelter Program This program provides for emergency food, shel and homelessness prevention for people in need in El Paso and Teller Counties Pikes Peak United Way administers these funds for the federal government, managing the local board, the allocations process and follow-up accountability	
(Code ) (Expenses \$ 3,810,808 including grants of \$ 3,810,808 ) (Revenue \$	)

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DLN: 93493304011802

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization es Peak United Way	·	Employer identification number
I IK	23 Cak Office Way		84-0511799
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990. Part IV. line 7.
1 2	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e g , recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certified historic structure
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year ►	erred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserva	ation assement is located	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	g the periodic monitoring, inspection, hand	
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financial	
Par	<b>Complete of the organization answered</b>	ons of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	toric	al Tre	easures, or C	the	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing th	at are a signific	ant u	se of its collectior	1	
а	Public exhibition		d	Γ	Loan or	r exchange prog	rams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's content NIV	ollections and expla	ıın hov	v they	further	the organization	ı's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	┌ No
Par	Part IV, line 9, or reported an ar	<b>jements.</b> Comple	ete ıf	the o	rganız	ation answere		es" to Form 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for co	ntrıbutı	ons or other ass	etsı		Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble	Γ		Amou	ınt	
С	Beginning balance						1c			
d	Additions during the year					ļ	1d			
e	Distributions during the year					ļ	1e			
f	Ending balance					ļ	1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. lin	e 21?			L		Г	Yes	
	If "Yes," explain the arrangement in Part XI\							,		,
	rt V Endowment Funds. Complete		n ans	were	d "Yes	" to Form 990.	Par	t IV. line 10.		
		(a)Current Year		Prior Ye		(c)Two Years Back			<b>)</b> Four \	'ears Back
1a	Beginning of year balance	1,958,651		1,6	59,739	1,554,15	0	1,894,550		
b	Contributions	29,338			43,925	21,06	1			
c	Investment earnings or losses	-114,148		2	76,211	135,11	5	-294,465		
d	Grants or scholarships									
e	Other expenditures for facilities and programs	7,765			21,224	50,58	7	45,935		
f	Administrative expenses									
g	End of year balance	1,866,076		1,9	58,651	1,659,73	9	1,554,150		
2	Provide the estimated percentage of the year	ar end balance held a	as							
а	Board designated or quasi-endowment 🕨	28 860 %								
b	Permanent endowment 🕨 53 590 %									
c	Term endowment ► 17 550 %									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			٠	3a(i)		No
	(ii) related organizations						•	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	·					•	3b		<u> </u>
4	Describe in Part XIV the intended uses of the					`				
Peli	t VI Land, Buildings, and Equipme	ent. See Form 99	70, Pa	T						
	Description of property				Cost or o			(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
	Land					557	,144			557,144
b	Buildings					1,34	,627	313,932		1,031,695
C	Leasehold improvements									
d	Equipment					500	,565	400,179		100,386
	Other	<u> </u>								
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	orm 990, Part X, colur	mn (B)	, line	10(c).)			▶		1,689,225
								Schedule D (F	orm 9	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(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	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 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.	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,443,383
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,154,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	289,377
4	Net unrealized gains (losses) on investments	4	-103,461
5	Donated services and use of facilities	5	7,405
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,092
9	Total adjustments (net) Add lines 4 - 8	9	-114,148
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	175,229
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	4,524,491
2	Amounts 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)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-106,743
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,631,234
4	Amounts 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) 4b 1,812,149		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,812,149
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	6,443,383
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	4,349,262
2	Amounts 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	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	7,405
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,341,857
4	Amounts 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		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1,812,149
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	6,154,006
Par	t 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 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

Identifier	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
Part XI, Line 8 - Other Adjustments		Change in Beneficial Interest in Perpetual Trust -10,687 In- Kind Expenses -7,405 Total to Schedule D, Part XI, Line 8 - 18,092
		Included in Part XII, Line 2d Change in Beneficial Interest in Perpetual Trust <10,687 > In-Kind Contributions 7,405 Total < 3,282 > Included in Part XI, Line 2d Change in Beneficial Interest in Perpetual Trust 10,687 In-Kind Contributions 7,405 Total 18,092 Included in Part XII, Line 4b Donor Designations 1,812,149 Included in Part XIII, Line 2d In-Kind Expenses 7,405 Included in Part XIII, Line 4b Donor Designations 1,812,149

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DLN: 93493304011802

OMB No 1545-0047

(Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

**SCHEDULE G** 

Department of the Treasury

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.

**Supplemental Information Regarding** 

Open to Public

Internal Revenue Service		🟲 Attaci	Inspection				
	ne of the organization s Peak United Way						entification number
						84-051179	9
Pa	rt I Fundraising Ad	ctivities. Comple	te if the	organıza	tion answered "Yes"	to Form 990, Part I	V, line 17.
1	Indicate whether the orga	anızatıon raısed funds	s through	any of the	following activities Ch	eck all that apply	
а	Mail solicitations	n-government grants					
b	☐ Internet and e-mail s	olicitations		f	☐ Solicitation of go	vernment grants	
c	□ Phone solicitations			g	Special fundraisi	ng events	
d	☐ In-person solicitation	าร					
2a	Did the organization have or key employees listed i						Γ Yes Γ No
b	If "Yes," list the ten higher to be compensated at lea						
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
			+				
Tota	ıl			<b>&gt;</b>			
3	List all states in which the licensing	e organızatıon ıs regi	stered or	licensed t	o solicit funds or has b	een notified it is exemp	ot from registration or

Par	t II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  Leader in Giving  (event type)	(b) Event #2  Community Celebration (event type)	(c) Other Events  5 (total number)	(d) Total Events (Add col (a) through col (c))
£.	1	Gross receipts	15,000	17,490	19,609	52,099
Revenue	2	Less Charitable				
Re	_	contributions				
	3	Gross income (line 1 minus line 2)	15,000	17,490	19,609	52,099
	4	Cash prizes				
s	5	Non-cash prizes				
esu:	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
≦	9	Other direct expenses .	17,674	15,555	10,675	43,904
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(43,904
	11	Net income summary Combine li	nes 3 and 10 ın column (d	d)		8,19!
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
кечение			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
es	2	Cash prizes				
penses	3	Non-cash prizes				
Direct Ex	4	Rent/facility costs				
DIR.	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	Г Yes	
		volunteer label 1 1 1	Г No	□ No	┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (i	d)		(
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (a)	<u> </u>	
9		er the state(s) in which the organiza				
a b		he organization licensed to operate No," Explain				· Yes No
,						
.0a b	Wer	re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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OMB No 1545-0047

DLN: 93493304011802

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

Name of the organization						Employer identification	on number
Pikes Peak United Way						84-0511799	
Part I General Informatio	n on Grants and	l Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	vard the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite				√ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
See Additional Data Table							
2 Enter total number of section 50	I 01(c)(3) and governi	<u> </u>	ed in the line 1 table.				85
2 Enter total number of other orga	nizations listed in th	o lino 1 tablo				<b>.</b>	

	enedate 1 (Form 550) 2011											
Part III	<b>Grants and Other Assista</b>	nce to Individuals										
	Use Schedule I-1 (Form 990	) if additional space i	s needed.									
(a)⊺	ype of grant or assistance	tance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  (b) Number of (c) A mount of (d) A mount of (e) Method of Valuation (f) Description of non-cash ass										

(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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		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

(a) Name and address of organization or government	<b>(b)</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 Colorado Springs1445 N Union Blvd Ste B- 100 Colorado Springs, CO 809092881	84- 1316555	501(c)3	35,775				Support the Charitable Purpose of the Organization
American Red Cross Pikes Peak Chapter1040 S 8th St Colorado Springs, CO 809057364	84- 0437753	501(c)3	32,495				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Army Community Service Fort Carson 6303 Wetzel Avenue Building 1526 Fort Carson Colorado Springs, CO 809134104	84- 0403198	501(c)3	9,115				Support the Charitable Purpose of the Organization
AspenPointe Health Services220 Ruskin Dr Colorado Springs, CO 809102522	84- 0602716	501(c)3	44,173				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
AspenPointe Youth Directions220 Ruskin Dr Colorado Springs, CO 809102522	84- 0681414	501(c)3	9,043		,		Support the Charitable Purpose of the Organization
BethHaven IncorporatedPO Box 326 Colorado Springs, CO 809010326	84- 0829849	501(c)3	26,386				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Big Brothers Big Sisters of Colorado Inc - Pikes Peak 111 S Tejon St Ste 302 Colorado Springs, CO 809032249	23- 7161796	501(c)3	86,883				Support the Charitable Purpose of the Organization
Boy Scouts of America Pikes Peak Council985 W Fillmore St Colorado Springs, CO 809075809	84- 0404226	501(c)3	42,950				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Boys & Girls Club of the Pikes Peak RegionPO Box 2078 Colorado Springs, CO 809012078	84- 0416503	501(c)3	161,855				Support the Charitable Purpose of the Organization
Care and Share Food Bank for Southern Colorado 2605 Preamble Pt Colorado Springs, CO 809151200	84- 0731930	1 501(6)3	175,340				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
CASA of the Pikes Peak Region701 S Cascade Ave Colorado Springs, CO 809033900	84- 1115548	501(c)3	44,523				Support the Charitable Purpose of the Organization
Catholic Charities of Central Colorado 228 N Cascade Ave Ste 139 Colorado Springs, CO 809031313	84- 0586169	501(c)3	247,041				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Cerebral Palsy Association of Colorado Springs 1322 North Academy Blvd Suite 115 Colorado Springs, CO 809093326	84- 0404238	501(c)3	6,530				Support the Charitable Purpose of the Organization
Cheyenne Mountain Zoological Society 4250 Cheyenne Mountain Zoo Rd Colorado Springs,	84- 0522163	501(c)3	10,631				Support the Charitable Purpose of the Organization

(a) Name and address of organization	<b>(b)</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,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government					appraisal, other)	assistance	
Cheyenne Village Inc6275 Lehman Dr Colorado Springs, CO 809181433	84- 1220570	501(c)3	20,841				Support the Charitable Purpose of the Organization
Colorado Coalition for the Homeless 2111 Champa Street Denver, CO 802052529	84- 6051921	501(c)3	177,340				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 I Have a Dream Foundation 1836 Grant Street Denver, CO 802031123	84- 0890978	1 501(6)3	28,673				Support the Charitable Purpose of the Organization
Colorado Legal Services617 S Nevada Ave Colorado Springs, CO 809034005	84- 0951575	501(6)3	17,301				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Springs Conservatory Foundation415 S Sahwatch St Colorado Springs, CO 809033815	74- 2497109	501(c)3	10,000				Support the Charitable Purpose of the Organization
Colorado Springs Ecumenical Social Ministries Inc201 N Weber St Colorado Springs,	84- 0402702	501(c)3	20,163				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Springs Fine Arts Center30 W Dale St Colorado Springs, CO 809033210	84- 1502211	501(c)3	17,250				Support the Charitable Purpose of the Organization
Colorado Springs Teen Court Incc/o Municipal Court Building PO Box 2169 Colorado Springs, CO 809012169	84- 0406947	501(c)3	9,722				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
Colorado Springs World Arena3185 Venetucci Drive Colorado Springs,CO 809064020	84- 1318849	501(c)3	20,434				Support the Charitable Purpose of the Organization
Community Partnership for Child DevelopmentHead Start2330 Robinson St Colorado Springs, CO 809043752	84- 1264465	501(c)3	10,500				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Consumer Credit Counseling Service 1233 Lake Plaza Dr Ste A Colorado Springs, CO 809063585	84- 1071825	501(c)3	260,551				Support the Charitable Purpose of the Organization
Court Care for the Pikes Peak Region IncPO Box 68 Colorado Springs, CO 809010068	75- 1437638	501(c)3	5,260				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Crossfire Ministries Inc2120 East LaSalle Street Colorado Springs, CO 809092218	45- 0488427	501(c)3	22,250		,		Support the Charitable Purpose of the Organization
Cystic Fibrosis Foundation Colorado Springs 1355 S Colorado Blvd Ste C200 Denver, CO 802223313	84- 1295381	501(c)3	7,000				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Disability Services Inc1352 N Academy Blvd Colorado Springs, CO 809093314	20- 8643063	501(c)3	23,788				Support the Charitable Purpose of the Organization
Discover Goodwill of Southern and Western Colorado 1460 Garden of the Gods Rd Colorado Springs, CO 809073414	84- 0513516	501(c)3	10,194				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Early Connections Learning Centers 104 E Rio Grande St Colorado Springs, CO 809034010	20- 3058736	501(c)3	25,511				Support the Charitable Purpose of the Organization
Energy Resource Center5920 Paonia Ct Colorado Springs, CO 809152812	84- 0513404	501(c)3	27,920				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
First Presbyterian Church of Colorado Springs219 E Bijou St Colorado Springs, CO 809031303	84- 0632406	501(c)3	282,871				Support the Charitable Purpose of the Organization
Fountain Valley School of Colorado 6155 Fountain Valley School Road Colorado Springs, CO 809112251	84- 0809393	501(c)3	67,969				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Franciscan Community Counseling Inc 7665 Assisi Hts Colorado Springs, CO 809193837	26- 2348716	501(c)3	5,273				Support the Charitable Purpose of the Organization
Girl Scouts of Colorado - Pikes Peak Region3535 Parkmoor Village Dr Colorado Springs, CO 809175292	84- 0423922	501(c)3	8,500				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Grace and St Stephens Episcopal ChurchPO Box 548 Colorado Springs,CO 809010548	84- 1149337	501(c)3	14,244				Support the Charitable Purpose of the Organization
Griffith Centers for ChildrenCHINS UP10 N Farragut Ave Colorado Springs, CO 809095626	84- 0410630	501(c)3	16,408				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Harbor House Collaborative 1710 E Pikes Peak Ave Ste 100 Colorado Springs, CO 809095745	84- 0405258	I 501(c)3	12,000				Support the Charitable Purpose of the Organization
Hendrix College Office of Development1600 Washington Ave Conway, AR	84- 0404251	501(c)3	5 ,6 4 8				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Homeward Pikes Peak518 N Nevada Ave Colorado Springs, CO 809031106	20- 8006412	501(c)3	7,738				Support the Charitable Purpose of the Organization
Hope and Home 4945 N 30th St Colorado Springs, CO 809193107	71- 0236897	501(c)3	6,000				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Humane Society of the Pikes Peak Region610 Abbott Ln Colorado Springs, CO 809051826	13- 4242773	501(c)3	12,576				Support the Charitable Purpose of the Organization
In Their Honor Events711 S Tejon St Colorado Springs, CO 809034054	84- 1467476	501(c)3	5,347				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Interfaith Hospitality Network of Colorado Springs 519 N Tejon St Colorado Springs, CO 809031109	84- 0410111	501(c)3	27,169				Support the Charitable Purpose of the Organization
Junior A chievement of Southern Colorado419 W Bijou St Colorado Springs, CO 809051308	84- 1449682	501(6)3	5,000				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Junior Achievement USAO ne Education Way Colorado Springs, CO 809064477	84- 1366832	501(c)3	5,246				Support the Charitable Purpose of the Organization
Juvenile Diabetes Research Foundation Colorado Springs332 W Bijou Ste201 Colorado Springs,	84- 6009223	501(c)3	5 ,7 8 6				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Center Inc829 N Circle Dr Ste 101 Colorado Springs, CO 809095008	13- 1635270	501(c)3	24,796				Support the Charitable Purpose of the Organization
Lutheran Family Services-Rocky Mountains108 E Saint Vrain St Ste 14 Colorado Springs,	23- 1907729	501(c)3	37,475				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
MCA Denver1485 Delgany Street Denver, CO 802021100	23- 7262876	501(c)3	23,160				Support the Charitable Purpose of the Organization
Mile High United Way2505 18th Street Denver, CO 802113939	84- 0775550	501(c)3	65,208				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance
Military Community Youth MinistriesPO Box 2486 Colorado Springs, CO 809012486	84- 1366092	501(c)3	10,000				Support the Charitable Purpose of the Organization
Multiple Sclerosis Alliance of Southern Colorado1322 N Academy Blvd Ste 119 Colorado Springs, CO 809093326	84- 0404235	501(c)3	14,517				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Partners in Housing 455 Gold Pass Hts Colorado Springs, CO 809063882		501(c)3	10,000				Support the Charitable Purpose of the Organization
Peak Education730 N Nevada Ave Colorado Springs, CO 809031008	84- 0821987	501(c)3	15,591				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Peak Vista Community Health Centers340 Printers Pkwy Colorado Springs, CO 809103190	84- 1188208	501(c)3	109,611				Support the Charitable Purpose of the Organization
Penrose-St Francis Health Foundation 2222 N Nevada Ave Colorado Springs, CO 809076794	84- 1467174	501(c)3	20,882				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Community Action Agency IncPO Box 2468 Colorado Springs, CO 809012468	84- 0617567	501(c)3	159,780				Support the Charitable Purpose of the Organization
Pikes Peak Community Foundation730 North Nevada Avenue Colorado Springs, CO 809031008	84- 0902211	501(c)3	12,200				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Family Connections Inc 2503 Holiday Lane Colorado Springs, CO 809091213	84- 0933888	501(6)3	27,238				Support the Charitable Purpose of the Organization
Pikes Peak Habitat for Humanity IncPO Box 9861 Colorado Springs, CO 809320861	84- 1339670	I 501(c)3	5,821				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Foundation2550 Tenderfoot Hill St Colorado Springs, CO 809063998	84- 0705937	501(c)3	14,854				Support the Charitable Purpose of the Organization
Pikes Peak or Bust Rodeo Foundation 601 North Nevada Avenue Colorado Springs, CO 809031005	35- 1640064	501(c)3	19,745				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Partnership Mental Healh America - PPR1352 North Academy Blvd Colorado Springs, CO 809093314	84- 1453050	501(c)3	22,414				Support the Charitable Purpose of the Organization
Project Cope Colorado Springs Utilities Foundation PO Box 1103 Mail Code 950 Colorado Springs,	84- 1589318	501(c)3	12,750				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Rocky Mountain Health Care Services310 S 14th St Colorado Springs, CO 809044009	84- 0507958	501(c)3	9,727				Support the Charitable Purpose of the Organization
Silver Key Senior Services Inc2250 Bott Ave Colorado Springs, CO 809043726	84- 0765729	501(c)3	19,948				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Southern Colorado AIDS Project1 301 S 8th St Ste 200 Colorado Springs, CO 809057302	23- 7109922	501(c)3	120,447				Support the Charitable Purpose of the Organization
Special Forces Association Chapter 4-24	84- 1054293	501(c)3	26,995				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Special KidsSpecial Families424 W Pikes Peak Ave Colorado Springs, CO 809051525		501(c)3	10,000				Support the Charitable Purpose of the Organization
Springs Rescue MissionPO Box 699 Colorado Springs, CO 809010699	84- 1476535	I 501(c)3	15,158				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
St Gabriel The Archangel Catholic Church8755 Scarborough Dr Colorado Springs, CO 809207577		501(c)3	16,574				Support the Charitable Purpose of the Organization
St Paul's Catholic Church9 El Pomar Road Colorado Springs, CO 809064227	84- 1569852	1 501(6)3	6,000				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
TESSAP O Box 2662 Colorado Springs, CO 809012662	84- 0405518	501(c)3	5,159				Support the Charitable Purpose of the Organization
The Arc of the Pikes Peak Region 12 N Meade Ave Colorado Springs, CO 809095634	84- 0746803	501(c)3	155,331				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Center for Hearing Speech and Language1329 N Academy Blvd Colorado Springs, CO 809093313	84- 0530067	I 501(c)3	40,083				Support the Charitable Purpose of the Organization
The Colorado Springs School21 Broadmoor Avenue Colorado Springs, CO 809063612	84- 0517369	I 501(c)3	10,000				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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 Nature Conservancy- Colorado Chapter 2424 Spruce St Boulder, CO 803024617	53- 0242652	I 501(c)3	5,050				Support the Charitable Purpose of the Organization
The Resource Exchange Inc418 S Weber St Colorado Springs,	84- 0532684	501(c)3	96,861				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Trı-Lakes CaresPO Box 1301 Monument, CO 801321301	74- 2501356	501(c)3	20,662				Support the Charitable Purpose of the Organization
University of Colorado Foundation4740 Walnut Street Boulder, CO 803012538	84- 6049811	501(c)3	15,020				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
Urban Peak of Colorado Springs 423 E Cucharras St Colorado Springs, CO 809033609	84- 1549702	501(6)3	15,832				Support the Charitable Purpose of the Organization
Women's Resource Agency Inc750 Citadel Drive E Ste 3128 Colorado Springs, CO 809095348	84- 0747154	501(c)3	33,960				Support the Charitable Purpose of the Organization

(a) Name and address of organization or government	<b>(b)</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
YMCA of the Pikes Peak Region316 North Tejon Street Colorado Springs, CO 809031224	84- 0404266	501(c)3	6,716				Support the Charitable Purpose of the Organization

As Filed Data -

DLN: 93493304011802

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Pikes Peak United Way **Employer identification number** 

84-0511799

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	A copy of the 990 is provided to the CFO of the organization for review before filing. The CFO reviews the 990, makes any recommendations and then presents it to the finance committee for further review. The finance committee then recommends the 990 to the Board of Directors. The Board of Directors reviews and approves the 990. After all recommendations are taken into consideration, the 990 is filed.
	Form 990, Part VI, Section B, line 12c	All staff, board members, interns, and key volunteers are covered by the conflict of interest statement, and resign them every January. In regards to the Board of Directors, if a potential conflict arises, the CEO alerts other board members at that time, the conflict is reviewed and a decision is made within the Board. In regards to staff and interns, the VP of HR reviews the conflict and makes the decision with the supervisor. In regards to key volunteers, the VP of HR and the Director of Volunteer Resources review the conflict and make that decision
	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 Specifically, Pikes Peak United Way's senior management team review ed three different salary surveys from Mountain States Employers Council, Colorado Nonprofit Association, and United Way Worldwide. The Organization took the following into consideration when comparing each employee the actual salary of each employee vs. the salary shown within the survey, the total amount of time the staff person has been on staff, and then the overall performance and impact of the employee.
	Form 990, Part VI, Section C, line 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public through the organization's website and on www guidestar org. Any documents that are not on these sources are available upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -103,461 Donated services and use of facilities 7,405 Change in Beneficial Interest in Perpetual Trust -10,687 In-Kind Expenses -7,405 Total to Form 990, Part XI, Line 5 - 114,148
Audit Committee Oversight	Form 990 Part XII, Line 2c	The process for overseeing the audit and selecting the audit firm has not changed from prior year