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PUBLIC DISCLOSURE COPY

Pikes Peak United Way  
518 North Nevada Avenue  
Colorado Springs, CO 80903  
Attention: David Frauhiger

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027



Form **990**

# 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)

# 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Pikes Peak United Way</b>		<b>D</b> Employer identification number <b>84-0511799</b>
	Doing Business As		<b>E</b> Telephone number <b>(719) 632-1543</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>518 North Nevada Avenue</b>		<b>G</b> Gross receipts \$ <b>6,394,013.</b>
City or town, state or country, and ZIP + 4 <b>Colorado Springs, CO 80903</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>John Dallager same as C above</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>www.ppunitedway.org</b>		<b>H(c)</b> Group exemption number <b>▶</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		<b>L</b> Year of formation: <b>1922</b>	<b>M</b> State of legal domicile: <b>CO</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Mobilize and grow the caring power of the community and create the best quality of life possible.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 15
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> 41
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 4000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	6,164,673.	6,238,064.
	<b>9</b> Program service revenue (Part VIII, line 2g)	59,062.	41,794.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,572.	57,953.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,364.	16,049.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,296,671.	6,353,860.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,398,656.	4,230,511.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,444,499.	1,455,142.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 503,307.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	657,068.	634,558.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,500,223.	6,320,211.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-203,552.	33,649.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 6,739,607.	End of Year 6,909,595.
	<b>21</b> Total liabilities (Part X, line 26)	4,084,149.	3,945,848.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,655,458.	2,963,747.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>David Frauhiger, Chief Financial Officer</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Greg Papineau, CPA</b>	<b>Greg Papineau, CPA</b>	<b>10/11/11</b>		
	Firm's name <b>▶ BiggsKofford, P.C.</b>	Firm's EIN <b>▶</b>			
	Firm's address <b>▶ 630 Southpointe Court, Suite 200 Colorado Springs, CO 80906</b>			Phone no. <b>719.579.9090</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: To mobilize and grow the caring power of our community, to create the best quality of life possible for all of our citizens.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 328,667. including grants of \$ ) (Revenue \$ ) Pikes Peak United Way is a local nonprofit organization that brings our community together, focusing our resources on the most critical health and human service needs in the Pikes Peak Region. With the help of countless volunteers, our team diligently works to monitor and understand the unique needs of our community. Pikes Peak United Way partners with local businesses, foundations, nonprofits, local government entities and individual donors so that together, we can strive to create positive, sustained changes in community conditions.

2-1-1 Information and Referral:

Pikes Peak United Way 2-1-1 is an easy to remember, confidential and universally recognizable number available 24 hours a day, seven days a

4b (Code: ) (Expenses \$ 259,108. including grants of \$ ) (Revenue \$ ) Community Information Systems:

The Community Information Systems program manages a computerized data collection application designed to capture client-level information on the characteristics and service needs of adults and children experiencing homelessness over time. The U.S. Department of Housing and Urban Development (HUD) requires communities receiving federal funding to have a local system which they refer to as Homeless Management Information System (HMIS). In Colorado Springs, El Paso County, we call this our Client Management System (CMS).

CMS implementation presents the community with an opportunity to re-examine how homeless services are provided, to make informed

4c (Code: ) (Expenses \$ 206,013. including grants of \$ ) (Revenue \$ ) Community Impact:

In all that Pikes Peak United Way (PPUW) undertakes, collaboration is critical. None of our programs would have the impact that they do without collaborative partners. Conversely, when our agencies and organizations are developing initiatives, PPUW is often asked to participate to better manage community efforts. Critical community initiatives and collaborations have included:

- \* Alliance for Kids
\* Balance of State Continuum of Care
\* City of Colorado Springs and El Paso County Offices of Emergency Management
\* City of Colorado Springs Programs

4d Other program services. (Describe in Schedule O.) (Expenses \$ 4,601,975. including grants of \$ 4,230,511.) (Revenue \$ )

4e Total program service expenses 5,395,763.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
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 "Yes," complete Schedule C, Part II</i> .....		X
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? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
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> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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 "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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 .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 709.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		15
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		15
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **David Frauhiger - (719)632-1543**  
**518 North Nevada Avenue, Colorado Springs, CO 80903**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Edmonds Director	1.00	X					0.	0.	0.	
Jay Alexander Director	1.00	X					0.	0.	0.	
Vic Andrews Director	1.00	X					0.	0.	0.	
Tamarinde Doane Director	1.00	X					0.	0.	0.	
Kathy Boe Director	1.00	X					0.	0.	0.	
Jerry Forte Director	1.00	X					0.	0.	0.	
Nick Gledich Director	1.00	X					0.	0.	0.	
Bill Hodgkins Director	1.00	X					0.	0.	0.	
Kimberly McKay Director	1.00	X					0.	0.	0.	
Terrence McWilliams Vice Chair	1.00	X					0.	0.	0.	
Tom Naughton Director	1.00	X					0.	0.	0.	
Timothy Mason Director	1.00	X					0.	0.	0.	
Barb Winter Chair	1.00	X					0.	0.	0.	
Paula Miller Director	1.00	X					0.	0.	0.	
Carm Mocerì Director	1.00	X					0.	0.	0.	
John "JD" Dallager Chief Executive Officer	40.00			X	X		120,444.	0.	6,592.	
Lynne Telford Chief Operating Officer	40.00			X	X		91,656.	0.	13,633.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Frauhiger Chief Financial Officer	40.00			X	X			62,164.	0.	24,297.
Carrie Cramm VP - Community Impact	40.00			X	X			49,963.	0.	8,738.
<b>1b Sub-total</b>								324,227.	0.	53,260.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								324,227.	0.	53,260.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above						
	1f			6,238,064.				
	g	Noncash contributions included in lines 1a-1f: \$						
h	<b>Total.</b> Add lines 1a-1f		6,238,064.					
Program Service Revenue	2 a	<b>Fees</b>	Business Code					
			624100	38,709.	38,709.			
	b	<b>FEMA Administrative Fe</b>	624100	3,085.	3,085.			
	c							
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f		41,794.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,953.			57,953.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	55,549.				
		b	Less: direct expenses	b	40,153.			
		c	Net income or (loss) from fundraising events		15,396.			15,396.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<b>Miscellaneous Income</b>	624100	653.	653.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		653.					
12	<b>Total revenue.</b> See instructions.		6,353,860.	42,447.	0.	73,349.		

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	4,230,511.	4,230,511.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	351,002.	159,472.	129,406.	62,124.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	818,584.	430,897.	143,403.	244,284.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	34,493.	17,412.	8,044.	9,037.
9 Other employee benefits .....	166,021.	83,801.	38,726.	43,494.
10 Payroll taxes .....	85,042.	42,927.	19,836.	22,279.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	34,264.	22,691.	1,006.	10,567.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	224,976.	197,212.	8,464.	19,300.
17 Travel .....	11,298.	5,268.	399.	5,631.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	9,786.	4,088.	702.	4,996.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	22,033.	12,105.	4,307.	5,621.
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.) .....				
a <b>Contract Services</b> .....	198,502.	126,905.	51,984.	19,613.
b <b>United Way Worldwide Du</b> .....	52,242.	27,257.	10,839.	14,146.
c <b>Printing</b> .....	39,437.	17,615.	224.	21,598.
d <b>Staff Development</b> .....	21,268.	12,744.	2,081.	6,443.
e <b>Postage and Shipping</b> .....	19,026.	3,798.	1,431.	13,797.
f All other expenses .....	1,726.	1,060.	289.	377.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	6,320,211.	5,395,763.	421,141.	503,307.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> 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 .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,033,127.	<b>2</b>	1,676,521.
	<b>3</b> Pledges and grants receivable, net .....	1,655,479.	<b>3</b>	1,660,738.
	<b>4</b> Accounts receivable, net .....	27,806.	<b>4</b>	336,621.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	76,338.	<b>9</b>	61,640.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,951,791.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 634,556.	1,374,510.	<b>10c</b> 1,317,235.
	<b>11</b> Investments - publicly traded securities .....	1,472,167.	<b>11</b>	1,743,523.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	100,180.	<b>12</b>	113,317.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,739,607.	<b>16</b>	6,909,595.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	176,887.	<b>17</b>	188,053.
	<b>18</b> Grants payable .....	2,795,138.	<b>18</b>	2,730,488.
	<b>19</b> Deferred revenue .....	431,790.	<b>19</b>	398,973.
	<b>20</b> Tax-exempt bond liabilities .....	680,334.	<b>20</b>	628,334.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,084,149.	<b>26</b>	3,945,848.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	950,548.	<b>27</b>	1,185,790.
	<b>28</b> Temporarily restricted net assets .....	604,730.	<b>28</b>	664,640.
	<b>29</b> Permanently restricted net assets .....	1,100,180.	<b>29</b>	1,113,317.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33 Total net assets or fund balances</b> .....	2,655,458.	<b>33</b>	2,963,747.
<b>34 Total liabilities and net assets/fund balances</b> .....	6,739,607.	<b>34</b>	6,909,595.	

**Part XI Reconciliation of Net Assets**

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	6,353,860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,320,211.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,649.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,655,458.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	274,640.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,963,747.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

Pikes Peak United Way

Employer identification number

84-0511799

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 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 III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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 the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5855329.	5595192.	6418877.	6164673.	6279858.	30313929.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5855329.	5595192.	6418877.	6164673.	6279858.	30313929.
<b>5</b> The portion of total contributions 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) .....						551,336.
<b>6 Public support.</b> Subtract line 5 from line 4.						29762593.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	5855329.	5595192.	6418877.	6164673.	6279858.	30313929.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	163,096.	179,320.	46,839.	51,572.	57,953.	498,780.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	133,942.	202,617.	67,494.	97,373.	16,049.	517,475.
<b>11 Total support.</b> Add lines 7 through 10						31330184.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.00	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	93.37	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Pikes Peak United Way

Employer identification number

84-0511799

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

<b>Name of organization</b>  Pikes Peak United Way	<b>Employer identification number</b>  84-0511799
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 204,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Pikes Peak United Way</b>	Employer identification number <b>84-0511799</b>
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  Pikes Peak United Way	<b>Employer identification number</b>  84-0511799
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Pikes Peak United Way

Employer identification number

84-0511799

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,659,739.	1,554,150.	1,894,550.		
b Contributions	43,925.	21,061.			
c Net investment earnings, gains, and losses	276,211.	135,115.	-294,465.		
d Grants or scholarships					
e Other expenditures for facilities and programs	21,224.	50,587.	45,935.		
f Administrative expenses					
g End of year balance	1,958,651.	1,659,739.	1,554,150.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  27.38 %
  - b Permanent endowment  51.06 %
  - c Term endowment  21.56 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		156,000.		156,000.
b Buildings		1,345,627.	276,859.	1,068,768.
c Leasehold improvements				
d Equipment		450,164.	357,697.	92,467.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,317,235.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,353,860.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,320,211.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	33,649.
4	Net unrealized gains (losses) on investments	4	261,506.
5	Donated services and use of facilities	5	10,528.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,606.
9	Total adjustments (net). Add lines 4 through 8	9	274,640.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	308,289.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,892,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	261,506.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	23,662.
e	Add lines 2a through 2d	2e	285,168.
3	Subtract line 2e from line 1	3	4,607,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,746,297.
c	Add lines 4a and 4b	4c	1,746,297.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,353,860.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,584,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	10,528.
e	Add lines 2a through 2d	2e	10,528.
3	Subtract line 2e from line 1	3	4,573,914.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,746,297.
c	Add lines 4a and 4b	4c	1,746,297.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,320,211.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

Part V, line 4: Part V, Line 4: The Organization's endowment provides funding to support the Organization's exempt purpose programs.

Included in Part XI, Line 8:

Change in Beneficial Interest in

Perpetual Trust 13,134

In-Kind Expenses <10,528>

**Part XIV** Supplemental Information (continued)

Total <2,606>

Included in Part XII, Line 2d:

Change in Beneficial Interest in

Perpetual Trust 13,134

In-Kind Contributions 10,528

Total 23,662

Included in Part XII, Line 4b:

Donor Designations 1,746,297

Included in Part XIII, Line 2d:

In-Kind Expenses 10,528

Included in Part XIII, Line 4b:

Donor Designations 1,746,297



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Leader in Giving (event type)	Community Celebration (event type)	5 (total number)	
Revenue	<b>1</b> Gross receipts .....	22,500.	17,026.	16,023.	55,549.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	22,500.	17,026.	16,023.	55,549.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	17,039.	12,631.	10,483.	40,153.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 40,153 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				15,396.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**Pikes Peak United Way**

**Employer identification number  
84-0511799**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Cancer Society- Pikes Peak Region - 1445 N. Union Blvd., #B-100 - Colorado Springs, CO 80909-2881	84-1316555	501(c)3	32,170.	0.			Support the Charitable Purpose of the Organization
American Red Cross-Pikes Peak Chapter - 1040 South 8th Street - Colorado Springs, CO 80905-7364	84-0437753	501(c)3	36,423.	0.			Support the Charitable Purpose of the Organization
Army Community Service, Fort Carson - 6303 Wetzel Avenue Building 1526 - Fort Carson, CO 80913-4104	84-0403198	501(c)3	14,260.	0.			Support the Charitable Purpose of the Organization
BethHaven Incorporated PO Box 326 Colorado Springs, CO 80901-0326	84-0829849	501(c)3	25,758.	0.			Support the Charitable Purpose of the Organization
Big Brothers Big Sisters of CO, Inc.--Pikes Peak - 111 South Tejon Street, Suite 302 - Colorado Springs, CO 80903-2249	23-7161796	501(c)3	87,236.	0.			Support the Charitable Purpose of the Organization
Boy Scouts of America-Pikes Peak Council - 985 West Fillmore Street - Colorado Springs, CO 80907-5809	84-0404226	501(c)3	69,353.	0.			Support the Charitable Purpose of the Organization

- 2** Enter total number of section 501(c)(3) and government organizations **84.**
- 3** Enter total number of other organizations **7.**

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

Schedule I (Form 990) (2010)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Pikes Peak Region - PO Box 15919 - Colorado Springs, CO 80935-5919	84-0416503	501(c)3	171,372.	0.			Support the Charitable Purpose of the Organization
Care and Share 2605 Preamble Point Colorado Springs, CO 80915-1200	84-0731930	501(c)3	185,107.	0.			Support the Charitable Purpose of the Organization
CASA Court Appointed Special Advocates - 701 South Cascade Avenue - Colorado Springs, CO 80903-3900	84-1115548	501(c)3	47,527.	0.			Support the Charitable Purpose of the Organization
Catholic Charities of Colorado Springs - 228 North Cascade Avenue - Colorado Springs, CO 80903-1322	84-0586169	501(c)3	261,111.	0.			Support the Charitable Purpose of the Organization
Center for Hearing Speech and Language - 1329 North Academy Blvd. - Colorado Springs, CO 80909-3313	84-0404238	501(c)3	6,625.	0.			Support the Charitable Purpose of the Organization
Cerebral Palsy Assoc. of Colorado Springs - 1322 North Academy Blvd., Suite 115 - Colorado Springs, CO 80909-3326	84-0522163	501(c)3	12,441.	0.			Support the Charitable Purpose of the Organization
Cheyenne Mountain Zoological Society - 4250 Cheyenne Mtn. Zoo Road - Colorado Springs, CO 80906-5728	84-1220570	501(c)3	14,685.	0.			Support the Charitable Purpose of the Organization
Cheyenne Village, Inc. 6275 Lehman Drive Colorado Springs, CO 80918-1433	84-6051921	501(c)3	172,047.	0.			Support the Charitable Purpose of the Organization
Colorado Legal Services 617 South Nevada Avenue Colorado Springs, CO 80903-4005	84-0402702	501(c)3	26,399.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Springs Conservatory Foundation - 1600 N. Union Blvd. - Colorado Springs, CO 80909-2812	84-1502211	501(c)3	5,677.	0.			Support the Charitable Purpose of the Organization
Colorado Springs Fine Arts Center 30 West Dale Street Colorado Springs, CO 80903-3210	84-0406947	501(c)3	18,057.	0.			Support the Charitable Purpose of the Organization
Colorado Springs Teen Court P.O. Box 2169 Colorado Springs, CO 80901-2169	84-1318849	501(c)3	6,585.	0.			Support the Charitable Purpose of the Organization
Colorado Springs World Arena 3185 Venetucci Dr. Colorado Springs, CO 80906	84-1264465	501(c)3	10,500.	0.			Support the Charitable Purpose of the Organization
Comm.Partnership for Child Development - 2330 West Robinson Street - Colorado Springs, CO 80904-3752	84-1071825	501(c)3	237,101.	0.			Support the Charitable Purpose of the Organization
Community Health Charities 1805 South Bellaire Street, Suite 1 Denver, CO 80222-4381	31-1543705	501(c)3	10,172.	0.			Support the Charitable Purpose of the Organization
Consumer Credit Counseling Service 1233 Lake Plaza Drive Colorado Springs, CO 80906-3585	75-1437638	501(c)3	5,845.	0.			Support the Charitable Purpose of the Organization
Crossfire Ministries Inc. 307 North Union Blvd. Colorado Springs, CO 80909-5707	84-1295381	501(c)3	7,500.	0.			Support the Charitable Purpose of the Organization
CS Utilities Foundation- Project COPE - PO Box 1103 Mail Code 950 - Colorado Springs, CO 80947-0950	20-8643063	501(c)3	22,327.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cystic Fibrosis Foundation-Colorado Springs - 1355 South - Colorado Blvd Denver, CO 80222-3305	84-0513516	501(c)3	11,004.	0.			Support the Charitable Purpose of the Organization
Disability Services, Inc./Pikes Peak Partnership - 1352 North Academy Blvd. - Colorado Springs, CO 80909-3314	20-3058736	501(c)3	18,219.	0.			Support the Charitable Purpose of the Organization
Early Connections Learning Centers 104 East Rio Grande Street Colorado Springs, CO 80903-4010	84-0632406	501(c)3	298,659.	0.			Support the Charitable Purpose of the Organization
Energy Resource Center 5920 Paonia Ct. Colorado Springs, CO 80915-2812	84-0809393	501(c)3	36,909.	0.			Support the Charitable Purpose of the Organization
First Presbyterian Church 219 East Bijou Colorado Springs, CO 80903-1303	26-2348716	501(c)3	14,507.	0.			Support the Charitable Purpose of the Organization
Franciscan Community Counseling 7665 Assisi Heights Colorado Springs, CO 80919-3837	84-1149337	501(c)3	14,444.	0.			Support the Charitable Purpose of the Organization
Girl Scouts of Colorado 3535 Parkmoor Village Drive Colorado Springs, CO 80917-5292	84-0410630	501(c)3	14,684.	0.			Support the Charitable Purpose of the Organization
Griffith Centers for Children/Youth & Family Services - 10 North Farragut Avenue - Colorado Springs, CO 80909-5626	84-0404251	501(c)3	8,407.	0.			Support the Charitable Purpose of the Organization
Homeward Pikes Peak 518 North Nevada Avenue, Colorado Springs, CO 80903-1106	13-4242773	501(c)3	15,555.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Humane Society of the Pikes Peak Region - 610 Abbott Lane - Colorado Springs, CO 80905	84-0410111	501(c)3	23,485.	0.			Support the Charitable Purpose of the Organization
I Have a Dream Foundation 1836 Grant Street Denver, CO 80203-1123	74-2497109	501(c)3	10,000.	0.			Support the Charitable Purpose of the Organization
Junior Achievement USA One Education Way Colorado Springs, CO 80906	84-6009223	501(c)3	24,614.	0.			Support the Charitable Purpose of the Organization
LULAC National Educational Service Center - 829 North Circle Drive, Suite 101 - Colorado Springs, CO 80909	23-7262876	501(c)3	23,998.	0.			Support the Charitable Purpose of the Organization
Lutheran Family Services of Colorado - 108 E. St. Vrain, Ste 21 - Colorado Springs, CO 80903-1161	84-0775550	501(c)3	69,457.	0.			Support the Charitable Purpose of the Organization
MCA Denver 1485 Delgany Street Denver, CO 80202-1100	84-1366092	501(c)3	10,000.	0.			Support the Charitable Purpose of the Organization
Memorial Health System Foundation 1519 East Boulder Street Colorado Springs, CO 80909-5663	84-1576338	501(c)3	11,263.	0.			Support the Charitable Purpose of the Organization
Mental Health America, Pikes Peak Region - 1352 North Academy Blvd. - Colorado Springs, CO 80909-3314	84-0507958	501(c)3	11,876.	0.			Support the Charitable Purpose of the Organization
Multiple Sclerosis Alliance, Southern CO - 1352 North Academy Blvd. - Colorado Springs, CO 80909-3314	84-0821987	501(c)3	14,350.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Partners in Housing, Inc. 455 Gold Pass Heights Colorado Springs, CO 80906-3882	84-1188208	501(c)3	99,532.	0.			Support the Charitable Purpose of the Organization
Peak Education 730 North Nevada Avenue Colorado Springs, CO 80903-1008	84-1467174	501(c)3	7,885.	0.			Support the Charitable Purpose of the Organization
Peak Vista Community Health Centers - 340 Printers Parkway - Colorado Springs, CO 80910-3190	84-0617567	501(c)3	161,106.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Behavioral Health Group 220 Ruskin Drive Colorado Springs, CO 80910-2522	42-1600485	501(c)3	11,885.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Community Action Agency, Inc. - 14 West Bijou Street - Colorado Springs, CO 80903-1311	84-0933888	501(c)3	26,862.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Habitat for Humanity P. O. Box 9861 Colorado Springs, CO 80932-0861	35-1640064	501(c)3	14,549.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Hospice Foundation 825 East Pikes Peak Avenue, Suite 600 - Colorado Springs, CO 80903-3631	84-1453050	501(c)3	22,419.	0.			Support the Charitable Purpose of the Organization
Pikes Peak or Bust Rodeo Foundation - 601 North Nevada Avenue - Colorado Springs, CO 80903	84-1589318	501(c)3	15,000.	0.			Support the Charitable Purpose of the Organization
Project Angel Heart 4190 Garfield Street Unit 5 Denver, CO 80216	84-1199481	501(c)3	18,325.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rocky Mountain Health Care Services - 2812 East Bijou Street - Colorado Springs, CO 80909-6371	84-0765729	501(c)3	18,236.	0.			Support the Charitable Purpose of the Organization
Safe Passage 423 South Cascade Ave Colorado Springs, CO 80903	84-1241767	501(c)3	21,544.	0.			Support the Charitable Purpose of the Organization
Silver Key Senior Services 2250 Bott Ave. Colorado Springs, CO 80904-3726	23-7109922	501(c)3	132,198.	0.			Support the Charitable Purpose of the Organization
Southern Colorado AIDS Project (S-CAP) - 1301 South 8th Street, Suite 200 - Colorado Springs, CO 80905-7302	84-1054293	501(c)3	19,797.	0.			Support the Charitable Purpose of the Organization
Springs Rescue Mission 5 West Las Vegas Street Colorado Springs CO, CO 80903-4217	84-1340824	501(c)3	26,763.	0.			Support the Charitable Purpose of the Organization
TESSA 435 Gold Pass Heights Colorado Springs, CO 80906-3882	84-0746803	501(c)3	153,447.	0.			Support the Charitable Purpose of the Organization
The Arc of the Pikes Peak Region 12 North Meade Avenue Colorado Springs, CO 80909	84-0530067	501(c)3	41,829.	0.			Support the Charitable Purpose of the Organization
The Nature Conservancy-Colorado Chapter - 104 S. Cascade Ave #109 - Colorado Springs, CO 80903-5101	53-0242652	501(c)3	10,015.	0.			Support the Charitable Purpose of the Organization
The Resource Exchange 418 South Weber Street Colorado Springs, CO 80903-2127	84-0532684	501(c)3	89,575.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army-El Paso County 910 Yuma Street Colorado Springs, CO 80909-5045	84-0402712	501(c)3	297,884.	0.			Support the Charitable Purpose of the Organization
Tri Lakes Cares P O Box 1301 Monument, CO 80132	74-2501356	501(c)3	19,740.	0.			Support the Charitable Purpose of the Organization
University of Colorado Foundation 4740 Walnut Street Boulder, CO 80301-2538	84-6049811	501(c)3	13,573.	0.			Support the Charitable Purpose of the Organization
Urban League of the PP Region, Inc. - 1322 N. Academy Blvd. Ste. 201 - Colorado Springs, CO 80909-3317	84-0537544	501(c)3	20,648.	0.			Support the Charitable Purpose of the Organization
Urban Peak Colorado Springs 423 E. Cucharras Colorado Springs, CO 80903-3609	84-1549702	501(c)3	20,879.	0.			Support the Charitable Purpose of the Organization
Womens Resource Agency, Inc. 750 Citadel Drive East, Suite 3116 Colorado Springs, CO 80909-5348	84-0747154	501(c)3	25,760.	0.			Support the Charitable Purpose of the Organization
YMCA of the Pikes Peak Region 207 North Nevada Avenue Colorado Springs, CO 80903-1306	84-0404266	501(c)3	21,175.	0.			Support the Charitable Purpose of the Organization
AspenPointe Health Services 525 N. Cascade Ave Ste100 Colorado Springs, CO 80903	84-0602716	501(c)3	44,104.	0.			Support the Charitable Purpose of the Organization
Austin Baptist Association 3811 Harmon Avenue Austin, TX 78751	74-1246261	501(c)3	25,000.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Benet Hill Monastery 3190 Benet Lane Colorado Springs, CO 80921	84-0523354	501(c)3	25,000.	0.			Support the Charitable Purpose of the Organization
Campus Crusade for Christ Military Ministry - 915 Cheyenne Blvd. - Colorado Springs, CO 80905	95-6006173	501(c)3	6,000.	0.			Support the Charitable Purpose of the Organization
Children's Literacy Center 2928 Straus Lane, Ste. 100 Colorado Springs, CO 80907	84-1209272	501(c)3	8,825.	0.			Support the Charitable Purpose of the Organization
Colorado College 14 E. Cache La Poudre St. Colorado Springs, CO 80903	84-0402510	501(c)3	6,089.	0.			Support the Charitable Purpose of the Organization
Diocese of Colorado Springs 228 N. Cascade Ave Colorado Springs, CO 80903	84-0936629	501(c)3	5,058.	0.			Support the Charitable Purpose of the Organization
Ecumenical Social Ministries 201 N. Weber St. Colorado Springs, CO 80903	84-0890978	501(c)3	10,501.	0.			Support the Charitable Purpose of the Organization
Goodwill Industries of Colorado Springs Foundation - PO Box 6300 - Colorado Springs, CO 80934	84-1488592	501(c)3	6,250.	0.			Support the Charitable Purpose of the Organization
Grace & St. Stephens Episcopal Church - PO Box 548 - Colorado Springs, CO 80901	84-0405258	501(c)3	7,500.	0.			Support the Charitable Purpose of the Organization
Hendrix College 1600 Washington Ave. Conway, AR 72032	71-0236897	501(c)3	5,000.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
High Plains Orthodox Presbyterian Church - 657 Seventh St. - Calhan, CO 80808	Applied For	501(c)3	5,000.	0.			Support the Charitable Purpose of the Organization
In Their Honor Events 711 S. Tejon St. Ste. 201 Colorado Springs, CO 80903	84-1449682	501(c)3	5,000.	0.			Support the Charitable Purpose of the Organization
Juvenile Diabetes Research Foundation - 3710 Sinton Road, Ste. 220 - Colorado Springs, CO 80909	23-1907729	501(c)3	30,350.	0.			Support the Charitable Purpose of the Organization
National Military Family Association - 2500 N. Van Dorn St. Ste.102, - Alexandria, VA 22302	52-0899384	501(c)3	31,302.	0.			Support the Charitable Purpose of the Organization
National MS Society 616 N. Tejon St. Colorado Springs, CO 80903	84-0412595	501(c)3	5,784.	0.			Support the Charitable Purpose of the Organization
Northern Churches Care PO Box 26416 Colorado Springs, CO 80936	84-1093341	501(c)3	12,101.	0.			Support the Charitable Purpose of the Organization
Penrose St. Francis Healthcare Foundation - 2222 N. Nevada Ave - Colorado Springs, CO 80907	84-0902211	501(c)3	7,300.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Community Foundation 730 N. Nevada Ave, Colorado Springs, CO 80903	84-1339670	501(c)3	6,517.	0.			Support the Charitable Purpose of the Organization
Pikes Peak Therapeutic Riding Center - 13620 Hallelulah Trail - Colorado Springs, CO 80106	74-2232440	501(c)3	5,102.	0.			Support the Charitable Purpose of the Organization

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Mary's Catholic High School 2501 E. Yampa St. Colorado Springs, CO 80909	84-1060677	501(c)3	6,605.	0.			Support the Charitable Purpose of the Organization
Temple Shalom 1523 E. Monument St. Colorado Springs, CO 80909	84-0613002	501(c)3	6,750.	0.			Support the Charitable Purpose of the Organization
The Colorado Springs School 21 Broadmoor Ave. Colorado Springs, CO 80906	84-0517369	501(c)3	9,230.	0.			Support the Charitable Purpose of the Organization

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.

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.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Pikes Peak United Way

Employer identification number

84-0511799

Form 990, Part III, Line 4a, Program Service Accomplishments:

week that offers free information and referral for basic health and human service needs. The program serves six counties: Chafee, Cheyenne, Lincoln, Park, Teller, El Paso and portions of the San Luis Valley. 2-1-1 Community Specialists assess the critical needs and potential eligibility of each caller to provide referrals to appropriate agencies and services. Callers are provided with detailed information including hours of operation, intake/document requirements, directions and more. By directing people to the right resources and preparing them for their visit, 2-1-1 promotes higher assistance success and decreases frustrations.

This year, 2-1-1 embarked on two new initiatives. The first established the 2-1-1 Advisory Council, bringing together community leaders to provide insight and suggestions for the growth and improvement of 2-1-1. The second introduced a trial period of face-to-face information and referral at Catholic Charities' Hanifen Center. Housed within Marion House Soup Kitchen, this is a central location to reach a population who could benefit from 2-1-1's assistance and yet may not be aware or able to take advantage of it because they lack telephone access.

2-1-1 offers information and referrals from a call center staffed with experienced multilingual operators. Additional access to translation services ensures that all callers can receive assistance. The following types of referral services are provided:

Name of the organization Pikes Peak United Way	Employer identification number 84-0511799
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\* Basic human needs resources: food, clothing, shelters, rent assistance, utility assistance and housing.

\* Physical and mental health resources: medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention, rehabilitation, health insurance programs, Medicaid and Medicare, maternal health, children's health insurance programs, health and immunization fairs and screenings.

\* Employment support: unemployment benefits, financial assistance, job training, transportation assistance, employment assistance and education programs.

\* Support for older adults and persons with disabilities: Area Agencies on Aging, caregiver support, in-home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation and homemaker services.

\* Support for children, youth and families: quality childcare, preschool programs, family resources, mentoring, tutoring, protective services and school supplies.

\* Earned Income Tax Credit (EITC) Volunteer Income Tax Assistance (VITA) outreach: eligibility criteria for the EITC, location and hours of tax assistance sites, language(s) in which tax preparation services are offered and a list of documents needed.

\* Office of Emergency Management: special needs population emergency

Name of the organization Pikes Peak United Way	Employer identification number 84-0511799
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evacuation registry, as well as serving to expand capacity of the emergency management response system, reassuring callers, mobilizing and managing volunteers, serving as intake for service providers, freeing up the 9-1-1 system for non-emergency calls and sustaining crucial connection to citizens during an emergency.

Funding partners include:

\* Pikes Peak Area Council of Governments Area Agency on Aging for the handling of senior and adult disability calls;

\* Piton Foundation for ongoing support for tax related calls; and

\* Colorado Springs Utilities for requests for assistance with utility bills.

Form 990, Part III, Line 4b, Program Service Accomplishments:

decisions and to develop appropriate action steps. CMS also allows community stakeholders to build new alliances, strengthen services, meet consumer needs in a more streamlined manner and obtain information to guide future planning. CMS is used for the Homeless Persons Point in Time and Housing/Bed Inventory surveys, two more HUD requirements. CMS is also used to generate required agency-specific and community wide reports such as the Quarterly Performance Report, Annual Performance Report, and Annual Homeless Assessment Report.

Without this program, our community would forfeit \$1.9 million annually in Continuum of Care Homeless Assistance Program funding, \$112,000 in Emergency Shelter Grants and \$1.8 million in Homeless Prevention and

Name of the organization Pikes Peak United Way	Employer identification number 84-0511799
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Rapid Re-Housing Program funds for 2009-2012.

Form 990, Part III, Line 4c, Program Service Accomplishments:

- \* Colorado Coalition for the Homeless
- \* Colorado College
- \* Colorado Springs Chamber of Commerce
- \* Colorado Springs Diversity Forum
- \* Colorado Springs Rising Professionals
- \* Colorado Volunteer Center
- \* Colorado 211 Collaborative
- \* Community Roundtable Luncheon
- \* Directors of Volunteer in Agencies (DOVIA)
- \* District 11 Service Learning Advisory Board
- \* Educating Children of Color Conference
- \* El Paso County Department of Health
- \* El Pomar- Emerging Leaders Development Program
- \* FEMA
- \* Fine Arts Center
- \* Hanifen Center
- \* Homeward Pikes Peak
- \* Imagination Celebration Leadership Council
- \* Indy Give! Executive Committee
- \* Joint Initiatives For Youth and Families
- \* Leadership Pikes Peak Volunteer Day
- \* Live Well Colorado Springs
- \* Metro Denver Homeless Initiative
- \* Military Family Support
- \* Pikes Peak Area Agency on Aging

Name of the organization Pikes Peak United Way	Employer identification number 84-0511799
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- \* Pikes Peak Area Council on Government Initiatives
- \* Pikes Peak Organizations Active in Disasters (PPVOAD)
- \* Pikes Peak Safe Schools Coalition
- \* Piton Foundation Tax Initiative
- \* The Center for Nonprofit Excellence
- \* UCCS - Chancellor's Leadership Class
- \* University of Colorado at Colorado Springs

Form 990, Part III, Line 4d, Other Program Services:

Success By 6 - School Readiness Initiative:

The Pikes Peak United Way Success By 6 program, formerly referred to as School Readiness Initiative, was launched in 2008 with the goal that every child in our community is prepared to succeed when he/she starts school. Over the course of this year, we worked with the community to narrow our focus from four quadrants: Early Learning and Literacy, Health, Nutrition and Family Stability down to specific objectives that we can fund, create awareness, advocate and mobilize volunteers. The identified objectives for the coming two years are Early Literacy and Education, Parent Education and Home Visitations.

This initiative is rooted in the understanding that the earliest years of life are critical to human development. Ensuring that all of our children are prepared for school requires a long-term commitment from families, service providers, policymakers, business, educators and civic leaders. Success By 6 provides a structure to encourage people and organizations to work together for the benefit of children. The unique opportunities for collaboration and partnerships among the public and private sectors that this initiative offers represent our

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collective commitment to doing what it takes to help the youngest members of our community achieve success.

Expenses \$ 108,758. including grants of \$ 0. Revenue \$ 0.

Quality of Life Indicators:

An important step in community building this year was the fourth annual Quality of Life Indicators report for the Pikes Peak Region. More than 200 community leaders were convened to create the report, which quantitatively measures the quality of life in our community. By tracking data over time, the report helps the community understand who we are, where we have been and where we are going, while at the same time, enabling our elected and non-elected leaders to prioritize and make educated decisions about which areas deserve investment of our time, talent and resources.

Expenses \$ 60,663. including grants of \$ 0. Revenue \$ 0.

Community Investments/Allocation Services:

Pikes Peak United Way staff and volunteers spend thousands of hours each year to understand the ever-changing health and human service needs in our community. PPUW works to anticipate problems before they develop and prevent them where possible. More than 130 volunteers from over 50 community organizations work on three committees: Stewardship, Community Impact, and Fund Allocations. These committees provide insight and recommendations regarding: agencies' financial viability and stability, the fund allocations processes, the distribution of the PPUW Community Fund, El Pomar Emergency Grant Fund and the City of Colorado Springs and Community Development Block Grant (CDBG) funds.

PPUW, in conjunction with El Pomar Foundation, also distributes funds

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through the Military Family Assistance Program to military families in need.

Expenses \$ 47,481. including grants of \$ 0. Revenue \$ 0.

#### Community Events:

Pikes Peak United Way provides opportunities for all members of the community to get involved. One such event is Make a Difference Month, PPUW's annual community-wide volunteer effort. Each October, thousands of individuals and groups from corporate, military, nonprofit and faith-based sectors gather to address local human needs. Activities may include reclamation of community parks, reading to children or weatherizing the homes of seniors and individuals with disabilities. In 2010, nearly 4,000 citizens provided over 17,000 hours, equating to an estimated \$371,000 worth of services to our community. Additionally, PPUW participated in the National Day of Action on June 21st by bringing together over 40 community volunteers to inform two local neighborhoods about our 2-1-1 Information and Referral program. PPUW also assists the Center for Nonprofit Excellence with Nonprofit Day and Volunteer Day.

#### Volunteer Services:

Pikes Peak United Way's Volunteer Center offers an abundance of services to nonprofits, corporate sectors and the community at large. It is a one-stop shop for all volunteer needs. It also ensures the best match between volunteer skills and the interest and needs of more than 130 local agencies. Much of this is done through the Volunteer Pikes Peak website ([www.volunteerpikespeak.org](http://www.volunteerpikespeak.org)).

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The Volunteer Center is an advocate for volunteerism in the community and promotes it while providing the community with valuable information on national initiatives, products and services days. One of the largest community-wide volunteer efforts coordinated by the Volunteer Center is "Make A Difference Month" (see Community Event section for more details). The Director of the Volunteer Center also works in conjunction with the Directors of Volunteers in Agencies (DOVIA), to provide professional networking opportunities along with workshops and training for nonprofit volunteer managers.

#### Community Rooms:

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

#### Center for Nonprofit Excellence:

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

#### Homeward Pikes Peak:

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Pikes Peak United Way is the host for Homeward Pikes Peak. This organization is the coordinating agency for homeless services in the Pikes Peak region. Homeward Pikes Peak works with community agencies and homeless advocates to efficiently and effectively help those in need by coordinating, facilitating and monitoring a Continuum of Care for homeless services and resource utilization.

Federal Emergency Management Agency (FEMA) Emergency Food and Shelter Program:

This program provides for emergency food and shelter and homelessness prevention for people in need in El Paso and Teller Counties. Pikes Peak United Way administers these funds for the federal government, managing the local board, the allocations process and follow-up accountability.

Expenses \$ 154,562. including grants of \$ 0. Revenue \$ 0.

Funds awarded to various community organizations

Expenses \$ 4,230,511. including grants of \$ 4,230,511. Revenue \$ 0.

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.

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Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy.

Form 990, Part VI, Section B, Line 15: The process for determining the compensation of the organization's officers, key employees, CEO, Executive Director, or top management official include a review and approval by the Board of Directors. Compensation is compared with similar personnel for 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.

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](http://www.guidestar.org). Any documents that are not on these sources are available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	261,506.
Donated services and use of facilities:	10,528.
Change in Beneficial Interest in Perpetual Trust	13,134.
In-Kind Expenses	-10,528.
Total to Form 990, Part XI, Line 5	274,640.

Form 990 Part XII, Line 2c

Audit Committee Oversight

The process for overseeing the audit and selecting the audit firm has

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not changed from prior year.