

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

<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 <u>PIKES PEAK UNITED WAY</u>			<b>D</b> Employer identification number <u>84-0511799</u>
	Doing Business As		<b>E</b> Telephone number <u>(719) 632-1543</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>518 NORTH NEVADA AVENUE</u>			
	City or town, state or province, country, and ZIP or foreign postal code <u>COLORADO SPRINGS, CO 80903</u>			<b>G</b> Gross receipts \$ <u>8,070,579.</u>
<b>F</b> Name and address of principal officer: <u>CINDY AUBREY</u> <u>518 NORTH NEVADA AVENUE, COLORADO SPRINGS, CO 80903</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<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			<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <u>WWW.PPUNITEDWAY.ORG</u>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1922</u> <b>M</b> State of legal domicile: <u>CO</u>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE YOUTH SUCCESS AND FAMILY STABILITY IN THE PIKES PEAK REGION BY LEADING AND LIFTING THE MOST VULNERABLE IN OUR COMMUNITY WITH MENTORSHIP, (CONT ON SCH O)</u>		
	<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>	<u>17</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>17</u>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<u>41</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>1,422</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>4,609,119.</u>	<u>5,672,404.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>186,718.</u>	<u>127,070.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>25,403.</u>	<u>46,633.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-90,704.</u>	<u>-193,611.</u>
		<u>4,730,536.</u>	<u>5,652,496.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,976,491.</u>	<u>2,022,253.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,758,392.</u>	<u>1,803,392.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>13,350.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>543,379.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>998,499.</u>	<u>1,110,235.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>4,733,382.</u>	<u>4,949,230.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-2,846.</u>	<u>703,266.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>7,867,287.</u>	<u>10,863,096.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>3,065,299.</u>	<u>2,766,205.</u>
	<u>4,801,988.</u>	<u>8,096,891.</u>	

## 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>	▶ <u>Tom Hilton</u> Signature of officer	<u>05/15/2024</u> Date			
	TOM HILTON Type or print name and title CFO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>DOREEN B MERZ</u>	Preparer's signature <u>Doreen B Merz</u>	Date <u>05/15/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00841439</u>
	Firm's name ▶ <u>STOCKMAN KAST RYAN &amp; CO, LLP</u>	Firm's EIN ▶ <u>84-1509584</u>			
	Firm's address ▶ <u>102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903</u>	Phone no. <u>719-630-1186</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE YOUTH SUCCESS AND FAMILY STABILITY IN THE PIKES PEAK REGION BY LEADING AND LIFTING THE MOST VULNERABLE IN OUR COMMUNITY WITH MENTORSHIP, LIFE RESOURCES AND REAL JOB OPPORTUNITIES. OUR SIGNATURE PROGRAMS AND (CON'T ON SCH O)

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,663,297. including grants of \$ 1,636,454. ) (Revenue \$ 128,148. )

COMMUNITY INVESTMENT: IN ORDER TO MAKE SIGNIFICANT CHANGES IN A COMMUNITY MANY ORGANIZATIONS MUST WORK TOGETHER TO SUPPORT THOSE WHO ARE IN NEED. THROUGH THE COMMUNITY INVESTMENT/FUND ALLOCATIONS PROCESS, PIKES PEAK UNITED WAY WORKS WITH AND PROVIDES FUNDING TO 20 OTHER NON-PROFIT AGENCIES THAT PROVIDE SERVICES IN THE AREAS OF EDUCATION, INCOME, AND HEALTH. HIGH LEVEL VOLUNTEERS ARE GATHERED TO PERFORM AN ANNUAL REVIEW OF THE FUNDED PARTNERS AND RECOMMENDATIONS REGARDING THE AGENCIES AND/OR PROGRAMS VIABILITY AND DISTRIBUTION OF FUNDS ARE PRESENTED TO THE PIKES PEAK UNITED WAY BOARD OF DIRECTORS.

4b (Code: ) (Expenses \$ 428,200. including grants of \$ NONE ) (Revenue \$ )

2-1-1 INFORMATION AND REFERRAL: 2-1-1 IS A FREE, MULTILINGUAL, EASY-TO-REMEMBER THREE-DIGIT PHONE NUMBER THAT SERVES RESIDENTS OF 12 COUNTIES (ALAMOSA, CONEJOS, COSTILLA, CHAFFEE, CHEYENNE, EL PASO, LINCOLN, MINERAL, PARK, RIO GRANDE, SAGUACHE, AND TELLER), HELPING THOSE IN NEED NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF HEALTH AND HUMAN SERVICE PROVIDERS IN THEIR COMMUNITY. AT PRESENT, TRAINED INFORMATION SPECIALISTS STAFF THE HOTLINE FROM 8A.M. TO 5P.M. MONDAY THROUGH FRIDAY UTILIZING A COMPREHENSIVE DATABASE OF OVER 2,923 RESOURCES INCLUDING FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES, PRIVATE NON-PROFITS, AS WELL AS FAITH AND COMMUNITY-BASED ORGANIZATIONS. (CON'T ON SCH O)

4c (Code: ) (Expenses \$ 504,059. including grants of \$ 169,830. ) (Revenue \$ )

COMMUNITY IMPACT: IF YOU ASK PEOPLE IN THE PIKES PEAK REGION ABOUT THE STATE OF OUR COMMUNITY AND ITS GOALS, YOU'LL HEAR A WIDE VARIETY OF OPINIONS ON WHAT THEY ARE AND WHAT THEY SHOULD BE. THE MOST SUCCESSFUL COMMUNITY AGENDAS ARE THOSE BASED ON SHARED COMMUNITY ASPIRATIONS AND OBJECTIVES DEVELOPED BY CITIZENS, NOT JUST "EXPERT" OPINIONS AND DATA ALONE. WITH THAT IN MIND, PIKES PEAK UNITED WAY CONTINUES TO LISTEN TO THE COMMUNITY TO UNDERSTAND THE VISION FOR OUR REGION, AND WHAT OBSTACLES WE FACE TO ACHIEVING THOSE AMBITIONS. PLACING VALUE ON BOTH EXPERT AS WELL AS PUBLIC KNOWLEDGE, WE WILL BE FOCUSING OUR EFFORTS ON THREE KEY AREAS: EDUCATION, INCOME AND HEALTH. (CON'T ON SCH O)

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 692,442. including grants of \$ 215,968. ) (Revenue \$ NONE )

4e Total program service expenses 3,287,998.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	X	
<b>3</b> 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
<b>4</b> <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
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	X	
<b>b</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 and XII is optional . . . . .</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
<b>17</b> 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. See instructions . . . . .</i>		X
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 41</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION 518 N. NEVADA AVENUE COLORADO SPRINGS, CO 80903
719-632-1543

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) CINDY AUBREY CEO/PRESIDENT	40.00 NONE			X				156,886.	NONE	24,808.
(2) HEATHER STEINMAN COO	40.00 NONE			X				111,641.	NONE	4,981.
(3) TOM HILTON CFO (FROM 08/2022)	40.00 NONE			X				34,441.	NONE	3,453.
(4) DEBORAH HENDRIX CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(5) DAN NORDBERG VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(6) MORANE KERAK TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(7) MELISSA BURKHARDT SHIELDS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(8) JEFF DETRA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(9) JEFF FINN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) RANDY BERNSTEIN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) JENIFER FURDA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) BETSY BROWN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) PASTOR CALVIN JOHNSON DIRECTOR (FROM 11/2022)	1.00 NONE	X						NONE	NONE	NONE
(14) TRACY LESSIG DIRECTOR (05/2023)	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
( 15) ANDREW RITCHIE ----- DIRECTOR (FROM 11/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 16) CHANTAL LUCAS ----- DIRECTOR (FROM 10/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 17) ANNIE SNEAD ----- DIRECTOR (FROM 05/2023)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 18) LAURA NEWMAN ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 19) MIKE SULLIVAN ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
( 20) BRET WATERS ----- DIRECTOR (FROM 05/2023)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 21) ARAM BENYAMIN ----- DIRECTOR (TO 05/2023)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 22) CORY ARCASE ----- DIRECTOR (TO 05/2023)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 23) TOM ASHLEY ----- DIRECTOR (TO 05/2023)	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							302,968.	NONE	33,242.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							302,968.	NONE	33,242.	

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

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 **▶** NONE



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	3,710,026.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	196,639.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	1,316,111.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	449,628.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 15,566.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			5,672,404.			
	<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM SERVICE FEES	Business Code	624100	127,070.	127,070.	
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			127,070.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			49,336.		49,336.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .				NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						2,220,691.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			2,223,394.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			-2,703.		
	<b>d</b>	Net gain or (loss) . . . . .				-2,703.	-2,703.	
<b>8a</b>	Gross income from fundraising events (not including \$ 196,639. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
					NONE			
					194,689.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .				-194,689.	-194,689.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
					NONE			
					NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .				NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
					NONE			
					NONE			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .				NONE			
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS INCOME	Business Code	624100	1,078.	1,078.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,078.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				5,652,496.	128,148.	-148,056.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,960,181.	1,960,181.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	62,072.	62,072.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	389,755.	55,973.	322,581.	11,201.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	1,146,163.	527,095.	315,778.	303,290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	20,805.	9,684.	8,339.	2,782.
9 Other employee benefits . . . . .	147,815.	72,332.	36,068.	39,415.
10 Payroll taxes . . . . .	98,854.	38,990.	39,025.	20,839.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	7,045.	7,045.		
c Accounting . . . . .	28,500.		28,500.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	13,350.			13,350.
f Investment management fees . . . . .	12,612.		12,612.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	248,878.	77,551.	149,057.	22,270.
12 Advertising and promotion . . . . .	23,229.	13,401.	1,136.	8,692.
13 Office expenses . . . . .	119,439.	35,700.	45,720.	38,019.
14 Information technology . . . . .	97,152.	67,773.	12,508.	16,871.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	110,257.	45,842.	44,537.	19,878.
17 Travel . . . . .	18,543.	12,089.	2,195.	4,259.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	60,097.	28,760.	24,521.	6,816.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	267,893.	229,234.	25,187.	13,472.
23 Insurance . . . . .	37,907.	16,289.	14,991.	6,627.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES UNITED WAY WORLDWIDE . . . . .	49,960.	20,345.	19,443.	10,172.
b STAFF DEVELOPMENT . . . . .	22,989.	4,083.	14,411.	4,495.
c DUES AND MEMBERSHIPS - OTHER . . . . .	5,734.	3,559.	1,244.	931.
d _____ . . . . .				
e All other expenses _____ . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,949,230.	3,287,998.	1,117,853.	543,379.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,547,645.	<b>1</b>	2,058,502.
	<b>2</b> Savings and temporary cash investments . . . . .	2,315,146.	<b>2</b>	1,783,884.
	<b>3</b> Pledges and grants receivable, net . . . . .	644,111.	<b>3</b>	1,061,208.
	<b>4</b> Accounts receivable, net . . . . .	30,772.	<b>4</b>	8,538.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	81,943.	<b>9</b>	35,778.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5,697,568.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,873,009.		
	<b>11</b> Investments - publicly traded securities . . . . .	1,315,029.	<b>10c</b>	3,824,559.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	1,539,858.	<b>11</b>	1,668,199.
	<b>13</b> Investments - other securities. See Part IV, line 11 . . . . .	392,783.	<b>12</b>	405,504.
	<b>14</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>16</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	16,924.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	7,867,287.	<b>16</b>	10,863,096.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	173,081.	<b>17</b>	154,626.
	<b>18</b> Grants payable . . . . .	1,041,015.	<b>18</b>	1,002,168.
	<b>19</b> Deferred revenue . . . . .	1,618,085.	<b>19</b>	1,385,570.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	233,118.	<b>23</b>	206,917.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	<b>25</b>	16,924.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,065,299.	<b>26</b>	2,766,205.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,474,807.	<b>27</b>	2,792,450.
	<b>28</b> Net assets with donor restrictions . . . . .	2,327,181.	<b>28</b>	5,304,441.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	4,801,988.	<b>32</b>	8,096,891.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,867,287.	<b>33</b>	10,863,096.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,652,496.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,949,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	703,266.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,801,988.
5	Net unrealized gains (losses) on investments	5	146,022.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,432,894.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,721.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,096,891.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

JSA  
2E1210 1.000

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,736,217.	3,573,253.	4,623,152.	4,396,619.	5,672,404.	22,001,645.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	3,736,217.	3,573,253.	4,623,152.	4,396,619.	5,672,404.	22,001,645.
<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). . . . .						1,422,150.
<b>6 Public support.</b> Subtract line 5 from line 4						20,579,495.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,736,217.	3,573,253.	4,623,152.	4,396,619.	5,672,404.	22,001,645.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,072.	1,683.	3,765.	25,403.	49,336.	83,259.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	25,487.	137,183.	103,653.	3,149.	NONE	269,472.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						22,354,376.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,205,348.
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	92.06 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.47 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 VI 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 - 2021.</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 VI 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 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">PIKES PEAK UNITED WAY</p>	Employer identification number <p style="text-align: center;">84-0511799</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 281,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 172,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 436,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PIKES PEAK UNITED WAY

Employer identification number

84-0511799

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <p style="text-align:center;">PIKES PEAK UNITED WAY</p>	Employer identification number <p style="text-align:center;">84-0511799</p>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(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)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000



**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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	1,932,641.	2,299,279.	1,850,898.	2,293,808.	2,336,621.
b Contributions	320,000.		96,679.	17,240.	21,936.
c Net investment earnings, gains, and losses	207,036.	-293,046.	425,490.	13,149.	81,217.
d Grants or scholarships					
e Other expenditures for facilities and programs		73,592.	73,788.	473,299.	145,966.
f Administrative expenses					
g End of year balance	2,459,677.	1,932,641.	2,299,279.	1,850,898.	2,293,808.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
  - b Permanent endowment 54.0000 %
  - c Term endowment 46.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		511,992.		511,992.
b Buildings		4,349,551.	1,052,518.	3,297,033.
c Leasehold improvements				
d Equipment		819,101.	803,567.	15,534.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,824,559.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and RIGHT OF USE LEASE LIABILITY. Total row shows 16,924.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,652,496.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 4,949,230.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCH D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT PROVIDES FUNDING TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE PROGRAMS.

SCH D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE") AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE CODE. THE ORGANIZATION EVALUATES THE EFFECT OF UNCERTAIN TAX POSITIONS, IF ANY, AND PROVIDES FOR THOSE POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC 450, CONTINGENCIES. NO TAX ACCRUAL FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED AS MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE ORGANIZATION. THE ORGANIZATION HAS NO UNRELATED BUSINESS TAXABLE INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS.

SCH D, PART XI, LINE 2D

OTHER CHANGE: \$12,721 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST ASSETS.

**Part XIII** Supplemental Information (continued)

SCH D, PART XI, LINE 4B

OTHER ADJUSTMENT: \$855,390 RECOGNITION OF DONOR DESIGNATED CONTRIBUTIONS  
IN REVENUE.

SCH D, PART XII, LINE 4B

OTHER ADJUSTMENT: \$855,390 RECOGNITION OF DONOR DESIGNATED DONATIONS IN  
EXPENSE.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	
		100 YEAR GALA (event type)	EMERGING LEADER (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	180,239.	10,200.	6,200.	196,639.
	2	Less: Contributions	180,239.	10,200.	6,200.	196,639.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,888.			10,888.
	7	Food and beverages	71,757.	4,875.	21,197.	97,829.
	8	Entertainment				
	9	Other direct expenses	85,039.		933.	85,972.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-194,689.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<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 ▶ \_\_\_\_\_

- 15 a 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.** Provide the explanation 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 provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN RED CROSS OF SOUTHEASTERN COLORADO 444 SHERMAN ST DENVER, CO 80203	53-0196605	501(C)(3)	5,856.				OPERATIONS SUPPORT
<b>(2)</b> ASCENDING TO HEALTH RESPITE CARE 1007 S TEJON ST COLORADO SPRINGS, CO 80903	27-4584911	501(C)(3)	40,000.				OPERATIONS SUPPORT
<b>(3)</b> ASSISTANCE LEAGUE OF COLORADO SPRINGS 405 S NEVADA COLORADO SPRINGS, CO 80903	23-7029329	501(C)(3)	13,360.				OPERATIONS SUPPORT
<b>(4)</b> BIG BROTHERS BIG SISTERS OF COLORADO, INC. 111 S TEJON ST #302, COLO. SPGS., CO 80903	23-7161796	501(C)(3)	28,249.				OPERATIONS SUPPORT
<b>(5)</b> CALVARY WORSHIP CENTER 501 CASTLE RD COLORADO SPRINGS, CO 80904	84-0727049	501(C)(3)	7,200.				OPERATIONS SUPPORT
<b>(6)</b> CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO 2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	42,832.				OPERATIONS SUPPORT
<b>(7)</b> CASA OF THE PIKES PEAK REGION, INC. 418 S WEBER COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	42,360.				OPERATIONS SUPPORT
<b>(8)</b> CATHOLIC CHARITIES OF CENTRAL COLORADO, INC. 228 N CASCADE AVE COLO. SPGS., CO 80903	84-0586169	501(C)(3)	256,002.				OPERATIONS SUPPORT
<b>(9)</b> COLORADO SPRINGS 6 FOURSQUARE CHURCH 1515 N ACADEMY BLVD COLO. SPGS., CO 80907	84-1307493	501(C)(3)	6,370.				OPERATIONS SUPPORT
<b>(10)</b> COLORADO SPRINGS PIONEERS MUSEUM 215 S TEJON ST COLORADO SPRINGS, CO 80903	27-4151466	501(C)(3)	5,140.				OPERATIONS SUPPORT
<b>(11)</b> COLORADO SPRINGS UTILITIES FOUNDATION 121 S TEJON ST 5TH FLR COLO SPGS, CO 80903	20-8643063	501(C)(3)	40,867.				OPERATIONS SUPPORT
<b>(12)</b> COMCOR, INC. 5465 MARK DABLING BLVD COLO SPGS, CO 80918	84-0928251	501(C)(3)	30,000.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 60

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

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

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COMMUNITY OF CARING FOUNDATION PO BOX 1587 CRIPPLE CREEK, CO 80813-1587	84-1481309	501( C)(3)	19,000.				OPERATIONS SUPPORT
<b>(2)</b> COMMUNITY PARTNERSHIP FOR CHILD DEV. 2330 ROBINSON ST COLORADO SPRINGS, CO 80904	84-1071825	501( C)(3)	116,522.				OPERATIONS SUPPORT
<b>(3)</b> COURT CARE FOR THE PIKES PEAK REGION INC 270 S TEJON ST COLORADO SPRINGS, CO 80903	45-0488427	501( C)(3)	21,152.				OPERATIONS SUPPORT
<b>(4)</b> CROSSFIRE MINISTRIES, INC. 3975 N ACADEMY BLVD COLO. SPGS., CO 80917	84-1295381	501( C)(3)	23,706.				OPERATIONS SUPPORT
<b>(5)</b> DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PKWY COLO. SPGS., CO 80921	27-4876080	501( C)(3)	10,964.				OPERATIONS SUPPORT
<b>(6)</b> EARLY CONNECTIONS LEARNING CENTERS 104 E RIO GRANDE ST COLO. SPGS., CO 80903	84-0632406	501( C)(3)	176,734.				OPERATIONS SUPPORT
<b>(7)</b> FORGE EVOLUTION (FKA COLORADO SPRINGS TEEN 224 E KIOWA ST COLORADO SPRINGS, CO 80903	84-1318849	501( C)(3)	14,684.				OPERATIONS SUPPORT
<b>(8)</b> FOSTERING HOPE FOUNDATION 111 S TEJON COLORADO SPRINGS, CO 80903	26-1991807	501( C)(3)	37,337.				OPERATIONS SUPPORT
<b>(9)</b> GRECCIO HOUSING UNLIMITED, INC. 1015 E PIKES PEAK AVE STE 110 COLO SPGS, CO	84-1158819	501( C)(3)	17,230.				OPERATIONS SUPPORT
<b>(10)</b> HOMEWARD PIKES PEAK 2010 BIJOU ST COLORADO SPRINGS, CO 80909	13-4242773	501( C)(3)	11,024.				OPERATIONS SUPPORT
<b>(11)</b> HOPE AND HOME 4945 N 30TH ST COLORADO SPRINGS, CO 80919	84-1467476	501( C)(3)	14,950.				OPERATIONS SUPPORT
<b>(12)</b> HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOTT LN COLORADO SPRINGS, CO 80905	84-0410111	501( C)(3)	10,241.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

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

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> IMAGINATION LIBRARIES OF COLORADO 3000 LAWRENCE ST DENVER, CO 80205	85-4295349	501(C)(3)	22,196.				OPERATIONS SUPPORT
<b>(2)</b> INSIDE OUT YOUTH SERVICES 516 W COLORADO AVE COLO. SPGS., CO 80905	84-1407299	501(C)(3)	12,430.				OPERATIONS SUPPORT
<b>(3)</b> JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO 611 WEBER ST STE 201, COLO. SPGS.CO 80903	84-6009223	501(C)(3)	76,025.				OPERATIONS SUPPORT
<b>(4)</b> KIDS CROSSING 1440 E FOUNTAIN BLVD COLO SPGS, CO 80910	84-1251585	501(C)(3)	10,000.				OPERATIONS SUPPORT
<b>(5)</b> LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS 108 E SAINT VRAIN ST COLO SPGS, CO 80903	84-0775550	501(C)(3)	30,022.				OPERATIONS SUPPORT
<b>(6)</b> MENTAL HEALTH AMERICA OF COLORADO 1352 N ACADEMY BLVD COLO SPGS, CO 80909	84-0446365	501(C)(3)	5,170.				OPERATIONS SUPPORT
<b>(7)</b> MOUNT CARMEL CENTER OF EXCELLENCE DBA MT. C 530 COMMUNICATION CIR COLO SPGS, CO 80905	81-1652178	501(C)(3)	59,008.				OPERATIONS SUPPORT
<b>(8)</b> MOUNT CARMEL HEALTH, WELLNESS AND COMMUNITY 911 ROBINSON AVE TRINIDAD, CO 81082	27-3546373	501(C)(3)	19,467.				OPERATIONS SUPPORT
<b>(9)</b> OUR LADY OF THE VISITATION 34201 CO RD 33 KIOWA, CO 80117	84-1493921	501(C)(3)	8,000.				OPERATIONS SUPPORT
<b>(10)</b> PARTNERS IN HOUSING, INC. 455 GOLD PASS HTS COLO SPGS, CO 80906	84-1188208	501(C)(3)	35,990.				OPERATIONS SUPPORT
<b>(11)</b> PEAK EDUCATION 1645 MURRAY BLVD COLORADO SPRINGS, CO 80916	84-1467174	501(C)(3)	31,580.				OPERATIONS SUPPORT
<b>(12)</b> PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL ST COLO SPGS, CO 80906	84-1453050	501(C)(3)	8,335.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

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Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

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

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PIKES PEAK REGION PEACE OFFICERS MEMORIAL F 1605 E. PIKES PEAK AVE COLO SPGS, CO 80910	46-4871424	501(C)(3)	5,200.				OPERATIONS SUPPORT
<b>(2)</b> REGIS UNIVERSITY 3333 REGIS BLVD DENVER, CO 80221	84-0402707	501(C)(3)	10,000.				OPERATIONS SUPPORT
<b>(3)</b> ROCKY MOUNTAIN CALVARY CHAPEL, INC. 4285 N ACADEMY BLVD COLO SPGS, CO 80918	84-1036345	501(C)(3)	32,630.				OPERATIONS SUPPORT
<b>(4)</b> RONALD MCDONALD HOUSE CHARITIES OF DENVER I 1300 E 21ST AVE DENVER, CO 80205	84-0728926	501(C)(3)	9,960.				OPERATIONS SUPPORT
<b>(5)</b> RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN 4223 ROYAL PINE DR COLO SPGS, CO 80920	84-1013843	501(C)(3)	14,214.				OPERATIONS SUPPORT
<b>(6)</b> SAFE PASSAGE 2335 ROBINSON STREET COLO SPGS, CO 80904	84-1241767	501(C)(3)	16,376.				OPERATIONS SUPPORT
<b>(7)</b> SHIELD 616 13395 VOYAGER PKWY STE 130 COLO SPGS, CO	47-4347589	501(C)(3)	6,210.				OPERATIONS SUPPORT
<b>(8)</b> SILVER KEY SENIOR SERVICES 1625 S MURRAY COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	37,902.				OPERATIONS SUPPORT
<b>(9)</b> SPRINGS RECOVERY CONNECTION 985 W FILLMORE ST COLO SPGS, CO 80907	47-1291133	501(C)(3)	10,120.				OPERATIONS SUPPORT
<b>(10)</b> SPRINGS RESCUE MISSION 5 W LAS VEGAS ST COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	8,126.				OPERATIONS SUPPORT
<b>(11)</b> ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH 8755 SCARBOROUGH DR COLO SPGS, CO 80920	84-1569852	501(C)(3)	13,300.				OPERATIONS SUPPORT
<b>(12)</b> ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. 7800 E ORCHARD RD GREENWOOD VILLAGE, CO	35-1044585	501(C)(3)	18,229.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

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Name of the organization

Employer identification number

PIKES PEAK UNITED WAY

84-0511799

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

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST. MARY'S HIGH SCHOOL 2501 E YAMPA ST COLORADO SPRINGS, CO 80909	84-1060677	501( C)(3)	5,100.				OPERATIONS SUPPORT
<b>(2)</b> TESSA 435 GOLD PASS HTS COLO SPGS, CO 80906	84-0746803	501( C)(3)	26,543.				OPERATIONS SUPPORT
<b>(3)</b> THE CURATORS OF THE UNIVERSITY OF MISSOURI 407 REYNOLDS ALUMNI CTR COLUMBIA, MO 65211	26-6440629	501( C)(3)	19,800.				OPERATIONS SUPPORT
<b>(4)</b> THE PLACE 423 CUHARRAS ST COLORADO SPRINGS, CO 80903	84-1549702	501( C)(3)	29,879.				
<b>(5)</b> THE RESOURCE EXCHANGE, INC. 6385 CORPORATE DRIVE SUITE 301	84-0532684	501( C)(3)	11,090.				OPERATIONS SUPPORT
<b>(6)</b> THE SALVATION ARMY EL PASO COUNTY 908 YUMA ST COLORADO SPRINGS, CO 80909	94-1156347	501( C)(3)	7,896.				OPERATIONS SUPPORT
<b>(7)</b> TRI-LAKES CARES 235 N JEFFERSON ST MOUNUMENT, CO 80132	74-2501356	501( C)(3)	16,885.				OPERATIONS SUPPORT
<b>(8)</b> TRINITY BAPTIST CHURCH 617 FOUNTAIN BLVD COLO SPGS, CO 80903	84-1103583	501( C)(3)	13,650.				OPERATIONS SUPPORT
<b>(9)</b> UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST STE 725 DENVER, CO 80203	84-6049811	501( C)(3)	8,500.				OPERATIONS SUPPORT
<b>(10)</b> UNIVERSITY OF MISSISSIPPI FOUNDATION 406 UNIVERSITY AVE OXFORD, MS 38655	23-7310293	501( C)(3)	6,400.				OPERATIONS SUPPORT
<b>(11)</b> WOODMEN VALLEY CHAPEL 290 WOODMEN RD COLORADO SPRINGS, CO 80919	84-0996424	501( C)(3)	6,740.				OPERATIONS SUPPORT
<b>(12)</b> YMCA OF THE PIKES PEAK REGION 3035 NEW CENTER POINT COLO SPGS, CO 80922	84-0404266	501( C)(3)	25,850.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1 EDUCATIONAL SCHOLARSHIPS	26	40,619.			
2 ADOPT A SCHOOL SUPPLIES	429	NONE	21,452.	FMV	GIFT CARDS
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE IV, 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 GRANTEEES BASED ON THE FINDINGS.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART III, COLUMN B, LINE 1 & 2

THE NUMBER OF RECIPIENTS IS BASED ON THE NUMBER OF SCHOLARSHIP RECIPIENTS  
AND THE NUMBER OF STUDENTS ESTIMATED TO BE ASSISTED WITH THE SCHOOL  
SUPPLIES AND ADOPT A SCHOOL SUPPLIES/FAMILY ASSISTANCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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OMB No. 1545-0047

**2022**

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84-0511799

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CINDY AUBREY	(i)	156,886.			6,455.	18,353.	181,694.	
1 CEO/PRESIDENT	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4

BASE COMPENSATION WAS ESTABLISHED DUE TO A MARKET ANALYSIS AT THE TIME OF HIRE. THE BOARD EACH YEAR ANALYZES CURRENT CEO SALARIES WITH OTHER CEOS IN THE LOCAL AREA AND WILL MAKE MERIT AND COST OF LIVING INCREASES BASED ON THE RESULTS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Inspection**

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**FORM 990, PART I, LINE 1**

LIFE RESOURCES AND REAL JOB OPPORTUNITIES. OUR SIGNATURE PROGRAMS AND  
PARTNER AGENCIES INTENTLY FOCUS ON CONNECTING YOUTH AND THEIR FAMILIES TO  
RESOURCES AT THE BEGINNING OF THEIR LIFE JOURNEY TO ENSURE ACCESS TO  
FUNDAMENTAL NEEDS OF FOOD, SHELTER AND LEARNING RESOURCES FOR ALL.

#STRONGERTOGETHER

**FORM 990, PART III, LINE 1**

(CON'T)PARTNER AGENCIES INTENTLY FOCUS ON CONNECTING YOUTH AND THEIR  
FAMILIES TO RESOURCES AT THE BEGINNING OF THEIR LIFE JOURNEY TO ENSURE  
ACCESS TO FUNDAMENTAL NEEDS OF FOOD, SHELTER AND LEARNING RESOURCES FOR  
ALL. #STRONGERTOGETHER

**FORM 990, PART III, LINE 4B**

(CON'T) 2-1-1 NAVIGATORS LISTEN AND ASK QUESTIONS TO HELP DIRECT PEOPLE  
TO THE RIGHT RESOURCES AND PREPARE THEM FOR THEIR VISIT. IN DOING SO,  
2-1-1 PROMOTES HIGHER ASSISTANCE SUCCESS AND DECREASES FRUSTRATIONS. FOR  
2 AND A HALF YEARS, 2-1-1 SUPPORTED OUR PUBLIC HEALTH DEPARTMENT DURING  
COVID-19 BY ANSWERING ALL PHONE CALLS, FOR TESTING, VACCINATION, FOOD AND  
FINANCIAL ASSISTANCE. 2-1-1 ALSO PARTNERS WITH OUR LOCAL OFFICIALS  
ESPECIALLY THE OFFICE OF EMERGENCY MANAGEMENT TO ANSWER CALLS DURING  
DISASTER RESPONSE, NATURAL OR MAN-MADE, SUCH AS SNOWSTORMS, FIRES AND  
MASS SHOOTINGS. LAST YEAR, PIKES PEAK UNITED WAY 2-1-1 PROVIDED LIFE  
CHANGING INFORMATION AND REFERRALS TO NEARLY 34,501 INDIVIDUALS AND  
FAMILIES IN CRISIS.

**FORM 990, PART III, LINE 4C**

(CON'T) THESE ARE BUILDING BLOCKS OF A GOOD QUALITY OF LIFE AND THE

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

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PATHWAYS TO OPPORTUNITY. A GOOD EDUCATION PAVES THE WAY TO A CAREER. AN ADEQUATE INCOME HELPS ENSURE HEALTHY FAMILIES. GOOD HEALTH HELPS CHILDREN SUCCEED AT SCHOOL AND ADULTS AT WORK. REMOVE ANY OF THESE THREE KEY ELEMENTS, AND THE OTHERS COLLAPSE. PUT THEM TOGETHER, AND INDIVIDUALS AND FAMILIES AND OUR COMMUNITY AS A WHOLE HAVE A STRONG FOUNDATION FOR SUCCESS. SPECIAL EMPHASIS WILL BE PLACED ON YOUTH SUCCESS AND FAMILY STABILITY TO ENSURE THAT CHILDREN AND FAMILIES IN OUR REGION HAVE OPPORTUNITIES FOR SUCCESS.

**FORM 990, PART III, LINE 4D**

COLORADO SPRINGS PROMISE: THE MISSION OF COLORADO SPRINGS PROMISE IS TO EQUIP AND INSPIRE STUDENTS TO STRIVE FOR A BETTER FUTURE AND LIFE AFTER HIGH SCHOOL BY PROMOTING EDUCATION, FAMILY INVOLVEMENT, WORKFORCE ENGAGEMENT, AND COMMUNITY SUPPORT. WITH THE RIGHT PATH AND OPPORTUNITY, STUDENTS CAN MAXIMIZE THE FULL POTENTIAL. IF WE WANT TO CREATE A BETTER LIFE FOR ALL, WE MUST FOCUS MORE SUPPORT THROUGH PROGRAMS, PARTNERSHIPS AND VOLUNTEERS ON HISTORICALLY MARGINALIZED OR EXCLUDED GROUPS AND THE UNDER-RESOURCED COMMUNITIES IN WHICH THEY OFTEN LIVE. WE HAVE PROVIDED FOOD THROUGH A BI-WEEKLY FOOD DISTRIBUTIONS TO 8,400 FAMILIES. WE HAVE PROVIDED A MONTHLY DINNER WITH RESOURCES AND EDUCATION AT TWO SCHOOLS, SERVING 840 STUDENTS AND THEIR FAMILIES. WE WORKED WITH THE SCHOOLS TO ADDRESS THEIR GAPS IN SUPPORT WHICH LED TO 30 STUDENTS GETTING GLASSES AT NO COST, MULTIPLE FAMILIES GETTING SUPPORT WITH CLOTHES, GROCERIES AND SCHOOL AND HYGIENE SUPPLIES, 15 HIGH RISK STUDENTS GETTING MENTORSHIP, TUTORING SUPPORT AND FIELD TRIPS, AND 40 FAMILIES RECEIVING IN DEPTH CASE MANAGEMENT TO GAIN STABILITY AND AVOID HOMELESSNESS. WE KNOW THAT

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

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CHILDHOOD IS WHEN TRAJECTORIES ARE SET. THEY CAN BE CHANGED LATER BUT BECOMES MUCH MORE DIFFICULT. WE STRIVE TO MEET CHILDREN AND FAMILIES WHERE THEY ARE, PROVIDE SUPPORT AND INSPIRATION, AND HELP THEM SHIFT THEIR TRAJECTORIES TOWARD A PATH OF GREAT SUCCESS.

DOLLY PARTON'S IMAGINATION LIBRARY: DOLLY PARTON'S IMAGINATION LIBRARY PROMOTES EARLY LITERACY IN THE HOME BY MAILING FREE, AGE-APPROPRIATE BOOKS EACH MONTH TO EACH REGISTERED CHILD, BIRTH TO 5 YEARS OLD. PIKES PEAK UNITED WAY PARTNERS WITH THE DOLLYWOOD FOUNDATION TO BRING THIS PROGRAM TO EL PASO AND TELLER COUNTIES AND IS RESPONSIBLE FOR REGISTRATION AND ENROLLMENT AS WELL AS FUNDING THE COST OF THE BOOKS, POSTAGE, AND MAILING WITHIN OUR REGION. IN 2023, WE GREW OUR PROGRAM TO SERVE 4,000 CHILDREN IN THE PIKES PEAK REGION TO BEGIN THEIR HOME LIBRARIES WHICH HELPS TO ENSURE THAT CHILDREN ENTER KINDERGARTEN WITH NECESSARY EARLY LITERACY SKILLS AND AN EAGERNESS TO LEARN.

FAMILY SUCCESS CENTER: THE MISSION OF THE FAMILY SUCCESS CENTER IS TO SERVE FAMILIES AND EMPOWER COMMUNITY MEMBERS TO BECOME FINANCIALLY STABLE, GROW, AND ACCOMPLISH THEIR GOALS. THE FAMILY SUCCESS CENTER IS A PLACE WHERE COMMUNITY PARTNERS JOIN TOGETHER IN ONE CONVENIENT LOCATION TO REMOVE BARRIERS, SUCH AS TRANSPORTATION AND CHILDCARE. PIKES PEAK UNITED WAY ENVISIONS A PLACE WHERE FAMILIES AND STUDENTS CAN ACHIEVE THEIR GOALS BY CONNECTING WITH RESOURCES, TRAINING AND SUPPORT.

**FORM 990, PART VI, SECTION B, LINE 11B**

A COPY OF THE 990 IS PROVIDED TO THE ORGANIZATION'S CFO FOR REVIEW BEFORE

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

**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.

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FILING. THE CFO REVIEWS THE 990, MAKES ANY RECOMMENDATIONS, AND THEN PRESENTS THE 990 TO THE BOARD OF DIRECTORS AND FINANCE COMMITTEE FOR FURTHER REVIEW AND APPROVAL.

**FORM 990, PART VI, SECTION B, LINE 12C**

ALL STAFF, BOARD MEMBERS, INTERNS, AND KEY VOLUNTEERS ARE COVERED BY THE CONFLICT OF INTEREST STATEMENT AND IT IS SIGNED EVERY JULY, IN REGARDS TO THE BOARD OF DIRECTORS, IF A POTENTIAL CONFLICT ARISES, THE CEO ALERTS OTHER BOARD MEMBERS AT THAT TIME, THE CONFLICT IS REVIEWED AND A DECISION IS MADE WITHIN THE BOARD. IN REGARDS TO STAFF AND INTERNS, THE CP OF HR (OR EQUIVALENT POSITION) REVIEWS THE CONFLICT AND MAKES THE DECISION WITH THE SUPERVISOR. IN REGARDS TO KEY VOLUNTEERS, THE VP OF HR (OR EQUIVALENT POSITION) AND THE DIRECTOR OF VOLUNTEER RESOURCES REVIEW THE CONFLICT AND MAKE THAT DECISION.

**FORM 990, PART VI, SECTION B, LINE 15 A&B**

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT TEAM INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS DURING THE ANNUAL BUDGETING CYCLE. COMPENSATION IS COMPARED WITH SIMILAR PERSONNEL FOR OTHER SIMILAR NON-PROFIT AND FOR-PROFIT ORGANIZATIONS. FINALLY, A PERFORMANCE FACTOR IS INCORPORATED INTO THE DATA.

SPECIFICALLY, PIKES PEAK UNITED WAY'S SENIOR MANAGEMENT TEAM REVIEWED THREE DIFFERENT SALARY SURVEYS FROM ADP, COLORADO NONPROFIT ASSOCIATION, AND UNITED WAY WORLDWIDE. THE ORGANIZATION CONSIDERED THE FOLLOWING WHEN COMPARING EACH EMPLOYEE: THE ACTUAL SALARY OF EACH EMPLOYEE VS. THE

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Employer identification number

84-0511799

SALARY SHOWN WITHIN THE SURVEY, THE TOTAL AMOUNT OF TIME THE STAFF PERSON HAS BEEN ON STAFF, AND THEN THE OVERALL PERFORMANCE AND IMPACT OF THE EMPLOYEE. THE ORGANIZATION HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A KEY EMPLOYEE.

**FORM 990, PART VI, SECTION C, LINE 19**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE AND ON WWW.GUIDESTAR.ORG. ANY DOCUMENTS THAT ARE NOT ON THESE SOURCES ARE AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 8**

PRIOR PERIOD ADJUSTMENT: \$2,432,894. IN THE PRIOR YEAR, THE ORGANIZATION DID NOT RECOGNIZE A CONTRIBUTED NONFINANCIAL ASSET RELATED TO DONATED PROPERTY AS A RESULT OF A 10 YEAR BUILDING LEASE THAT HAD BELOW MARKET RATES. THE RESTATEMENT RESULTED IN AN INCREASE IN PROPERTY AND EQUIPMENT, NET ASSETS WITH DONOR RESTRICTIONS AND NET INCOME OF \$2,432,894.

**FORM 990, PART XI, LINE 9**

OTHER CHANGES IN NET ASSETS: \$12,721 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST ASSET.

**FORM 990, PART XII, LINE 2C**

THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTING THE AUDIT FIRM HAS NOT CHANGED FROM PRIOR YEAR.

Name of the organization

Employer identification number

**PIKES PEAK UNITED WAY**

**84-0511799**

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

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DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
COLORADO SPRINGS PROMISE	NONE	NONE	NONE
DOLLY PARTON'S IMAGINATION LIBRARY	NONE	NONE	NONE
FAMILY SUCCESS CENTER	215,968.	692,442.	NONE
TOTALS	----- 215,968. =====	----- 692,442. =====	----- NONE =====







# 2023 TAX RETURN

Final Audit Report

May 15, 2024

Created:	May 15, 2024
By:	Stockman Kast Ryan & Co.(sengland@skrco.com)
Status:	ESigned
Transaction ID:	5G4TK19CQ9Y410EFENTEJ4EZGM
Documents:	PIKES PEAK UNITED WAY_2023_TAX RETURN_PIC 2022 FORM 990 - PIKES PEAK UNITED PIKES PEAK UNITED WAY_2023_TAX RETURN_2022 FORM 990 - PIKES PEAK UNITED

## "2023 TAX RETURN" History

-  Document emailed to (tom@ppunitedway.org) for signature  
5/15/2024 12:00:18 PM Mountain Daylight Time
-  Document viewed by (tom@ppunitedway.org)  
5/15/2024 12:07:27 PM Mountain Daylight Time - IP address: 64.111.26.213
-  Document e-signed by (tom@ppunitedway.org)  
Signature Date: 5/15/2024 12:08:16 PM Mountain Daylight Time - IP address: 64.111.26.213
-  Document Signed  
5/15/2024 12:08:16 PM Mountain Daylight Time