

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024

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

C Name of organization

PIKES PEAK UNITED WAY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

518 NORTH NEVADA AVENUE

City or town, state or province, country, and ZIP or foreign postal code

COLORADO SPRINGS, CO 80903

F Name and address of principal officer:

CAMI BREMER

518 NORTH NEVADA AVENUE, COLORADO SPRINGS, CO 80903

D Employer identification number

84-0511799

E Telephone number

(719) 632-1543

G Gross receipts \$ 7,804,822.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.PPUNITEDWAY.ORG


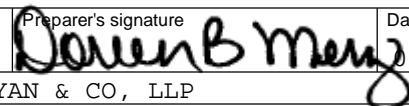
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation: 1922 M State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	30
	6	Total number of volunteers (estimate if necessary)	6	2,531
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,609,119.	6,735,945.
	9	Program service revenue (Part VIII, line 2g)	186,718.	245,962.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,403.	280,202.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-90,704.	-23,845.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,730,536.	7,238,264.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,976,491.
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,758,392.	1,681,457.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b		Total fundraising expenses (Part IX, column (D), line 25) 453,774.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	998,499.	1,226,220.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,733,382.	5,268,559.
19		Revenue less expenses. Subtract line 18 from line 12	-2,846.	1,969,705.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,863,096.	13,023,276.
	21	Total liabilities (Part X, line 26)	2,766,205.	2,838,674.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,096,891.	10,184,602.

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.

Sign Here		05/15/2025			
	Signature of officer	Date			
	TOMAS HILTON	CFO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOREEN B MERZ		05/03/2025		P00841439
	Firm's name	STOCKMAN KAST RYAN & CO, LLP	Firm's EIN	84-1509584	
	Firm's address	102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903	Phone no.	719-630-1186	

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 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ 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 ☒ 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 \$ 1,378,034. including grants of \$ 1,328,932.) (Revenue \$)

COMMUNITY INVESTMENT - PPUW'S COMMUNITY INVESTMENT FUND AWARDS
GRANTS TO LOCAL NON-PROFITS THAT ARE MOST EFFICIENTLY AND
EFFECTIVELY ADDRESSING THE ISSUES MOST PRESSING TO OUR COMMUNITY.
IN THE LAST YEAR, WE PROVIDED GRANTS TOTALING OVER \$598,000 TO 31
PROGRAMS AT 29 LOCAL AGENCIES. FUNDED AGENCIES PROVIDE US WITH
DETAILED FINANCIAL INFORMATION AS WELL AS PROGRAM RESULTS WHICH
OUR VOLUNTEERS REVIEW TO ENSURE PIKES PEAK UNITED WAY FUNDS ARE
BEING USED EFFECTIVELY. (CONT ON SCH O)

4b (Code:) (Expenses \$ 464,456. including grants of \$) (Revenue \$ 135,231.)

211 I&R - OUR 2-1-1 PROGRAM IS AN ESSENTIAL PART OF OUR COMMUNITY,
WHETHER YOU NEED HELP FINDING FOOD, HOUSING, UTILITY ASSISTANCE,
FILING YOUR TAXES, CHILDCARE, CRISIS COUNSELING OR SUBSTANCE ABUSE
TREATMENT. FOR THE YEAR ENDED JUNE 2024, 2-1-1 PROVIDED REFERRALS
TO OVER 34,000 CONTACTS WHO REACHED OUT FOR ASSISTANCE IN OUR
12-COUNTY SERVICE AREA INCLUDING EL PASO, TELLER, ALAMOSA,
CONEJOS, COSTILLA, CHAFFEE, CHEYENNE, LINCOLN, MINERAL, PARK, RIO
GRANDE, AND SAGUACHE COUNTIES. (CONT ON SCH O)

4c (Code:) (Expenses \$ 883,610. including grants of \$ 636,183.) (Revenue \$ 71,734.)

IMPACT - OUR IMPACT DEPARTMENT ADDRESSES A NUMBER OF NEEDS IN EL
PASO AND TELLER COUNTIES THROUGH SEVERAL DIFFERENT INITIATIVES;
DOLLY PARTON IMAGINATION LIBRARY PROVIDES BOOKS TO YOUTH 0-5 YEARS
OLD WITH 1 AGE-APPROPRIATE BOOK MAILED EACH MONTH TO THE CHILD'S
MAILING ADDRESS. THERE ARE CURRENTLY OVER 7,400 CHILDREN ENROLLED
IN THE PROGRAM. OUR FOOD DISTRIBUTION PROGRAM PROVIDES HEALTHY
MEALS TO LOW-INCOME INDIVIDUALS AND FAMILIES NEEDING FOOD
ASSISTANCE, STAFFING A DISTRIBUTION SITE AT MITCHELL HIGH SCHOOL.
IN THE LAST YEAR WE SERVED OVER 7,000 FAMILIES WITH OVER 300,000
POUNDS OF HEALTHY, FREE GROCERIES IN EL PASO COUNTY. (CON'T ON SCH
O)

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 1,213,483. including grants of \$ 395,767.) (Revenue \$ 39,570.)

4e Total program service expenses 3,939,583.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 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? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 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? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 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? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 30		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a 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 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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. 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.	17		

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16	
b Enter the number of voting members included on line 1a, above, who are independent.	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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 ContractorsCheck 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 PRESIDENT/CEO	44.00 NONE			X				155,704.	NONE	17,347.
(2) HEATHER STEINMAN COO	46.00 NONE			X				111,961.	NONE	8,527.
(3) THOMAS HILTON CFO	46.00 NONE			X				92,654.	NONE	17,454.
(4) DEBORAH HENDRIX DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(5) DAN NORDBERG BOARD CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(6) MORANE KEREK VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(7) MELISSA BURKHARDT SHIELDS TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(8) JEFF FINN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(9) PASTOR CALVIN JOHNSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) TRACY LESSIG DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) ANDREW RITCHIE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) CHANTAL LUCAS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) ANNIE SNEAD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) LAURA NEUMANN DIRECTOR	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) BRET WATERS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(16) MATTHEW HANSON DIRECTOR (FROM 08/2023)	1.00 NONE	X						NONE	NONE	NONE
(17) TRAVAS DEAL DIRECTOR (FROM 08/2023)	1.00 NONE	X						NONE	NONE	NONE
(18) TOM PATTEE DIRECTOR (FROM 11/2023)	1.00 NONE	X						NONE	NONE	NONE
(19) KEN FORTUNE DIRECTOR (FROM 04/2024)	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								360,319.	NONE	43,328.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								360,319.	NONE	43,328.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 2	NONE	

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	2,681,829.			
	b	Membership dues	1b				
	c	Fundraising events	1c	99,800.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	2,633,680.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,320,636.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 556,385.			
	h	Total. Add lines 1a-1f		6,735,945.			
	Program Service Revenue				Business Code		
2a		PROGRAM SERVICE FEES		624100	245,962.	245,962.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			245,962.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			140,299.		140,299.
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				668,814.	894.		
	b	Less: cost or other basis and sales expenses . .	7b	529,805.	NONE		
	c	Gain or (loss)	7c	139,009.	894.		
	d	Net gain or (loss)			139,903.		139,903.
	8a	Gross income from fundraising events (not including \$ 99,800. of contributions reported on line 1c). See Part IV, line 18	8a	12,335.			
	b	Less: direct expenses	8b	36,753.			
	c	Net income or (loss) from fundraising events			-24,418.		-24,418.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS INCOME		624100	573.	573.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			573.		
12	Total revenue. See instructions			7,238,264.	246,535.	255,784.	

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,660,253.	1,660,253.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	700,629.	700,629.		
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	419,627.	61,281.	355,643.	2,703.
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	1,007,739.	532,564.	235,279.	239,896.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,431.	8,263.	7,168.	NONE
9 Other employee benefits	133,490.	66,733.	28,754.	38,003.
10 Payroll taxes	105,170.	44,607.	42,880.	17,683.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	4,790.	4,640.	150.	
c Accounting	9,065.		9,065.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	13,023.		13,023.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	137,972.	74,968.	43,013.	19,991.
12 Advertising and promotion	2,122.	2,091.	31.	
13 Office expenses	88,447.	38,849.	16,068.	33,530.
14 Information technology	172,854.	102,094.	33,770.	36,990.
15 Royalties	NONE			
16 Occupancy	202,319.	163,024.	23,212.	16,083.
17 Travel	15,345.	8,966.	2,600.	3,779.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	13,094.	7,788.	3,167.	2,139.
20 Interest	5,914.	25.	5,885.	4.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	434,060.	396,826.	21,375.	15,859.
23 Insurance	40,876.	22,418.	11,252.	7,206.
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	50,412.	28,233.	12,602.	9,577.
b STAFF DEVELOPMENT	9,791.	6,129.	1,502.	2,160.
c DUES AND MEMBERSHIPS - OTHER	14,771.	5,318.	6,566.	2,887.
d LICENSES AND GOVERNMENT FEES	1,148.	561.	587.	NONE
e All other expenses	10,217.	3,323.	1,610.	5,284.
25 Total functional expenses. Add lines 1 through 24e	5,268,559.	3,939,583.	875,202.	453,774.
26 Joint costs. 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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	48,036.	1	15.
	2 Savings and temporary cash investments.	962,307.	2	483,457.
	3 Pledges and grants receivable, net	1,061,208.	3	1,193,985.
	4 Accounts receivable, net	8,538.	4	4,227.
	5 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	5	NONE
	6 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	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	35,778.	9	53,587.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,622,759.		
	b Less: accumulated depreciation.	10b 2,227,305.		
	11 Investments - publicly traded securities.	3,824,559.	10c	5,395,454.
	12 Investments - other securities. See Part IV, line 11.	4,500,242.	11	5,421,381.
	13 Investments - program-related. See Part IV, line 11.	405,504.	12	436,040.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,924.	15	35,130.	
17 Accounts payable and accrued expenses.	10,863,096.	16	13,023,276.	
Liabilities	18 Grants payable	154,626.	17	837,637.
	19 Deferred revenue	1,002,168.	18	915,690.
	20 Tax-exempt bond liabilities	1,385,570.	19	870,899.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE
	22 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	21	NONE
	23 Secured mortgages and notes payable to unrelated third parties	206,917.	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	23	214,448.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	24	NONE
	26 Total liabilities. Add lines 17 through 25.	16,924.	25	NONE
	27 Net assets without donor restrictions.	2,766,205.	26	2,838,674.
Net Assets or Fund Balances	28 Net assets with donor restrictions.			
	29 Capital stock or trust principal, or current funds		27	2,792,450.
	30 Paid-in or capital surplus, or land, building, or equipment fund		28	5,273,806.
	31 Retained earnings, endowment, accumulated income, or other funds		29	5,304,441.
	32 Total net assets or fund balances		30	
	33 Total liabilities and net assets/fund balances.		31	
	34 Total net assets or fund balances. Add lines 27 through 33.		32	8,096,891.
35 Total liabilities and net assets/fund balances. Add lines 16 and 34.		33	10,863,096.	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	7,238,264.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,268,559.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,969,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,096,891.
5	Net unrealized gains (losses) on investments	5	87,470.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	30,536.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,184,602.

Part XII Financial Statements and ReportingCheck 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	X	

Form **990** (2023)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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)						
Total						

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

Schedule A (Form 990) 2023

JSA
3E1210 1.000

2610TU P091 05/03/2025 17:01:02 V23-7.16

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,573,253.	4,623,152.	4,396,619.	5,672,404.	6,735,945.	25,001,373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	3,573,253.	4,623,152.	4,396,619.	5,672,404.	6,735,945.	25,001,373.
5 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).						941,709.
6 Public support. Subtract line 5 from line 4						24,059,664.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3,573,253.	4,623,152.	4,396,619.	5,672,404.	6,735,945.	25,001,373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,683.	3,765.	25,403.	49,336.	140,299.	220,486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	137,183.	103,653.	3,149.	NONE	NONE	243,985.
11 Total support. Add lines 7 through 10						25,465,844.
12 Gross receipts from related activities, etc. (see instructions)					12	2,258,692.
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	94.48 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.47 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. 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 stop here . 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 10%-facts-and-circumstances test - 2022. 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 stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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 VII*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

☒ 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

- ☒ 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

PIKES PEAK UNITED WAY

Employer identification number

84-0511799

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	\$ 1,198,049.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 150,873.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 599,257.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 836,374.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 203,403.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 546,689.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

84-0511799

Part II

[illegible]

Name of organization

PIKES PEAK UNITED WAY

Employer identification number

84-0511799

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	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure											
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<table><thead><tr><th></th><th>Held at the End of the Tax Year</th></tr></thead><tbody><tr><td>a Total number of conservation easements</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included on line 2a</td><td>2c</td></tr><tr><td>d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register</td><td>2d</td></tr></tbody></table>		Held at the End of the Tax Year	a Total number of conservation easements	2a	b Total acreage restricted by conservation easements	2b	c Number of conservation easements on a certified historic structure included on line 2a	2c	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
	Held at the End of the Tax Year										
a Total number of conservation easements	2a										
b Total acreage restricted by conservation easements	2b										
c Number of conservation easements on a certified historic structure included on line 2a	2c										
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d										
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year											
4 Number of states where property subject to conservation easement is located											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year											
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year											
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.											

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. \$ (ii) Assets included in Form 990, Part X. \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. \$ b Assets included in Form 990, Part X. \$	

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

Schedule D (Form 990) 2023

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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 in 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	2,459,677.	1,932,641.	2,299,279.	1,850,898.	2,293,808.
b Contributions		320,000.		96,679.	17,240.
c Net investment earnings, gains, and losses	240,159.	207,036.	-293,046.	425,490.	13,149.
d Grants or scholarships					
e Other expenditures for facilities and programs			73,592.	73,788.	473,299.
f Administrative expenses					
g End of year balance	2,699,836.	2,459,677.	1,932,641.	2,299,279.	1,850,898.

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 65.0400 %

c Term endowment 34.9600 %

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:

(i) Unrelated organizations?

Yes	No
3a(i)	X

(ii) Related organizations?

Yes	No
3a(ii)	X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3b	

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		6,316,172.	1,462,736.	4,853,436.
c Leasehold improvements				
d Equipment		794,595.	764,569.	30,026.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,395,454.

Schedule D (Form 990) 2023

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.

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

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.

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

Part IX Other Assets

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

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

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	

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 . ☒

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.

1	Total revenue, gains, and other support per audited financial statements	1	6,616,560.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	87,470.
b	Donated services and use of facilities	2b	34,372.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,536.
e	Add lines 2a through 2d	2e	152,378.
3	Subtract line 2e from line 1	3	6,464,182.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,023.
b	Other (Describe in Part XIII.)	4b	761,059.
c	Add lines 4a and 4b	4c	774,082.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,238,264.

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.

1	Total expenses and losses per audited financial statements	1	4,528,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	34,372.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	34,372.
3	Subtract line 2e from line 1	3	4,494,477.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,023.
b	Other (Describe in Part XIII.)	4b	761,059.
c	Add lines 4a and 4b	4c	774,082.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,268,559.

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)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE 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.

SCHEDULE D, PART XI, LINE 2D

OTHER CHANGE: \$30,536 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST
ASSETS.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

OTHER: \$761,059. RECOGNITION OF DONOR DESIGNATED CONTRIBUTIONS
IN REVENUE \$730,368; FUNDRAISING EXPENSES REPORTED WITHIN THE AUDITED
FINANCIAL STATEMENTS' REVENUE, RECLASSIFIED TO EXPENSE FOR THE TAX RETURN
\$30,961.

SCHEDULE D, PART XII, LINE 4B

OTHER: \$761,059. RECOGNITION OF DONOR DESIGNATED CONTRIBUTIONS
IN REVENUE \$730,368; FUNDRAISING EXPENSES REPORTED WITHIN THE AUDITED
FINANCIAL STATEMENTS' REVENUE, RECLASSIFIED TO EXPENSE FOR THE TAX RETURN
\$30,961.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 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						
Total						

- 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.

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 WRAP PARTY (event type)	(b) Event #2 LEADERS IN GIVI (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	45,890.	35,540.	30,705.	112,135.
	2 Less: Contributions	45,500.	31,300.	23,000.	99,800.
	3 Gross income (line 1 minus line 2)	390.	4,240.	7,705.	12,335.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		3,000.		3,000.
	6 Rent/facility costs	12,488.	11,562.	1,936.	25,986.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,308.	2,188.	2,272.	7,768.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,754.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-24,419.

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 | 13a | % |
| b An outside facility | 13b | % |
- 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

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.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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
(1) CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO 2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	41,610.				OPERATIONS SUPPORT
(2) CASA OF THE PIKES PEAK REGION, INC. 418 S WEBER ST. COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	32,570.				OPERATIONS SUPPORT
(3) CATHOLIC CHARITIES OF CENTRAL COLORADO, INC. 228 N CASCADE AVE., COLO SPGS, CO 80903	84-0586169	501(C)(3)	209,260.				OPERATIONS SUPPORT
(4) COLORADO SPRINGS UTILITIES FOUNDATION 121 S TEJON ST 5TH FLR, COLO SPGS, CO 80903	20-8643063	501(C)(3)	52,959.				OPERATIONS SUPPORT
(5) COMMUNITY OF CARING FOUNDATION PO BOX 1587 CRIPPLE CREEK, CO 80813-1587	84-1481309	501(C)(3)	15,772.				OPERATIONS SUPPORT
(6) COMMUNITY PARTNERSHIP FOR CHILD DEV. 2330 ROBINSON ST COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	91,617.				OPERATIONS SUPPORT
(7) COURT CARE FOR THE PIKES PEAK REGION INC 270 S TEJON ST COLORADO SPRINGS, CO 80903	45-0488427	501(C)(3)	18,042.				OPERATIONS SUPPORT
(8) CROSSFIRE MINISTRIES, INC. 3975 N ACADEMY BLVD, COLO SPGS, CO 80917	84-1295381	501(C)(3)	18,380.				OPERATIONS SUPPORT
(9) DREAM CENTERS OF COLORADO SPRINGS 11025 VOYAGER PKWY, COLO SPGS, CO 80921	27-4876080	501(C)(3)	10,200.				OPERATIONS SUPPORT
(10) EARLY CONNECTIONS LEARNING CENTERS 104 E RIO GRANDE ST, COLO SPGS, CO 80903	84-0632406	501(C)(3)	154,007.				OPERATIONS SUPPORT
(11) FORGE EVOLUTION (FKA COLORADO SPRINGS TEEN 224 E KIOWA ST COLORADO SPRINGS, CO 80903	84-1318849	501(C)(3)	12,592.				OPERATIONS SUPPORT
(12) FOSTERING HOPE FOUNDATION 111 S TEJON, COLORADO SPRINGS, CO 80903	26-1991807	501(C)(3)	28,190.				OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51

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) 2023

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
(1) GRECCIO HOUSING UNLIMITED, INC. 1015 E PIKES PEAK AVE STE 110 COLO SPGS, CO	84-1158819	501(C)(3)	11,754.				OPERATIONS SUPPORT
(2) HOMEWARD PIKES PEAK 2010 BIJOU ST COLORADO SPRINGS, CO 80909	13-4242773	501(C)(3)	11,602.				OPERATIONS SUPPORT
(3) HOPE AND HOME 4945 N 30TH ST COLORADO SPRINGS, CO 80919	84-1467476	501(C)(3)	13,318.				OPERATIONS SUPPORT
(4) HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOTT LN COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	13,235.				OPERATIONS SUPPORT
(5) IMAGINATION LIBRARIES OF COLORADO 3000 LAWRENCE ST DENVER, CO 80205	85-4295349	501(C)(3)	56,362.				OPERATIONS SUPPORT
(6) JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO 611 WEBER ST STE 201, COLO SPGS, CO 80903	84-6009223	501(C)(3)	10,180.				OPERATIONS SUPPORT
(7) LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS 108 E SAINT VRAIN ST, COLO SPGS, CO 80903	84-0775550	501(C)(3)	23,626.				OPERATIONS SUPPORT
(8) MOUNT CARMEL CENTER OF EXCELLENCE DBA MT. C 530 COMMUNICATION CIR, COLO SPGS, CO 80905	81-1652178	501(C)(3)	85,894.				OPERATIONS SUPPORT
(9) MOUNT CARMEL HEALTH, WELLNESS AND COMMUNITY 911 ROBINSON AVE TRINIDAD, CO 81082	27-3546373	501(C)(3)	11,517.				OPERATIONS SUPPORT
(10) PARTNERS IN HOUSING, INC. 455 GOLD PASS HTS, COLO SPGS, CO 80906	84-1188208	501(C)(3)	30,595.				OPERATIONS SUPPORT
(11) PEAK EDUCATION 1645 MURRAY BLVD COLORADO SPRINGS, CO 80916	84-1467174	501(C)(3)	25,770.				OPERATIONS SUPPORT
(12) 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

- 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

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
(1) ROCKY MOUNTAIN CALVARY CHAPEL, INC. 4285 N ACADEMY BLVD, COLO SPGS, CO 80918	84-1036345	501(C)(3)	28,800.				OPERATIONS SUPPORT
(2) RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN 4223 ROYAL PINE DR, COLO SPGS, CO 80920	84-1013843	501(C)(3)	12,424.				OPERATIONS SUPPORT
(3) SAFE PASSAGE 2335 ROBINSON STREET, COLO SPGS, CO 80904	84-1241767	501(C)(3)	12,536.				OPERATIONS SUPPORT
(4) SHIELD 616 13395 VOYAGER PKWY STE 130, COLO SPGS, CO	47-4347589	501(C)(3)	5,620.				OPERATIONS SUPPORT
(5) SILVER KEY SENIOR SERVICES 1625 S MURRAY COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	26,181.				OPERATIONS SUPPORT
(6) SPRINGS RECOVERY CONNECTION 985 W FILLMORE ST, COLO SPGS, CO 80907	47-1291133	501(C)(3)	10,100.				OPERATIONS SUPPORT
(7) SPRINGS RESCUE MISSION 5 W LAS VEGAS ST COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	14,036.				OPERATIONS SUPPORT
(8) TESSA 435 GOLD PASS HTS, COLO SPGS, CO 80906	84-0746803	501(C)(3)	24,816.				OPERATIONS SUPPORT
(9) THE CURATORS OF THE UNIVERSITY OF MISSOURI 407 REYNOLDS ALUMNI CTR COLUMBIA, MO 65211	26-6440629	501(C)(3)	19,800.				OPERATIONS SUPPORT
(10) THE PLACE 423 CUHARRAS ST COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	24,799.				OPERATIONS SUPPORT
(11) THE RESOURCE EXCHANGE, INC. 6385 CORPORATE DR STE 301, COLO SPGS, CO	84-0532684	501(C)(3)	12,097.				OPERATIONS SUPPORT
(12) TRI-LAKES CARES 235 N JEFFERSON ST MOUNUMENT, CO 80132	74-2501356	501(C)(3)	13,369.				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

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
(1) TRINITY BAPTIST CHURCH 617 FOUNTAIN BLVD, COLO SPGS, CO 80903	84-1103583	501(C)(3)	13,650.				OPERATIONS SUPPORT
(2) UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST STE 725 DENVER, CO 80203	84-6049811	501(C)(3)	9,000.				OPERATIONS SUPPORT
(3) WOODMEN VALLEY CHAPEL 290 WOODMEN RD COLORADO SPRINGS, CO 80919	84-0996424	501(C)(3)	5,340.				OPERATIONS SUPPORT
(4) BIG BROTHERS BIG SISTERS OF COLORADO, INC. 111 S TEJON ST #302, COLO SPGS, CO 80903	23-7161796	501(C)(3)	22,932.				OPERATIONS SUPPORT
(5) COLORADO SPRINGS SPORTS CORP 1631 MESA AVENUE STE E, COLO SPGS, CO 80906	84-0811908	501(C)(3)	77,040.				OPERATIONS SUPPORT
(6) MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	18,415.				OPERATIONS SUPPORT
(7) CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY 4250 CHEYENNE MTN ZOO RD, COLO SPGS, CO	84-0407039	501(C)(3)	14,675.				OPERATIONS SUPPORT
(8) DIOCESE OF COLORADO SPRINGS 228 N CASCADE AVE, COLO SPGS, CO 80903	84-0936629	501(C)(3)	11,450.				OPERATIONS SUPPORT
(9) ASSISTANCE LEAGUE OF COLORADO SPRINGS 405 S NEVADA AVE, COLO SPGS, CO 80903	23-7029329	501(C)(3)	11,339.				OPERATIONS SUPPORT
(10) HOLY APOSTLES CATHOLIC CHURCH 4925 N CAREFREE CIR, COLO SPGS, CO 80917		501(C)(3)	10,560.				OPERATIONS SUPPORT
(11) TRINIDAD COMMUNITY FOUNDATION -CCC QUALI 136 W MAIN STREET RM 204 TRINIDAD, CO 81082	20-5077446	501(C)(3)	9,510.				OPERATIONS SUPPORT
(12) FIRST EVANGELICAL LUTHERAN CHURCH 1515 N CASCADE AVE, COLO SPGS, CO 80907		501(C)(3)	7,000.				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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

PIKES PEAK UNITED WAY

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.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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
(1) RESTORATION CHURCH ASSEMBLY OF GOD 9355 PEACEFUL VALLEY RD, COLO SPGS, CO		501(C)(3)	5,363.				OPERATIONS SUPPORT
(2) PROJECT ANGEL HEART 1625 W UINTAH ST STE I, COLO SPGS, CO 80904	84-1199481	501(C)(3)	5,125.				OPERATIONS SUPPORT
(3) UNITED WAY OF BATTLEMENT TO BELLS 826 1/2 GRAND AVE, GLENWOOD SPGS, CO 81601	84-0888141	501(C)(3)	5,092.				OPERATIONS SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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) 2023

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 EDUCATION SCHOLARSHIPS	49	121,240.			
2 ADOPT A FAMILY PROGRAM	114		4,459.	FMV	CHRISTMAS GIFTS
3 FOOD DISTRIBUTION PROGRAM	7,403		546,489.	FMV	FOOD
4 ADOPT A SCHOOL PROGRAM	406		28,441.	FMV	CHRISTMAS GIFTS
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 I, LINE 2

UNITED WAY MONITORS THE USE OF GRANT FUNDS IN THE UNITED STATES BY
PERFORMING PERIODIC ON-SITE MONITORING OF THESE ORGANIZATIONS. ON SUCH
VISITS, ANY AUDITED OR UNAUDITED FINANCIAL STATEMENTS ARE REVIEWED AND
THE USE OF GRANT FUNDS EXAMINED. RECOMMENDATIONS ARE GIVEN TO THE
GRANTEES BASED ON THE FINDINGS.

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, LINE 1,2,&3

THE NUMBER OF RECIPIENTS IS BASED ON THE NUMBER OF SCHOLARSHIP RECIPIENTS, THE NUMBER OF STUDENTS/FAMILIES ESTIMATED TO BE ASSISTED WITH CHRISTMAS GIFTS (1-WANT ITEM, AND 1-NEED ITEM) THROUGH THE ADOPT A SCHOOL AND ADOPT A FAMILY PROGRAMS, AND THE NUMBER OF RECIPIENTS FROM THE FOOD DISTRIBUTION SITE.

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.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

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 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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)	155,704.			6,369.	10,978.	173,051.	
1 PRESIDENT/CEO	(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 3

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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

PIKES PEAK UNITED WAY

Employer identification number

84-0511799

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	546,689.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OFFICE SUPPLIES)	X	1	9,696.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

3E1298 1.000

2610TU P091 05/03/2025 17:01:02 V23-7.16

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

84-0511799

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 4A

(CON'T) WE HAVE A SEPARATE FUND THAT ALSO PROVIDES GRANTS TO LOCAL
NON-PROFITS THAT HAVE EXPERIENCED SOME FORM OF UNANTICIPATED EMERGENCY
THAT WILL HAVE A SIGNIFICANT IMPACT ON THEIR ABILITY TO SERVE THE PUBLIC
IF THEY DO NOT RECEIVE SOME FORM OF RELIEF. AS PART OF OUR FUNDS
DISTRIBUTION PROCESSES, WE ALSO USE INFORMATION FROM OUR 211 SERVICE TO
HELP INFORM OUR DECISIONS ON WHAT PROGRAMS ARE MOST NEEDED IN THE
COMMUNITY. IN ADDITION TO AWARDING LOCAL GRANTS WE ALSO DISBURSE DONOR
CONTRIBUTIONS TO NON-PROFITS THAT HAVE BEEN SELECTED SPECIFICALLY BY
DONORS FOR SUPPORT. FOR THE YEAR ENDED JUNE 2024, DONORS CONTRIBUTED OVER
\$730,000 TO OTHER NON PROFITS THROUGH OUR UNITED WAY CAMPAIGN, WITH MOST
OF THOSE CONTRIBUTIONS STAYING IN THE LOCAL COMMUNITY.

FORM 990, PART III, LINE 4B

(CON'T) OUR 2-1-1 TEAM ALSO ANSWERED ALMOST HALF OF THE STATE'S TOTAL

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

84-0511799

VITA (VOLUNTEER INCOME TAX ASSISTANCE) CALLS, ENSURING THAT MOST FAMILIES WERE ABLE TO FILE THEIR TAXES FOR FREE IN ORDER TO GET THEIR QUALIFIED REFUND FOR SOME MUCH-NEEDED FINANCIAL RELIEF. 2-1-1 HELPS RESIDENTS FROM THE 12 COUNTIES NOT ONLY TO ACCESS LIFESAVING RESOURCES, BUT ALSO SERVES AS THE EXTENDED ARM OF COLORADO SPRINGS AND EL PASO COUNTY DURING A DISASTER RESPONSE, COORDINATING WITH THE PIKES PEAK REGION OFFICE OF EMERGENCY MANAGEMENT TO PROVIDE INFORMATION AND REFERRAL RESOURCES TO LOCAL INDIVIDUALS IN THE EVENT OF EMERGENCIES.

FORM 990, PART III, LINE 4C

(CON'T) WE ALSO RUN A VITA PROGRAM (VOLUNTEER INCOME TAX ASSISTANCE) THAT PROVIDES FREE FEDERAL AND STATE TAX INCOME PREPARATION FOR INDIVIDUALS EARNING LESS THAN \$64,000 ANNUALLY. LAST YEAR WE PREPARED ALMOST 2,500 INCOME TAX RETURNS, BOTH STATE AND FEDERAL, SAVING CLIENTS APPROXIMATELY \$200,000 DOLLARS IN TAX PREPARATION FEES AND GENERATING OVER \$2.0 MILLION OF FEDERAL REFUNDS (INCLUDING EARNED INCOME TAX CREDITS FOR LOW INCOME WORKING INDIVIDUALS) AND \$3.0 MILLION OF STATE REFUNDS. WE ALSO ADMINISTER THE EL PASO AND TELLER COUNTY FEMA (FEDERAL EMERGENCY MANAGEMENT AGENCY) PROGRAMS THAT DISTRIBUTE FUNDS TO LOCAL NON-PROFITS IN SUPPORT OF BASIC NEEDS FOR LOW-INCOME INDIVIDUALS AND FAMILIES. WE ALSO MANAGE A VOLUNTEER PROGRAM THAT ALIGNS VOLUNTEERS WITH LOCAL OPPORTUNITIES, INCLUDING OUR FOOD DISTRIBUTION, COMMUNITY INVESTMENT PROCESS, VITA PROGRAMS, AND MUCH MORE. LAST YEAR WE MATCHED OVER 2,200 LOCAL VOLUNTEERS WITH OVER 10,000 HOURS OF VOLUNTEER OPPORTUNITIES, MAINLY WITH LOCAL PARTNER NON-PROFITS AND OUR OWN PROGRAMS.

FORM 990, PART III, LINE 4D

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

84-0511799

FAMILY SUCCESS CENTER: THE MISSION OF THE PIKES PEAK UNITED WAY FAMILY SUCCESS CENTER IS TO SERVE THE ENTIRE FAMILY AND EMPOWER COMMUNITY MEMBERS TO BECOME FINANCIALLY STABLE, GROW, AND ACCOMPLISH THEIR GOALS. THE FAMILY SUCCESS CENTER IS A NEW INITIATIVE, PARTNERING WITH HARRISON SCHOOL DISTRICT 2 IN SOUTHEAST COLORADO SPRINGS, AND USING THE FORMER PIKES PEAK ELEMENTARY SCHOOL TO PROVIDE A COMMON SPACE THAT BRINGS TOGETHER FAMILIES LOOKING TO IMPROVE THEIR LIVES WITH LOCAL NON-PROFITS AND SERVICES THAT CAN PROVIDE THEM THE SUPPORT AND TRAINING THEY NEED TO ACCOMPLISH THAT GOAL. THE PROGRAMS THAT WILL BE ESTABLISHED INCLUDE JOB READINESS AND TRAINING PROGRAMS, GED/ESL ADULT EDUCATION CLASSES, FINANCIAL READINESS FOR CHILDREN AND ADULTS, A HEALTH CLINIC AND BENEFITS ENROLLMENT SERVICES, PARENTING CLASSES, SUMMER CAMP PROGRAMMING FOR CHILDREN, CAREER NAVIGATION, A CHILD CARE CENTER FOR DROP IN CHILD CARE, ENTREPRENEUR MENTORSHIP, LIFE COACHING TO INCREASE FAMILY STABILITY, UTILITIES, RENT AND MORTGAGE ASSISTANCE AND EVICTION PREVENTION, FREE AFTER SCHOOL SPORTS, AND A FREE GROCERY STORE. FOR THE YEAR ENDED JUNE 2024, OVER 13,000 INDIVIDUALS RECEIVED SERVICES AT THE FAMILY SUCCESS CENTER. IN ADDITION TO THESE SERVICES, WE ADMINISTERED THE LOCAL COLORADO OPPORTUNITY SCHOLARSHIP INITIATIVE (COSI), A STATE FUNDED INITIATIVE THAT PROVIDES SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO INDIVIDUALS THAT ARE TRYING TO IMPROVE THEIR EARNING POWER THROUGH COLLEGE OR UNIVERSITY GRADUATION OR PROFESSIONAL CERTIFICATIONS. IN THE LAST YEAR WE WERE ABLE TO PROVIDE FINANCIAL ASSISTANCE AND SCHOLARSHIP SUPPORT TO OVER 60 ACTIVE STUDENTS IN EL PASO AND TELLER COUNTIES. IN THE LAST YEAR, WE'VE PROVIDED APPROXIMATELY \$120,000 OF DIRECT SUPPORT IN

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

84-0511799

THE FORM OF TUITION AND EXPENSE REIMBURSEMENT TO STUDENTS TRYING TO
IMPROVE THEIR JOB PROSPECTS WITH DEGREES AND CERTIFICATIONS FROM LOCAL
COLLEGES AND UNIVERSITIES.

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

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

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

84-0511799

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 SALARY SHOWN WITHIN THE SURVEY, THE TOTAL AMOUNT OF TIME THE STAFF PERSON HAS BEEN ON STAFF, AND THEN THE OVERALL PERFORMANCE AND IMPACT OF THE EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990 PART X, COLUMN A, LINE 1,2, AND 11

COLUMN (A) BEGINNING YEAR BALANCE: LINE 1, CASH, WAS ADJUSTED TO RECLASSIFY INVESTMENT ACCOUNTS AND/OR INTEREST BEARING BANK ACCOUNTS TO LINE 2, SAVINGS AND TEMPORARY CASH INVESTMENTS, AND /OR LINE 4 INVESTMENTS - PUBLICLY TRADED SECURITIES.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS: \$30,536 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

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
FAMILY SUCCESS CENTER	395,767.	1,213,483.	39,570.
	-----	-----	-----
TOTALS	395,767.	1,213,483.	39,570.
	=====	=====	=====





2023 Tax Return

Final Audit Report

May 12, 2025

Created:	May 05, 2025
By:	Stockman Kast Ryan & Co.(dmontgomery@skrco.com)
Status:	ESigned
Transaction ID:	9AZWGJNFUM1MEFF6XD22P08J68
Documents:	PIKES PEAK UNITED WAY_2024_TAX RETURN_ASSEMBLED - 2023 FORM 990- - PIKES PEAK UNITED WAY FYE 06-30-2024.pdf PIKES PEAK UNITED WAY_2024_TAX RETURN_ASSEMBLED - PIC 2023 FORM- 990 - PIKES PEAK UNITED WAY PIC 05.03.2025.pdf

"2023 Tax Return" History

-  Document emailed to Tom Hilton(tom@ppunitedway.org) for signature
5/5/2025 11:05:14 AM Mountain Daylight Time
-  Document viewed by Tom Hilton(tom@ppunitedway.org)
5/12/2025 08:46:02 AM Mountain Daylight Time - IP address: 64.111.26.213
-  Document e-signed by Tom Hilton(tom@ppunitedway.org)
Signature Date: 5/12/2025 08:46:36 AM Mountain Daylight Time - IP address: 64.111.26.213
-  Document Signed
5/12/2025 08:46:37 AM Mountain Daylight Time