

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 2012, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Pikes Peak Library District Foundation
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5550 N. Union Blvd.
 City, town or post office, state, and ZIP code
Colorado Springs, CO 80918

D Employer identification number 11-3690724

E Telephone number 719-531-6333

G Gross receipts \$ 501,708

F Name and address of principal officer: Ms. Delores Fowler
25 W. Kiowa Ave., Colorado Springs, CO 80903

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ http://ppld.org/foundation

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2003 **M** State of legal domicile: CO

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To raise funds to support the educational literacy and other library services provided by the Pikes Peak Library District.</u>		
	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)	<u>3</u>	<u>13</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>-</u>
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u>	<u>2</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>10</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>-</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>-</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>1,547,607</u>	<u>2,502,607</u>
	9	Program service revenue (Part VIII, line 2g)	<u>-</u>	<u>-</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,382</u>	<u>32,223</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-</u>	<u>-</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,550,989</u>	<u>2,534,830</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,329,033</u>	<u>2,240,236</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>-</u>	<u>-</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>108,276</u>	<u>105,449</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>-</u>	<u>-</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>-</u>	<u>-</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>13,029</u>	<u>23,935</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,450,338</u>	<u>2,369,620</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>100,651</u>	<u>165,210</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>1,279,860</u>	<u>1,667,718</u>
	21	Total liabilities (Part X, line 26)	<u>-</u>	<u>90,489</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,279,860</u>	<u>1,577,229</u>

Part II Signature Block

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

Sign Here

Signature of officer: [Signature] Date: 8/13/13

Type or print name and title: Michael Varust, CPA Chief Financial Officer

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____

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