Form 990

(Rev. January 2020)

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.

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

OMB No. 1545-0047 **2019**

Open to Public

Form 990 (2019)

Α	For the	e 2019 calendar y	year, or tax year beg	inning	. 2019.	and end	ina			nspection
В	-	applicable:		OLICE FOUNDATION OF				D Em	ployer identifica	
	Address	change	Doing business as						27-092	
	Name ch	ange	Number and street (or	P.O. box if mail is not delivered to street a	iddress)	Room/sui	ite	F Tels	phone number	0740
	Initial ret	urn	10 LAKE CIRCL		,			- 1010		77-5867
	Final retu	rn/terminated	City or town, state or p	rovince, country, and ZIP or foreign posta	l code			G Gr	ss receipts	77-3667
	Amended	f return		NGS, CO 80906				و ا	ss receipts	170 054
	Application	on pending	F Name and address of				H/a) to this a s		n for subordinates?	170,254 Yes X No
			Ì	•					ates included?	
<u> </u>	Tax-exem	npt status: X 501	(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527		l		list. (see instruc	
J	Website:	► N/A		, , , , , , , , , , , , , , , , , , , ,	<u> </u>				on number	uons)
ĸ	Form of a	organization: X Cor	poration Trust A	ssociation Other	L Year of format	ion: 201			egal domicile:	<u> </u>
Pa	rt I	Summary				201	. <u> </u>	nate of te	egai domicile:	CO
	1	Briefly describe t	the organization's mis	sion or most significant activities	TO BUILD EF	erentu			TDC muam	
ģ				OCAL COMMUNITY	TO DOLLD DIT	THOITY	T LWVIN	EKSH	IFS THAT	SUPPORT
Governance						· · ·				
Ë										·
ŏ	2	Check this box ▶	if the organization	on discontinued its operations or	disposed of more than	25% of its	net assets			
S.	3	Number of voting	g members of the gov	erning body (Part VI, line 1a)					1	10
Se	4			ers of the governing body (Part V	I, line (lb)	ŶΆ		4	+-	18
Activities &	5			n calendar year 2019 (Part V, lin		19		5	 	
Ġ	6		volunteers (estimate i					6	 	0_
∢	7a			Part VIII, column (C), line 12				7a	 	
	b							7b	 	<u>551</u>
				answer (S)			Prior Year			0
	8	Contributions and	d grants (Part VIII, line	e 1h) • • • • • • • • • • • • • • • • • • •	Maria D			,929	Curr	rent Year
Revenue	9		revenue (Part VIII, lin	East 1	· · · · · · · · · · · · · · · · · · ·			, 747	 	169,703
Ven	10			(A), lines 3, 4, and 7d)				292	 	
æ	11	Other revenue (F	Part VIII, column (A), li	nes 5, 6d, 8c, 90, 10c, and 11e)	, 			232	 	551
	12			(must equal Part VIII, column (A			257	,221	 	170 054
	13	Grants and simila	ar amounts paid (Part	A	• • • • • • • • • •	\rightarrow		,450	 	170,254
	14			A STEEL		. —	30	, 450	 	3,475
S	15			e benefits (Part IX) column (A),	lines 5-10)	. – –		,531	<u> </u>	U
Expenses	16a					. –		, 331	 	6,397
ĕ	b			lumn (D), line 25) ►					-	0
Ä	17			nes 11a-11d, 11f-24e)	<u>_</u>	.	142	,553	├──	154 000
	18	Total expenses.	Add lines 13 ,17 (mus i	equal Rart IX, column (A), line 2	25)			, 534 , 534	 	164,208
	19	Revenue less exp	penses. Subtract line	18 from line 12				, <u>534</u> , 687	 	174,080
ō	3	<u> </u>		N/	 -	\neg	ning of Curre		End	(3,826) of Year
sets	20	Total assets (Part	t X, line 16)	%* ** • • • • • • • • • • • • • • • • •		. Bogin		,928	End	
Net Assets or	21	Total liabilities (Pa	art Xaline 26)			. —		, 340	 	243,102
		Net assets of fun	d balances. Subtract	line 21 from line 20		. —	246	,928		242 100
	rt II	Signature E	Block 🤏	•	<u> </u>				L.,	243,102
Unde	r penaltie	es of perjury. I declare t	hat I have examined this ret	urn, including accompanying schedules a	nd statements, and to the bes	t of my know	wedge and be	lief, it is	<u> </u>	
	con ect, a	no complete. Declarati	on of preparer (other than o	fficer) is based on all information of which	preparer has any knowledge.	<u> </u>				
٥,		NICOLE.	MAGIC						07-06	2020
Sig		Signature of of	fficer				-	———— Di	07-00 ate	-2020
Her	e	NICOLE	MAGIC, MEMBER							
		Type or print n	ame and title							
		Print/Type preparer	's name	Preparer's signature	Date		Check	∏ if	PTIN	
Paid		KATHY BYLK	CAS	KATHY BYLKAS	07-06-20	20	self-emp			E041
	parer	Firm's name	YOUR TAX	KLADY LLC	<u></u>		m's EIN ►	Jyeu	P0018	70#I
Use	Only	Firm's address	"	OCHIME PL			one no.			
				Springs CO 80919			one no.	710	E40. 4004	•
May	he IRS	discuss this return	n with the preparer sh	own above? (see instructions)					<u>548-4924</u> · · · · x	
For F	aperw	ork Reduction A	ct Notice, see the se	parate instructions.					<u> [A] 1</u>	69 [] NO

Part IV

Checklist of Required Schedules

Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 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 4 х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II x 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V х 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 103 complete Schedule D, Part VI 11a Х Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 P. Part VIII 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d х Did the organization report an amount for other liabilities in Part X-IIIne 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a x 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 · · · · · · · · · · · 12b Х 13 13 X 14a 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b 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 14b Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any forejgn organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance of or foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), fines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 x 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 21

Part IV

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		ŀ	
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u>L</u> _
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
d	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	24c	<u> </u>	
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		_x_
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	O.C.L.		ŀ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	ļ	Х
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule Li Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20	├	X
	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			•
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? (Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV	28c		_x_
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
50	Did the organization receive contributions of art historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		x
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, ortransfer more than 25% of its net assets? If "Yes,"	31		Х
	complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.770137 Wes, complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
	or IV, and Part V, line 197	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JUA		<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yest complete Schedule R, Part V, line 2	36	- 1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Dow	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part	Statements Regarding Other IRS Filings and Tax Compliance	· ·		
-	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
1a	Enter the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Form 1000 Enter of the number reported in Roy 2 of Enter of the number repo		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ī		
c	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	l	l	
•		. 1		
EEA	reportable gaming (gambling) winnings to prize winners?	1c	:	<u>x</u>

Part V

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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		x
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 💳	 	1-
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	-	\mathbf{x}
b		3b	† –	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1	· 	├─
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
þ		<u> </u>	 	_
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	_v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	┼─	X
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?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ua	┼	X
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	 	
а	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?	7a	ŀ	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	├─-	
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	-	<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	 	
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7e	 	X
g	If the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required?	7f		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		 	_ <u>x</u> _
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		X
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8_	 	_ X
а	Did the sponsoring organization make any taxable distributions under section 4966?	1 _		I I
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	_x_
10	Section 501(c)(7) organizations. Enter:	9b	\longrightarrow	X
а	Initiation food and control contributions included a second control co			
b	Gross receipts, included on Form 000, Down 100 Page 100 P	4		
11	Section 501(c)(12) organizations. Entern	4	li	
а	Gross income from members or shareholds			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from 16% and			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	١ ا		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	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	l		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		х
5	Is the organization subject to the section 4960 tay on normant(s) of many that are not account.	14b		
	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 instructions and file Form 4720, Schedule N.	15		x
6	Is the organization an educational institution publicable the state the cooperation and educational institution publicable the state the cooperation and the			
-	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	1 100, complete Form 4720, Schedule O.	!		

Form 990 (2019) POLICE FOUNDATION OF COLORADO SPRINGS Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 18 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. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 х 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? Х Each committee with authority to act on behalf of the governing body? Х 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 Х Section B. Policies (This Section B requests information about policies not required by the internal Revenue Code.) Νo Yes Did the organization have local chapters, branches, or affiliates? 10a 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in 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 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . þ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 x Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive prector for top management official 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b describe the process in 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? 16a 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 Colorado Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records NICOLE MAGIC (719) 577-7094, 10 LAKE CIRCLE, COLORADO SPRINGS, CO 80906

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Form	990	(2019	١(

Part VII

POLICE FOUNDATION OF COLORADO SPRINGS

27-0926740

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela		ion co	mpei	nsat	ed a	nv curr	rent.	officer, director, or	trustee	
		Γ			(C)		<u> </u>	A COLOR, GR	lusice.	
(A)	(D)			Po	sition	1				
Name and title	(B)	(do	not ch	neck n	nore t	than one is both a	1900-100	(D)	(E)	(F)
Name and fille	Average hours	box	, unle	ss pe	erson i	is both a	n n	Reportable	Reportable	Estimated amount
	per week	Ome	cer an	ia a a	irecto	r/trustee) (25. –	compensation from the	compensation from related	of other compensation
	(list any	<u> </u>		1	M.	· i	F3	organization	organizations	from the
	hours for	X = 0	ns it	∯	1	Highes employ	A	(W-2/1099-MISC)	(W-2/1099-MJSC)	organization and
	related	or director	Institutional	n e	en ap	₹	N e			related organizations
	organizations below	trustee			₹§	<u>8</u>				
	dotted line)	8	trustee		9	Dens				
		ii O	***			compensated ee				
			Les T	130	100	-				
(1)		ļ								
(1) LOU MELLINI	<u> </u>									
BOARD MEMBER	1,00		(3)					0	0	0
(2) GEORGE E REED, DR		3.65次分								
BOARD MEMBER	1.00	х			L.			0	0	0
(3) MARGARET_SABIN_	L								,	
BOARD MEMBER	14.00	x						0	0	o
(4) CARI SHAFFER	\$									
BOARD MEMBER	<u>} 1.00</u>	х				'		0	0	o
(5) JAMES A SIMON, DR										
BOARD MEMBER	1.00	x						0	0	0
(6) MARK WALLER, HONORABLE				T						
BOARD MEMBER	1.00	x						o	0	0
(7) GREGORY WELCH										
BOARD MEMBER	1.00	х		Ì				o	0	
(8) JOEL YUHAS				_					U	
BOARD MEMBER	1.00	x						. 0		
(9) KYLE H HYBL	5.00	- **-		_	-		-		0	0_
CHAIRMAN	<u> </u>			x	i				_	
(10)BARRY GROSSMAN	2.00		\dashv	^	\dashv	\dashv	\dashv	0	0	0
VICE CHAIRMAN	2-00									
(11)DONALD E ADDY	2.00	 +	_	<u> </u>	\dashv			0	0	0_
VICE PRESIDENT	4 .00	ł					- 1			
(12) JAMES STEWART	2 00			x		\rightarrow	-+	0	0	0
VICE PRESIDENT	2 .00									
(13)AUBREY MCCOY		-	-+	х			\dashv	0	0_	0
SECRETARY	2 .0.0									
(14)WILLIAM J HYBL JR.			\dashv	X		\longrightarrow		0		0
BOARD MEMBER	1.00									
SEA				Х				0	0	0

Part VII Section A. Officer	rs, Directors, Trustees,	, Key Emplo	yees, a	and l	High	nest	Com	pens	sated Employees	(continued)				
•					(C)								
(A)		(B)			Pos	sition			(D)	(E)			(F)	
Name and title			4				han one		Reportable	Reportab	la l	Faller	رن ated am	
name and the	'	Average hours					s both a r/trustee		compensation	compensati			of other	
		per week	00	~	, u u		70 00.00	,	from the	from relate	ed	con	pensat	
		(list any	0 =		_	_	οт		organization	organizatio			om the	
		hours for	y ndiv	nstitutional	Office	Key employee	뺡	Former	(W-2/1099-MISC)	(W-2/1099-M	ISC)	-	nization Lorgani:	
		related	ect.	<u>ē</u> .	٩	휥	est	<u> </u>				related	organia	24110(15
		organizations	× =	<u>a</u>		οye	e om							
		below dotted line)	Individual trustee or director	trustee		ď	pens							
		dotted line)		8			Highest compensated employee							
(15)PETE_LABARRE		1.00												
BOARD MEMBER					х				0		0			0
(16)JAY LEE		1.00					İ							
BOARD MEMBER					х			l	oo		0			0
(17)LAURA MUIR MELLINI		1.00												
BOARD MEMBER					х				0		0			0
(40)		5.00			•			Π,						
EXECUTIVE DIRECTOR/TRE			!			x		(l), o		0			0
(40)	·								E					<u> </u>
(18)						l	<i>∴</i> }⁄	ii.] <u>/</u>					
(20)							l	82.96	Complete State of the State of			**		
120,						1	400	300						
(24)			<u> </u>		- /	18.7 18.1		10	46					
(21)					142		De							
(00)			-	48	N.V.	· ·	100	19						
(22)							100	1	_					
			<u> </u>	3		¥	١	A. (2)	1					
(23)			Ŋ.			30.00	1							
		67		~"		30.37								
(24)				V										
		W.		18			ļ							
(25)		Who.		3										
		_ 2 \	1888	1			Ì							
1b Subtotal	· · · · · · · · · · · · · · · · · · ·													
c Total from continuation s	sheets to Part VII, Sec	tion A -							•					
d Total (add lines 1b and 1	c)	**************************************							. 0		0			0
2 Total number of individuals	(including but not limite	ed to those lis	sted al	bove') wh	o re	ceived	d mo	re than \$100,000 c	1 of				<u> </u>
2 Total number of individuals reportable compensation from the	rom the organization	MAN.			,					•				0
Toportosio componenti		· • • •											Yes	Πο
3 Did the organization list an	v former officer, directo	r trustaa ka	v emn	lovee	or	hiah	neet co	mne	ancated				163	110 -
employee on line 1a? [f "Ye						-						3		١
As.												1		<u> </u>
organization and related or														
individual · · · ·	2. *502-00 .										• • •	4	ļ	X
5 Did any person listed on life		•		•			-	•	ation or individual				ļ	
for services rendered to th		" complete Se	chedul	le J fo	or si	ıch j	o e rsor	1				5		X
Section B. Independent C														
1 Complete this table for you														
compensation from the or	ganization. Report comp	pensation for	the ca	elend	ar y	ear e	ending) with	n or within the orga	nization's ta	x year.			
	(A)								(B)			(C)		
	Name and business addres	ss							Description of serv	ices		Compens		
												,		
								1			<u> </u>			
								+						<u> </u>
					_	-		-						
2 Total number of independe	ant contractors (including	a but not lies	itad ta	thac	مائد	+04	aha	\ \ ,,.4-						
	·	-			C 11S	ieu i	auuve) WII	U					
received more than \$100,0	שעט סז compensation fro	om tne organ	ization	1 J	-					1				

Page 9

POLICE FOUNDATION OF COLORADO SPRINGS

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in this	s Part VIII		<u> </u>	· · · · · · · []
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512~514
	1a	Federated campaigns 1a	ı			-	3001010 012-014
Ø 10	b	Membership dues)				
rant	С	Fundraising events 10	97,803				
ي. اياق	d	Related organizations					
sifts ar A	е	Government grants (contributions) • • 16					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
tio sr S		and similar amounts not included above 1f					
혈粪	g	Noncash contributions included in				[•
g of		lines 1a-1f · · · · · · · · 1	1 \$				
ပ க	h	Total. Add lines 1a-1f		169,703			
			Business Code				
e	2a						
ه ڲٙ	b						
% ဥ	С						
E S	d			1			
Program Service Revenue	e			(3)			
<u>ď</u>	f	All other program service revenue	•	Paga a	Và.		
	9	Total. Add lines 2a-2f		A SAFETY	}		·
	3	Investment income (including dividends, interest			**		
		other similar amounts)		551	-1,17	551	
	4	Income from investment of tax-exempt bond pro	Í	A sol 9		,	
	5	Royalties		160 ABY			
		(i) Real	(ii) Personal				
	1	Gross rents 6a	1.1049/ 104			ľ	
	1	Less: rental expenses - 6b	A	:			
	1	Rental income or (loss) 6c					
	d						
	7a	Gross amount from (i) Securities	(ii) Other	-			
		sales of assets other than inventory	1,425,445, 3,550				
a	b	Less: cost or other basis		4			
Revenue		and sales expenses · · 7b		ł			
ě	1	Gain or (loss) · · · · · · 7c	<u></u>			<u></u>	
_	"	Net gain or (loss)	· "' · · · · · · <u> </u>				
Othe	oa	Gross income from fundraising events (not including \$ 97,803	·				
3		events (not including \$ 97,803 of contributions reported on line)					
		1c) See Part IV line 18	Ba .				
	l b		Bb	1			
	c	Net income or (loss) from fundraising events	<u>~_ </u>				
	9a	Gross income from gaming				,	
		10000)a				
	b	**************************************)b	†			
	1	- AV					
	1	Gross sales of inventory, less					
		220 E 1 REMY	0a				
	b	AND	0b	1			L
	С	Net income or (loss) from sales of inventory •	· · · · · · · >				
			Business Code				
sno	11a						
and	b						
Miscellanous Revenue	С						
AÎS. R	d	All other revenue					
	e	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue. See instructions		170,254	0	551	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all col	umns. All other organiza	ations must complete co	olumn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			-
	individuals. See Part IV, line 22	3,475	3,475		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,397	6,397		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		60.0		
9	Other employee benefits		100 m		
10	Payroll taxes	,,	10 15 m		
11	Fees for services (nonemployees):	The state of the s			
а	Management				
b	Legal		March 1		
C	Accounting		1,557		
d	Lobbying	A N) , <u>s</u>		
е	Professional fundraising services. See Part IV, line 17	way 🗞 🔏			7815
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · 🌎	. <u> </u>			
12	Advertising and promotion	3,042	3,042		
13	Office expenses · · · · · · · · · · · · · · · · · ·	8,527	8,527		
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	ÿ			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization				
23	insurance				
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.)		<u> </u>		
а	PROGRAM FEES	151,082	151,082		
b	Age 17 Th				
С					
d				-	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	174,080	174,080	0	0
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 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	246,928	2	243,102
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ķ		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		- 1	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	À	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	্য 246,928	16	243,102
	17	Accounts payable and accrued expenses		17	·
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	<u></u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax; gayables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
ă	27	Net assets without donor restrictions	246,928	27	243,102
Ba	28	Net assets with donor restrictions		28	
P		Organizations that do not follow FASB ASC 958, check here			
Ŧ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings; endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	246,928	32	243,102
Ż	33	Total liabilities and net assets/fund balances	246,928	33	243,102
	-	V. WEST, 1997			<u></u>

Form	n 990 (2019) POLICE FOUNDATION OF COLORADO SPRINGS	27-09267	740	Pa	ge 1:
Pai	rt XI Reconciliation of Net Assets				3
	Check if Schedule O contains a response or note to any line in this Part XI			,	П
1	Total revenue (must equal Part VIII, column (A), line 12)			L70,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		174,	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	-	(3,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	246,	
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	243,	102
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛮
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			\neg	
	reviewed on a separate basis, consolidated basis, or both:				

Both consolidated and separate basis

Both consolidated and separate basis

2c

x

Consolidated basis

Consolidated 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

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 og selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Separate basis

Separate basis

Schedule O.

separate basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

SCHEDULE A

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.

OMB No. 1545-0047

2019

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	ame of the organization Employer identification number										
POL	ICE	FOUNDATION OF COLORADO					27-0926740)			
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	his part.)	See instructions.				
The	orgai	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)			- · · ·			
1		A church, convention of churches, or a	association of churc	hes described in <mark>sectio</mark> r	170(b)(1)	(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 9	90-EZ).)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	\sqcap	A medical research organization opera					Miii). Enter the				
	_	hospital's name, city, and state:	•	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5	П	An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmental	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.)										
0				Complete Dart II \							
8	님	A community trust described in sectio			and the manufacture						
9	Ш	An agricultural research organization of			624						
		or university or a non-land-grant collec	ge of agriculture (se	ee instructions). Enter the	e name, cit	, and state	of the college or				
	<u></u>	university:			A300	8/A		_ 			
10	X	An organization that normally receives			2.00	以下:40 张 经人	•				
		receipts from activities related to its ex		AL 4 5 5 5	ACM OF THE CO.	5000					
		support from gross investment income		A \$1	100	15.9	m businesses				
	_	acquired by the organization after June			£7:43						
11	\sqcup	An organization organized and operate		~ Z (W (2)) >	ARCHA 388 ST						
12	Ш	An organization organized and operate		84Y 6384	V 100						
		of one or more publicly supported orga		AAA PAA							
		Check the box in lines 12a through 12						g.			
	а		operated, supe rvis é	ed, or controlled by its su	pported org	ganization(s), typically by giving				
		the supported organization(s) the	power to regularly	appoint or é lec t a majorit	y of the dir	ectors or tru	stees of the				
		supporting organization. You mus	t complete Part IV	, Sections A and B.							
	b	Type II. A supporting organization	supervised or cont	rolled in connection with	its support	ed organiza	tion(s), by having				
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	control or m	anage the supported				
		organization(s). You must comple	b.								
	C	Type III functionally integrated.	A sup porting organi	zation operated in conne	ction with,	and functio	nally integrated with,				
		its supported organization(s) (see									
	d	Type III non-functionally integra	A 200 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A	<i>?</i>							
		that is not functionally integrated									
		requirement (see instructions). Yo									
	е	Check this box if the organization					vne II. Tvne III				
	_	functionally integrated, or Type III	non-functionally int	egrated supporting organ	nization	u 13po 1, 1	, po 11, 1 , po 111				
	f	Enter the number of supported organi									
	g g	Provide the following information about									
		Name of supported organization	(ii) EIN		(iv) lo the e	ranization	(-) Amount of monotons	(-I) A			
	V.	rvanie oi supported oi gainzandi	(11) = 114	(iil) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docum		instructions)	instructions)			
					Vac	Na					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No	_	 			
(A)]					
					ļ						
(B)											
					ļ			<u> </u>			
(C)											
				-	ļ	 					
(D)											
					ļ						
(E)											
					<u> </u>						
Tota	l				1	1					

990 or 990-EZ) 2019

POLICE FOUNDATION OF COLORADO SPRINGS

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				ļ		
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a		1				
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		· ·	1637	B	<u>-</u>	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·				1	` '	
8	Gross income from interest, dividends,		A CONTRACTOR OF THE PARTY OF TH			'	
	payments received on securities loans,						
	rents, royalties and income from	as in Mill		J			
	similar sources	A Second	No. of the				
9	Net income from unrelated business		<u> </u>				
	activities, whether or not the business		Y B				
	is regularly carried on	vo.	l W				
10	Other income. Do not include gain or			† 		-	
	loss from the sale of capital assets	Æ)					
	(Explain in Part VI.)	\$					
11	Total support. Add lines 7 through 10	4 (45)7	<u> </u>				
12		ee instruction	<u> </u>			12	<u> </u>
	First five years. If the Form 990 is for the or						-)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentac	10				
	Public support percentage for 2019 (line 6,			column (f)).	.	14	%
15	Public support percentage from 2018 Scheo	Jule Δ Part II	line 14	column (1)).		15	
	33 1/3% support test - 2019. If the organiza						
104	box and stop here . The organization qualified						
h	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu						
172	10%-facts and-circumstances test - 2019.						
Ha	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac			_	-		_
L	organization						· · · · • [
D	10%-facts-and-circumstances test - 2018.	-					iinė
	15 is 10% or more, and if the organization m						L.P.J
	Explain in Part VI how the organization mee					•	· _
40	supported organization						<u>-</u>
18	Private foundation. If the organization did r		•		•		
	instructions	• • • • • • •			<i></i>	· · · · · · · · · ·	▶ [_

SCHEDULE G (Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name of the organization			, ,			Employer ider	tification number
POLICE FOUNDATION OF COLORAL	OO SPRINGS			.,		27-092	26740
Part I Fundraising Activities.	Complete if th			vered "Yes" on F	orm 990	0, Part IV, I	ine 17.
Form 990-EZ filers are not							<u> </u>
1 Indicate whether the organization raise	ed funds through a						
a 🔲 Mail solicitations				non-government gra	ants		
b Internet and email solicitations				government grants			
c Phone solicitations		g 🗌 S	Special fundr	aising events			
d 🔲 In-person solicitations							
2a Did the organization have a written or	oral agreement wit	th any individ	ual (includin	g officers, directors,	trustees,		
or key employees listed in Form 990,	Part VII) or entity ir	n connection	with profess	ional fundraising sen	vices?	_ Ye	s 🗌 No
b If "Yes," list the 10 highest paid individ	uals or entities (fur	ndraisers) pu	rsuant to agi	reements under which	h the fund	raiser is to be	
compensated at least \$5,000 by the o	rganization.						
(i) Name and address of individual		(lii) Did fund	fraiser have	(iv) Gross receipts		ount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		control of	from activity		tained by) ser listed in	(or retained by)
		contino	utions?	1	С	ol. (i)	organization
		Yes	No				
1				A Section 1			
				3			
2							
			(A)				
3			This	Read			
				N. Carlo			
4			N Y				
		146 (5.4)	VC /	<i>'</i>			
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	Artika	i sojiý Pos	-				
9							
				-			
10							
	13 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			 			
T-4-1	7 - N		_				
3 List all states in which the organization		anaad ta aali	ait aantributi	nno or hoo hoon noti	find it in au	omnt from	1
registration or licensing	is registered of ito	enseu to son	CIL CONTINUUM	ons of has been nou	neu it is ex	empt irom	
100 April 100 Ap							
						•	-
P. C.							_
					<u>.</u>		• ,
							_
							
							• • •

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		than \$15,000 of fundraising gross receipts greater than		d gross income on Forn	n 990-EZ, lines 1 and 6b	. List events with
			(a) Event #1 METAL OF VAL	(b) Event #2 VITTLES VES	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	ου. (e)/
<u></u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes · · · · · · · · · · · · · · · · · · ·				
	5	Noncash prizes				
Ses	6	Rent/facility costs · · · · · · ·				
Direct Expenses	7	Food and beverages		<u> </u>	N.	· · · · · · · · · · · · · · · · · · ·
Direc	8	Entertainment		Charge		
	9	Other direct expenses			(1) (1) (2)	
□ ·	10 11	Net income summary. Subtract line	10 from line 3, column (d)	V 5 000 5		
F	2 T L	Gaming. Complete if the c \$15,000 on Form 990-EZ,	_	Yes on Form 990, Ran	iv, line 19, or reported i	nore than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 &	1	Gross revenue		N. C.		
ses	2	Cash prizes · · · · · · · · · · · · · · · · · · ·	76 A			
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7				· · · · · · · · · · · · · · · · · · ·	
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
	a Is	inter the state(s) in which the organiza s the organization licensed to conduct "No," explain:				· · · · . Yes No
		Vere any of the organization's gaming	licenses revoked, suspend	ed, or terminated during the	tax year?	···· Yes No

27-0926740

990 or 990-EZ) 2019 POLICE FOUNDATION OF COLORADO SPRINGS
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	98,932	125,262	425,290	251,929	169,703	1,071,116
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	98,932	125,262	425 290	251,929	169,703	1,071,116
7a	Amounts included on lines 1, 2, and 3	1		100			
	received from disqualified persons			49.154 10.10	<u></u>		
þ	Amounts included on lines 2 and 3		, e	ersa.			
	received from other than disqualified		A		X 1		
	persons that exceed the greater of \$5,000			(Ya)	(A)		
	or 1% of the amount on line 13 for the year			36. a.s. (7			
С	Add lines 7a and 7b			The.			
8	Public support. (Subtract line 7c from					ì	
	line 6.)	A 10:00	71876 \$NA 5N 17				1,071,116
	tion B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	98,932	125,262	425,290	251,929	169,703	1,071,116
10a	Gross income from interest, dividends,	TOWN.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	payments received on securities loans, rents,	44.574	-49-1 				
la.	royalties, and income from similar sources	ু 191	161	344	292	551	1,539
D	Unrelated business taxable income (less section 511 taxes) from businesses	A. C.					
	E misselfe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
_	acquired after June 30, 1975 Add lines 10a and 10b	808.					
11	Net income from unrelated business	191	161	344	292	551	1,539
• •	activities not included in line 10b, whether	3					
	or not the business is regularly carried on	ř					
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.)	99,123	125,423	425,634	252,221	170,254	1,072,655
14	First five years. If the Form 990 is for the or				th tax vear as	a section 501(c)(3)
	organization check this pox and stop here						
Sec	ction C. Computation of Public Suppo						
15	Public support percentage for 2019 (line 8,	column (f), divi	ded by line 13,	, column (f)) .		15	99.86 %
16	Public support percentage from 2018 Sched	lule A, Part III,	line 15			16	99.88 %
Sec	ction D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2019 (line	e 10c, column	(f), divided by I	ine 13, column	ı (f))	17	0.00 %
18	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz	zation did not c	heck the box o	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	e. The organiza	ation qualifies a	as a publicly su	upported organi	zation 🕨 🔣
b	33 1/3% support tests - 2018. If the organiz						•
	line 18 is not more than 33 1/3%, check this	_					-
20	Private foundation. If the organization did r	of check a box	on line 14, 19	a or 19h ched	ck this box and	l see instruction	ng 🕨 🗖

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

27-0926740 POLICE FOUNDATION OF COLORADO SPRINGS 01. Members or stockholder classes and rights (Part VI, line 6) AVAILABLE TO PUBLIC ON REQUEST DEMAND 02. Governing body meeting documentation (Part VI, line 8a) AVAILABLE TO PUBLIC ON REQUEST DEMAND 03. Committee meeting documentation (Part VI, line 8b) AVAILABLE TO PUBLIC ON REQUEST DEMAND 04. Form 990 governing body review (Part VI, line 11) TO BUILD EFFECTIVE PARTNERSHIPS THAT SUPPORT THE CS POLICE DEPT AND LOCAL COMMUNITY 05. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE TO PUBLIC ON REQUEST DEMAND

`8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No.	1545-1878
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For calendar year 2019, or fiscal year beginning

Do not send to the IRS. Keep for your records.

2019

Department of the Treasury Internal Revenue Service Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.

POLICE FOUNDATION OF COLORADO SPRINGS

Employer identification number 27-0926740

Name and title of officer

NTCOPE	MAGIC,	MEMBER					
Part I	Type	of Return and	Return	Information	(Whole D	Ollars	Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) · · · · · · · · · 1b	170,25
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ ☐ b Total tax (Form 1120-POL, line 22) · · · · · · · · · · · · · · · · · ·	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) · · · · · · 4b	
5a Form 8868 check here ▶ 🗍 b Balance Due (Form 8868, line 3c)	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent o electronic funds withdrawal.

Officer's PIN: check one box only

x	1 authorize	YOUR	TAXLADY	LLC	to enter my PIN	80906
				ERO firm name	A STATE OF THE STA	Enter five numbers, be

as my signature

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chanties as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that acopy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date > 07-06-2020

Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

843831 10401 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above a confirm that liam submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS eville Providers for Business Returns.

KATHY BYLKAS

Date > 07-06-2020

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

ERO's signature

990EF		EF Transmis	sion Sta	tus		2019
Name(s) as shown on return		(Keep for you	records)			EIN number
	OF COLORADO SPRINGS	3				27-0926740
Γhe following will be trans	smitted to the IRS.	X 990	8868	Amended	FinCEN 11	4
The following state return	s will be transmitted:					
						
			_ _			
	-45					
						
.		 				
			- V			
he following returns hav	e been suppressed or are no	t eligible and will	NOT be tra	nsmitted.		
						
. <u> </u>						
		<u></u>				
	<i>174</i>	-				
EF Notes						