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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)

OMB No 1545-0047

•	-	ie Service	► The organization may have to use a copy of this return to satisf	sfy state reporting r	equirements	Inspection
Ä Fo	or i the	2007 caler	ndar year, or tax year beginning , 2007, and e	nding		
_	ck (fapplu	cable Please	C Name of organization		D Employer	identification number
	Address change	use IRS label or	PIKES PEAK REAL ESTATE FOUNDATION		20-345	
	Name ch	hange print or	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
Х	Initial re	turn See	730 N NEVADA AVE	, , , , , , , , , , , , , , , , , , , ,		89-1251
	Terminal	Specific tion Instruc-	City or town, state or country, and ZIP + 4		F Accounting	Cash X Accrua
	Amende return		COLORADO SPRINGS, CO 80903			er (specify)
	Applicati		ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not ap		tion 527 organizations
			ists must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) Is this a grou		
G V	Vebsite	. ▶ N/A		H(b) If "Yes," ente	•	
J)rganıza	ation type (ch	eck only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all affiliate		Yes
	heck he		If the organization is not a 509(a)(3) supporting organization and its gross	1	h a list. See ins	•
re	eceipts	are normally	not more than \$25,000. A return is not required, but if the organization chooses	H(d) Is this a separa organization co	te return filed by a wered by a group	
to	o file a r	eturn, be sure	to file a complete return		otion Number	
				M Check ▶	if the org	ganization is not required
L G	ross re	ceipts Add lir	nes 6b, 8b, 9b, and 10b to line 12 5, 959, 238.	to attach Sch		990-EZ, or 990-PF)
Par	t I	Revenue, E	xpenses, and Changes in Net Assets or Fund Balances (See the ir	istructions)		
	1		ons, gifts, grants, and similar amounts received			
	a	Contributio	ons to donor advised funds			
			lic support (not included on line 1a)	5,957,613.	7	
			blic support (not included on line 1a)		1	
			nt contributions (grants) (not included on line 1a) 1d		7	
				,680,660.)	1 e	5,957,613
	2		ervice revenue including government fees and contracts (from Part VII, line 9			1,625
	3		ip dues and assessments			
	4		savings and temporary cash investments			
	5		and interest from securities		5	
	6 a		6 a			
	b		l expenses		1	
			income or (loss) Subtract line 6b from line 6a		6c	
Ë	7		stment income (describe)	7	
Revenue	8 a	Gross amo	unt from sales of assets other (A) Securities (B)	Other		
ď		than inven	tory		1	
	b		or other basis and sales expenses . 8 b		7	
	С	Gain or (los	ss) (attach schedule) 8c		1	
	d	Net gain oi	(loss) Combine line 8c, columns (A) and (B)		8 d	
	9		ents and activities (attach schedule). If any amount is from gaming, check he			
	a_	Gross_reve	nue_(not_including-\$—of			
		contributio	ns reported on line 1b)			
	b		t expenses other than fundraising expenses 9 b			
	С	Net income	e or (loss) from special events. Subtract line 9b from line 9a		9 c	
	10 a	Gross sale	s of inventory, less returns and allowances <u>10a</u>]]	
_	b	Less cost	of goods sold			
707	С	Gross prof	it or (loss) from sales of inventory (attach schedule). Subtract line 10b from li	ne 10a	10c	
	11	Other reve	nue (from Part VII, line 103)		11	
> 	12	Total reve	enue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<u></u>	12	5,959,238
ə	13	riogram si	ervices (from line 44, column (B))		13	24,009
SCANNEU WAK	14	Manageme	int and general (from line 44, column (C))	\\ \(\tilde{\tilie{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde	14	20,557
De ⊠	15	Fundraisin	g (from line 44, column (D))		15	2,790
$\exists \bar{\mathbf{x}}$	16	Payments 1	to affiliates (attach schedule)	RS.	16	
<u>:</u>	17	Total exp	enses Add lines 16 and 44, column (A)	1 7	17	47,356
ets	18	Excess of (deficit) for the year Subtract line 17 from line 12		18	5,911,882
Siss	19		or fund balances at beginning of year (from line 73, column (A))		19	-9,537
@	20	Other char	iges in net assets or fund balances (attach explanation)		20	
	21		or fund balances at end of year Combine lines 18, 19, and 20			5,902,345
E D		A - 4 D -	manusale Darkuskum Ank Blakus and the control of th			

For Privacy Act and Paperwork Reduction Act Notice see the separate instructions JSA 7E 1010 2 000

Form **990** (2007)

Pa	rt II Statement of Functional Expenses	All organi	zations must complete colun ns and section 4947(a)(1)	nn (A) Columns (B), (C),	and (D) are required for s	ection 501(c)(3) and (4)
	Do not include amounts reported or 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program	(C) Management	(D) Fundraising
22a	Grants paid from donor advised funds (attach si	chedule)		services	and general	
	(cash \$ noncash \$,,,,				
	If this amount includes foreign grants, check here	22	a			
22b	Other grants and allocations (attach sche	edule)			1	
	(cash S noncash S)				
	If this amount includes foreign grants, check here	▶ 22	b			
23	Specific assistance to indiv	viduals				
	(attach schedule)	23			•	
	Benefits paid to or for me					
	(attach schedule)	24			+	
	Compensation of current of					
	directors, key employees, etc lis					
	Part V-A		a NONE			
	Compensation of former of	1				
	directors, key employees, etc lis					
	Part V-B		b			
	Compensation and other distributions, no ed above, to disqualified persons (as					
	under section 4958(f)(1)) and persons de	escribed				
	in section 4958(c)(3)(B)		C			
	Salaries and wages of employed				į	
	included on lines 25a, b, and c Pension plan contributions		'			
	included on lines 25a, b, and c					
	Employee benefits not include					
	lines 25a - 27					
29	Payroll taxes	29				***
30	Payroll taxes	30	· · · · · · · · · · · · · · · · · · ·			
	Accounting fees					
	Legal fees			22,314.	2,790.	2,790
33	Supplies	33			11.	2,190
	Telephone				11.	
35	Postage and shipping	35	- 			
	Occupancy			*		
	Equipment rental and maintenar					
	Printing and publications		1,395.		1,395.	
	Travel				1,123.	
	Conferences, conventions, and meet				1,118.	
41	Interest.	41				
	Depreciation, depletion, etc. (attach s					
43	Other expenses not covered above (itemize)				***************************************
а	PROPERTY_INSURANCE	43	13,397.		13,397.	
b	PROGRAM EXPENSES	43	1,695.	1,695.		
С	PROMOTIONAL & MARKETI	NG 43	723.		723.	
d		430	1			
e			·			
f		431	 			
g		439	3			
1	Total functional expenses Add lin through 43g (Organizations com columns (B)-(D), carry these totals	npleting to lines				
	13-15)			24,009.	20,557.	2,790
		re following			•	
	any joint costs from a combined edu					Yes X No
	es," enter (ı) the aggregate amount o he amount allocated to Managemen	•		-	ted to Program services	·
	anocated to Managemen	and general	Ψ	, and (iv) the amount all	ocated to Fundraising \$	
JSA 7E102	20 1 000					Form 990 (2007)

		20-343333	, ugc •
P	art III Statement of Program Service Accomplishment	ts (See the instructions)	
Fo pa on	rm 990 is available for public inspection and, for sor rticular organization. How the public perceives an orga- its return. Therefore, please make sure the return is ograms and accomplishments.	me people, serves as the primary or sole source anization in such cases may be determined by the	information presented
WI	nat is the organization's primary exempt purpose? ▶SEE	STATEMENT 1	Program Service
	organizations must describe their exempt purpose achievem		Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievemen	nts that are not measurable (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
	anizations and 4947(a)(1) nonexempt charitable trusts must a		trusts, but optional for others)
a	ERESERVED SEVERAL HISTORICAL AND CHAR THE PIKES PEAK REGION.	RITABLE PROPERTIES IN	outers
	(Grants and allocations \$) If this amount includes foreign grants, check here	24,009.
b		· · · · · · · · · · · · · · · · · · ·	
	*		
	~		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
С		<u> </u>	
C	<i></i>		{
			ļ
			1
	76	.=55	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
d			
	~		
	· · · · · · · · · · · · · · · · · · ·		
	(Grants and allocations \$) If this amount includes foreign grants, check here	

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$

24,009. Form **990** (2007)

P	art IV	Balance Sheets (See the instructions)			
		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	-9,537	45	-38,673
	46	Savings and temporary cash investments		46	
	ŀ				
	47a	Accounts receivable			
		Less allowance for doubtful accounts 47b		47c	
					
	48a	Pledges receivable			
		Less allowance for doubtful accounts 48b		48c	365,559
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
sets		schedule)			
S	ь	Less allowance for doubtful accounts		51c	
A		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments - publicly-traded securities Cost FMV		54a	
		Investments - other securities (attach schedule) Cost FMV		54b	
		Investments - land, buildings, and			
	1	equipment basis		1	
	Ь	Less accumulated depreciation (attach			
	•	schedule) 55b		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis			
	1	Less accumulated depreciation (attach			
	İ	schedule)		57c	5,544,500
	58	Other assets, including program-related investments			
		(describe ► STMT 2)		58	46,554
	59	Total assets (must equal line 74) Add lines 45 through 58	9 , 537.	59	5,917,940
	60	Accounts payable and accrued expenses		60	15,595
	61	Grants payable		61	
	62	Deferred revenue		62	
S	63	Loans from officers, directors, trustees, and key employees (attach			
ı≝		schedule)		63	
abilities	64a	Tax-exempt bond liabilities (attach schedule)		6 <u>4a</u>	
=	b	Mortgages and other notes payable (attach schedule)		64b	·-·-
	65	Other liabilities (describe ▶)		65	
_	66	Total liabilities. Add lines 60 through 65		66	15,595
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines		1	
	ŀ	67 through 69 and lines 73 and 74			
Ses	67	Unrestricted	<u>-9,537</u> .	67	<u>5,902,345</u>
au	68	Temporarily restricted		68	
Bal	69	Permanently restricted		69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74			
5	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
ssets	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Š	l	70 through 72 (Column (A) must equal line 19 and column (B) must			
		equal line 21)	-9,537.	73	5,902,345
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	9,537.	74	5,917,940

Pa	art IV-A	Reconciliation of Revenue per Audited Fi	nancial Stateme		Revenu		n (Se	ee the
 а	Total re	venue, gains, and other support per audited financ	al statements				a	13,244,118.
b		s included on line a but not on Part I, line 12						, , , , , , , , , , , , , , , , , , , ,
1		ealized gains on investments		b1	<u> </u>] [
2	Donated	services and use of facilities		<u>b2</u>]	
3		ries of prior year grants		I			.	
4	Other (s	pecify)SEE_STATEMENT_3	·	1				
						284,880.	-	
		s b1 through b4					b	7,284,880.
C		t line b from line a					C	5,959,238.
d		s included on Part I, line 12, but not on line a:		مدا	ı		1	
1		ent expenses not included on Part I, line 6b				 	1	
2	Other (s	pecify)						
	Add line	s d1 and d2				-	a	
e	Total re	venue (Part I, line 12) Add lines c and d					e	5,959,238.
Pa	rt IV-B	Reconciliation of Expenses per Audited F	inancial Stateme	nts With	Expens	es per Retu	ırn	
а	Total ex	penses and losses per audited financial statements					а	6,647,589.
ь	Amount	s included on line a but not on Part I, line 17						
1		services and use of facilities		<u>b1</u>				
2	Prior yea	ar adjustments reported on Part I, line 20		<u>b2</u>	 			
3	Losses	reported on Part I, line 20		. <u>b3</u>	<u> </u>			
4	Other (s	pecify)SEE_STATEMENT_4			_			
						600,233.	1	6 600 000
		s b1 through b4					b	6,600,233.
C		line b from line a					С	47,356.
d		s included on Part I, line 17, but not on line a:		d 1	1			
1 2		ent expenses not included on Part I, line 6b.... pecify) ------------------------------------					1	
-	Other (s			d 2				
	Add line						d	
e		s d1 and d2 penses (Part I, line 17) Add lines c and d						47,356.
Pa	rt V-A	Current Officers, Directors, Trustees, and I						r, director, trustee,
		or key employee at any time during the year even	if they were not co					T.=.
		(A) Name and address	(B) Title and average hours per		d, enter	(D) Contributions to benefit plans & d	eferred	(E) Expense account and other allowances
_			week devoted to position	-0)	compensation p	olans	
	 ድ ፍጥአጥ፤	EMENT 5	†		MONE		NIONI	P NONE
<u> </u>	C SIMII	MENT 3			NONE		NON]	R NONE
==								
				•				
				_				
		Up a garage and a						
								<u> </u>
			-					
			1					
								
			† i					
]					
			*	<u> </u>				Form 990 (2007)

Pa	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (cor	ntınued)			Yes	No
75a	Enter the total number of officers, directors, and trustee meetings	s permitted to vote	on organization	business at board			
b	Åre any officers, directors, trustees, or key employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies the	compensated prof related to each of	fessional and o ther through fa	ther independent	75b		Х
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"						х
	Does the organization have a written conflict of interest potatives. Tormer Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount	ey Employees Th	at Received C	ompensation or e	Other	r Ben	urinc
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension () Expen	other
-		-0-	-0-	-0-	-0-		
	t VI Other Information (See the Instructions)			- · · · · · · · · · · · · · · · · · · ·		Yes	Nia
					·	162	No
	Did the organization make a change in its activities or detailed statement of each change				76		Х
77	Were any changes made in the organizing or governing di If "Yes," attach a conformed copy of the changes	ocuments but not rep	orted to the IRS		77		X
78a	Did the organization have unrelated business gross inco	ome of \$1.000 or r	more during the	vear covered by			
	this return?				78a 78b		Х
79	Was there a liquidation, dissolution, termination, or sub				780	_ N /	4
ደበኋ	a statement		• • • • • • • • •		79		X
ova	Is the organization related (other than by association we common membership, governing bodies, trustees, of organization?	fficers, etc. to an	v other exemp	t or nonexempt	80a		х
b	If "Yes," enter the name of the organization			t or nonexempt			-11
	Enter direct and indirect political expenditures (See line 81	1 instructions)	<u>81a</u>				
<u> D</u>	Did the organization file Form 1120-POL for this year?	<u> </u>		· · · · · · · · · · · · · · · · · · ·		m 990	(2007)

For	m 990 (2007) 20-3455353 .		ſ	Page 7
Pa	art VI Other Information (continued)		Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
ı	b If "Yes," you may indicate the value of these items here. Do not include this amount	324		
	as revenue in Part I or as an expense in Part II (See instructions in Part III)			
83	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83ь		Х
	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		84ь	 N/.	ZA.
85:	504/M41 (5) (6) Marie 1	85a	N/	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	_
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	630	147	
	received a waiver for proxy tax owed for the prior year	1		
	C Dues, assessments, and similar amounts from members 85c N/A			
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	. !		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Α
١	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			İ
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
	o Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A			1
ł	Gross income from other sources. (Do not net amounts due or paid to other			1
	sources against amounts due or received from them)	[[
88	a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		. 1	1
	partnership, or an entity disregarded as separate from the organization under Regulations sections			1
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		х
ŀ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		Х
8 9 a	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
ŧ	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89ь	.	Х
ď	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	i	. [
	Enter Amount of tax on line 89c, above, reimbursed by the organization		.	
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		İ	
	transaction?	89e		_X
_ _f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		_ <u>-X-</u> _
	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the	-		
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		Ì	i
	at any time during the year?	89g		х
ء ۹۰	List the states with which a copy of this return is filed	039		
J U C	o Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90ь		
	The books are in care of A. BUE. EQUINDABLON			
316		<u> </u>	<u> </u>	
	Located at ► /30 N NEVADA AVE, COLORADO SPRINGS, CO ZIP+4 ► 80903			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	٢	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	162	
		91b		<u>X</u>
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filter requirements for 5 and 5 foreign country.	ļ	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	

Form **990** (2007)

orm 990 (20				20	-3455353	Page 8
Part VI	Other Information (continu					Yes No
	ly time during the calendar year,			ın an office outside	of the United States? .	91c X
	es," enter the name of the foreigr					
92 Şecti	ion 4947(a)(1) nonexempt charit	able trusts i	filing Form 990 in	lieu of Form 1041	- Check here	▶ 🔲
	enter the amount of tax-exempt i				▶ 92	N/A
Part VII	Analysis of Income-Produc	ing Activi	ties (See the in	structions)	·	
	gross amounts unless otherwise	Unre	lated business inco	ome Excluded b	y section 512, 513, or 514	(E)
ndicated		(A)	(B)	(C)	(D)	Related or exempt function
93 Progr	am service revenue	Business code	Amount	Exclusion code	Amount	income
a INC	OME FROM LEASING	532000				1,625
b						
						1
е					·	
f Medica	are/Medicaid payments					
	and contracts from government agencies ,				· · · · · · · · · · · · · · · · · · ·	
	pership dues and assessments					
	t on savings and temporary cash investments					
	ends and interest from securities					
	ental income or (loss) from real estate		<u> </u>			<u> </u>
	inanced property					<u> </u>
	• • •					
	ebt-financed property					
	tal income or (loss) from personal property					
	investment income					
	(loss) from sales of assets other than inventory	ļ				
	come or (loss) from special events .					
	profit or (loss) from sales of inventory		ļ		 	
03 Other	revenue a					
b		<u> </u>			· 	
d						
e					·····	
	tal (add columns (B), (D), and (E))	L				1,625.
	(add line 104, columns (B), (D), and (B				· · · · · · • • <u> </u>	1,625.
	105 plus line 1e, Part I, should equal ti					
Part VIII	Relationship of Activities t	o the Acc	omplishment o	f Exempt Purpos	es (See the instructi	ons)
Line No ▼	Explain how each activity for wh organization's exempt purposes (of	ch income i her than by p	is reported in colu providing funds for	mn (E) of Part VII co such purposes)	ontributed importantly to	the accomplishment of the
93	LEASE INCOME FROM HI	STORICAL	AND CHARTT	ABLE PROPERT	Υ.	
					· · · · · · · · · · · · · · · · · · ·	
 		••				
Part IX	Information Regarding Tax	able Subs	idiaries and Dis	regarded Entitie	s (See the instruction	ns)
	(A)		(B)	(C)	(D)	
1	Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature of activities	Total income	(E) End-of-year assets
·			%			
			%			
			%			
			%			
Part X	Information Regarding Tran	sfers Ass	ociated with Pe	ersonal Benefit C	Contracts (See the in	structions.)
(a) Did the	e organization, during the year, receiv	e any funds,	directly or indirectl	y, to pay premiums or	n a personal benefit contra	act? Yes X No
	ne organization, during the year Yes" to (b), file Form 8870 and Fo			r indirectly, on a p	personal benefit contra	

		J. J. J. J. J. J. J. J. J. J. J. J. J. J	as defined in section 512			Yes	No
106	Did	I the reporting organization	n make any transfers to a co	entrolled entity as defined in sec	tion 512(b)(13) of	163	INO
	-		ne schedule below for each c		= (=)(- =) = .	ļ	X
		(A)	(B)	(C)		<u> </u>	1
		Name, address, of each	Employer Identification	Description of	(D)		
		controlled entity	Number	transfer	Amount of trai	nsfer	
_							
а							
			-				
С							
		Totals					
	_					Yes	No
107				controlled entity as defined in se	ection		
	512		es," complete the schedule b	elow for each controlled entity			X
		(A) Name, address, of each	(B) Employer Identification	(C)	(D)		
		controlled entity	Number	Description of transfer	Amount of tran	nsfer	
	<u> </u>						
a]				
	-						
b		·	-				
	<u>-</u>	······································					
С							
		Totals					
					<u> </u>	Yes	No
108				ct on August 17, 2006, covering	the interest,		
	ren	· · · · · · · · · · · · · · · · · · ·	described in question 107 about			<u>. </u>	X
		and belief_it_is_true,_correct,_an	d-complete-Declaration-of-preparer	, including accompanying schedules and (other than officer) is based on all inform	statements, and to the best o	any kno	<u>wledge</u> wledge
Plea		Jane &	1) Societ	_ 12	-24-10	,	3-
Sign Here	l .	Signature of officer	7	Date	0		
11616	•	JAULA C	D. To Wet	- DOARD	ChAIR		
		Type or print name and title					
		Preparer's	///	Date Check if self-	Preparer's SSN or PTIN (Se	e Gen I	nst X)
Paid		signature	war	2/18/10 employed ►			
Prepa		Firm's name (or vours////////////////////////////////////	1001M4311 1/30m 51/31: -				
		ii acii-cinpidycuj,	OCKMAN KAST RYAN & OZ N. CASCADE AVENU		None no ► 84-15095 None no ► 719-630-		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization					Employe	r identification number
PIKES PEAK REAL ESTATE FOUNDATION					20-1	3455353
-Part I Compensation of the Five Highes (See page 1 of the instructions List e	st Paid Employe ach one If there a	es O re no	ther Than Off ne, enter "Non-	ficers, Direc	tors, a	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average h per week devoted to po		(c) Compensation	(d) Contribution employee benefit deterred compe	plans &	(e) Expense account and other allowances
NONE						
		,				
Total number of other employees paid over \$50,000 ▶	NONE					
Part II-A Compensation of the Five Higher (See page 2 of the Instructions. List 6	st Paid Independence	lent indivi	Contractors f	or Profession	onal S	ervices
(a) Name and address of each independent contractor paid			(b) Type of se			c) Compensation
NONE						
						··
Total number of others receiving over \$50,000 for professional services ▶	NONE					
Part II-B Compensation of the Five Highe (List each contractor who performed firms If there are none, enter "None."	services other tha	n pro	fessional service	for Other Seces, whether i	rvices ndividu	s uals or
(a) Name and address of each independent contractor paid r	nore than \$50,000		(b) Type of ser	vice		c) Compensation
NONE						
					<u></u>	
		·				
						·

NONE

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2 a		х
b	Lending of money or other extension of credit?	2 b		Х
С	Furnishing of goods, services, or facilities?	2 c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		X
e	Transfer of any part of its income or assets?	2 e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3 a		_X
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b		_X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c	х	
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		<u>X</u>
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a _4b		_X _X
с	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c		<u>X</u>
d	Enter the total number or donor advised funds owned at the end of the tax year	 -		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<u>.</u>		<u>_</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Schedule A (Form 990 or 990-EZ) 2007

Partiv	Reason for Non-Private Fo	oundation Stati	us (See pages 4 thi	rough 8 of th	e instructions)		
certify th	at the organization is not a private founda	ition because it is (Ple	ease check only ONE app	olicable box)		-		
5	A church, convention of churches, or as	sociation of churches	Section 170(b)(1)(A)(i)					
6	A school Section 170(b)(1)(A)(II) (Also	complete Part V)						
7	A hospital or a cooperative hospital serv	ice organization Sect	ion 170(b)(1)(A)(iii)					
8	A federal, state, or local government or	governmental unit Se	ction 170(b)(1)(A)(v)					
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city and state ▶							
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(in (Also complete the Support Schedule in Part IV-A)							
11a	An organization that normally receives 170(b)(1)(A)(vi) (Also complete the Supp			overnmental u	nit or from the	general public Sectio		
11b	A community trust Section 170(b)(1)(A)	(vı) (Also complete th	e Support Schedule in f	Part IV-A)				
12	An organization that normally receives (activities related to its charitable, etc., for investment income and unrelated busines 1975. See section 509(a)(2). (Also complete the complete that the complete the complete that the com	unctions - subject to ss taxable income (le ete the Support Sch	certain exceptions, and ess section 511 tax) from edule in Part IV-A)	(2) no more to businesses ac	han 33 1/3% o	of its support from gros ganization after June 30		
13 X	An organization that is not controlle requirements of section 509(a)(3) Check				managers) and	l otherwise meets the		
	X Type I Type II	Type III - Fu	nctionally Integrated	Type III	Other			
	Provide the following information	about the supported	l organizations (See pag	je 8 of the instri	uctions)			
Na	(a) me(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting ization's documents?	(e) Amount of support		
				Yes	No			
SE	E STATEMENT 8	 						
Total								
	An organization organized and operated to							
· · · · · · · ·	gameanon organized and operated to	test for public safet	, Jection 303(a)(4) (386	- page o or trie i		Form 990 or 990-EZ) 2007		

No	te: You may use the worksheet in the instruction				ash method	of accounting.	
Ca	lendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e)	Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28)						
16	Membership fees received						
	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	•				1		
_	organization's charitable, etc., purpose		-		 		
18	,						
	amounts received from payments on securities				Ì		
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business				1		
	taxable income (less section 511 taxes) from						
	businesses acquired by the organization after						
	June 30, 1975						
19	Net income from unrelated business activities						
	not included in line 18						
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						
	behalf						
21	The value of services or facilities furnished to		7				
21							
	the organization by a governmental unit						
	without charge Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						
22	Other income Attach a schedule Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 11 a	Enter 2% of amount	ın column (e) line 24	4 NOT APPLICA	BLE -	262	
	Prepare a list for your records to show the r						
	governmental unit or publicly supported organi						
	amount shown in line 26a Do not file this li					204	
,							
	Total support for section 509(a)(1) test. Enter line 24			• • • • • • • • • •	· · · · · • •	26c	
•	Add Amounts from column (e) for lines 18	19					
_	22						
27	Public support percentage (line 26e (numerator) of Organizations described on line 12 a For	livided by line 26c (d	enominator))		<u> ▶ </u>	26f	%
21	person," prepare a list for your records to sho	amounts included w_the_name_of_a	ın iines io, i andtotalamounts-	io, and i7 that —receiv ed ∵in - ea ch	were received vear—from—ead	u irom a "di ch="disqualified	squalified
	Do not file this list with your return Enter the sum	of such amounts for	each year	10001100 111 00011	you,, ca.	on Grogadinica	person
	NOT APPLICABLE						
	(2006) (2005)		(2004)		(2003)		
b	For any amount included in line 17 that was re	eceived from each	person (other than	"disqualified person	s"), prepare a	list for your re	ecords to
	show the name of, and amount received for each	n year, that was mo	ore than the larger	of (1) the amount	on line 25 for	the year or (2)	\$5 000
	(Include in the list organizations described in line; the difference between the amount received an	s 5 through 11b, a	s well as individual	s) Do not file this	list with your	return. After c	omputing
	amounts) for each year	u the larger alliqu	in described in (1)) or (2), enter the	sum of these	differences (th	e excess
	(2006) (2005)		(2004)		(2003)		
	(2000)		(2004)		(2003)		
_	Add Amounts from column (a) for lines, 15	1.0	2				
·	Add Amounts from column (e) for lines 15				- 1	1	
	17 20						
	Add Line 27a total						
	Public support (line 27c total minus line 27d total).			and the second s	<u> </u>	27e	
f	Total support for section 509(a)(2) test Enter amount						
g	Public support percentage (line 27e (numerator) d	livided by line 27f (de	enominator))		▶ [:	27g	%
	Investment income percentage (line 18, column (e						%
28	Unusual Grants. For an organization described	d in line 10, 11,	or 12 that rece	eived any unusual	grants during	2003 throug	h 2006,
	prepare a list for your records to show, for description of the nature of the grant Do not file this	each year, the na	me of the contrib	outor, the date and	amount of	the grant, and	a brief
J5A		, jour roun	25		Schedule A	(Form 990 or 990)-EZ) 2007

Pa	Private School Questionnaire (See page 9 of the instructions) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABL	Ξ	-
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	 	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			

32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
a	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	The follower of the dispersion of the above, please explain (if you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
	Administração			
D	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
Ū	Employment of labority of damming date stairs	336		
d	Scholarships or other financial assistance?	33d		
	Control and the final car assistance			-
е	Educational policies?	33e		
——f-	-Use-of facilities?	33f		
	Athletic programs?			
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	Other extracurricular activities	3311		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		}		
		İ		
			İ	
		l		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	246		
D	If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
	,			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05		j	
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Check is a if the organization belongs to an affiliated group in the organization belongs to an affiliated group in the organization belongs to an affiliated group in the organization of the complete in the	Pā	rt VI-A		xpenditures by Elect pleted ONLY by an							SLE
Caution: If there is an amount of the series over \$1,000,000 176,0	Che	ck 🕨 a									
Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 73 38 37 37 37 37 37		•		, ,	•	rred)		Affiliate	d gro	пÞ	To be completed for all electing
37 Total lobbying expenditures (and lines 38 and 37) 38 39 39 39 39 39 39 39 39 39 39 39 39 39		T A-11-5					T_{aa}				organizations -
38 Total lobbying expenditures (add lines 38 and 37) 38 39 39 39 39 39 39 39 39 39 39 39 39 39											
39 Other exempt purpose expenditures (add lines 38 and 39) 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table: If the amount on line 40 is The lobbying nontaxable amount is Not over \$500,000 = 20% of the amount on line 40 is Over \$500,000 = 20% of the amount on line 40 is Over \$500,000 = 20% of the amount on line 40 is Over \$500,000 = 20% of the amount on line 40 is Over \$500,000 = 20% of the amount on line 40 is Over \$1500,000 = 20% of the amount on 10 is 000,000 over \$1500,000 = 20% of the amount on 10 is 000,000 over \$1500,000 = 20% of the amount on 10 is 000,000 over \$1500,000 = 20% of the amount on 10 is 000,000 over \$1500,000 over \$15000,000 over \$15000,000 over \$15000,000 over \$15000,000 over \$15000,0											
40 Total exempt purpose expenditures (add lines 38 and 39) If the amount on line 40 is Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 S100,000 puts 19% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 S100,000 puts 19% of the excess over \$5,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 but not over \$1,000,000 S10,000,000 S10,0											
11 Lobbying nontaxable amount. Enter the amount from the following table: If the amount on line 40 is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000. 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000. 310,000 but not over \$1,000,000. 310,000,000. \$250,000 but not over \$1,000,000. \$250,000 but not over \$1,000.000. \$250,000 but not over \$1,00											
If the amount on line 40 is — The lobbying nontaxable amount is Not over \$500,000											····
Not over \$500,000 but not over \$1,000,000 \$100,000 but not over \$1,000,000 \$100,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,000,000 20 Grassroots nontaxable amount (enter 25% of line 41) 42 31 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 35 43 32 Subtract line 41 from line 36 Enter -0 if line 41 is more than line 35 44 33 Subtract line 41 from line 36 Enter -0 if line 41 is more than line 35 44 34 Subtract line 41 from line 36 Enter -0 if line 41 is more than line 35 44 35 Subtract line 41 from line 36 Enter -0 if line 41 is more than line 35 44 36 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 37 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 38 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 39 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 40 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 41 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 42 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 43 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 44 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 43 44 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 43 44 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 43 44 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 35 44 45 Subtract line 42 from line 36 Enter -0 if line 41 is more than line 36 46 Lobbying celling amount line subtraction line 42 to line 42	41					•					
Over \$1,000.000 but not over \$1,000.000							1			1	
Over \$1.000 000 but not over \$1,000,000\$175,000\$125,000 plus 5% of the excess over \$1.000,000\$000\$1.000,000											
Over \$1,500,000 but not over \$17,000,000											
Court sit 2,000,000							 • 				
42 Grassroots nontaxable amount (enter 25% of line 41)										ļ	
43 Subtract line 42 from line 36 Enter -0- if line 41 is more than line 36	42	Grassro	nts nontavable	amount (enter 25% o	of line 41)		42			1	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Catendar year (or fiscal year beginning in) ▶ 2007 2006 2005 2004 Total Lobbying ontaxable 45 amount Lobbying celling amount 46 (150% of line 45(e)) . 47 Total lobbying expenditures Grassroots celling amount 49 (150% of line 45(e)) . Grassroots celling amount 49 (150% of line 48(e)) . Grassroots celling amount 49 (150% of line 48(e)) . Grassroots deling amount 49 (150% of line 48(e)) . Grassroots public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (include compensation in expenses reported on lines of through h) . C Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (Add lines or through h) services to any of the above, also attach a statement giving a detailed description of the lobbying activities		Subtract	line 42 from li	ne 36 Enter -0- if line	42 is more than line		-				
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (a) (b) (c) (d) (e) year beginning in) > 2007 2006 2005 2004 Total Lobbying ontaxable amount Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures Grassroots ceiling amount Grassroots ceiling amount Grassroots ceiling amount (50% of line 48(e)) Grassroots ceiling amount (70% of line 4									-	-	
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year feginning m) 2007 2006 2005 2004 Total	• •										
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year feginning in 2007 2006 2005 2004 Total Lobbying nontaxable 2007 2006 2005 2004 Total Lobbying nontaxable 2007 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2005 2004 2006 2006 2006 2005 2004 2006 2006 2006 2005 2004 2006 2006 2006 2006 2006 2006 2006 20		Caution:	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720	ŀ				
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) ≥ 2007 2006 2005 2004 Total Lobbying nontaxable 45 amount							501(h)			··· · · · · · · · · · · · · · · · ·
Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year for fiscal (a) (b) (c) (d) (e) (e) (d) (e) (e) 2007 2006 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 Total (e) 2005 2004 2005 2004 Total (e) 2005 2004 2005 2004 2005 2004 2005 2004 2005 2004 2005 2004 2005 2005		(So	me organizati						ve co	lumns l	below
Calendar year (or fiscal (a) (b) (c) (d) (e) year beginning in) 2007 2006 2005 2004 Total Lobbying nontaxable 45 amount Lobbying celling amount 46 (150% of line 45(e)) 47 Total lobbying expenditures Grassroots celling amount 48 amount Grassroots celling amount 49 (150% of line 48(e)) Grassroots celling amount 49 (150% of line 48(e)) Grassroots celling amount 49 (150% of line 48(e)) Grassroot lobbying — 50 expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (Add lines c through h) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities				See the instruction	ons for lines 45 throug	h 50 on page 13	of the	ınstructıo	ns)		
Calendar year (or fiscal (a) (b) (c) (d) (e) year beginning in) 2007 2006 2005 2004 Total Lobbying nontaxable 45 amount Lobbying celling amount 46 (150% of line 45(e)) 47 Total lobbying expenditures Grassroots celling amount 48 amount Grassroots celling amount 49 (150% of line 48(e)) Grassroots celling amount 49 (150% of line 48(e)) Grassroots celling amount 49 (150% of line 48(e)) Grassroot lobbying — 50 expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (Add lines c through h) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities					Labbying Evnandi	turas During A	Voor		- Da	-i.a.d	
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If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities	i										·
	-								vities		
			 								Form 990 or 990-EZ) 2007

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51				owing with any other organization described in 527, relating to political organizations?	sect	ion
а			ation to a noncharitable exempt organi		Yes	No
_	•		. •	· · · · · · · · · · · · · · · · · · ·	162	
	(ii) Othe	raceate				<u>X</u>
h	Other tran					X
b			and a constant of the	l l		
	(i) Sale	s or exchanges of assets v	with a noncharitable exempt organization	¹		<u> X</u>
	(II) Purc	hases of assets from a noi	ncharitable exempt organization			X
	(III) Rent	al of facilities, equipment, o	or other assets			_X_
	(IV) Rein	ibursement arrangements				_X_
	(v) Loar	is or loan guarantees	 	b(v)		Χ
	(vi) Perf	ormance of services or me	mbership or fundraising solicitations	b(vi)		Х
C	Sharing of	f facilities, equipment, maili	ng lists, other assets, or paid employee	s c		Х
	If the answ goods, oth	ver to any of the above is " er assets, or services giver	Yes," complete the following schedule (column (b) should always show the fair market v organization received less than fair market va		
	(a)	(b)	(c)	(d)		
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrar	gemer	its
]	N/A					
				· · · · · · · · · · · · · · · · · · ·		
		····				
						. <u> </u>
					_	
	described		tly affiliated with, or related to, one or ode (other than section 501(c)(3)) or illedule		х	No
		(a)	(b)	(c)		
	Nan	ne of organization	Type of organization	Description of relationship		
	···					
1	N/A					
	· ·					
	*****		1014			
				· · · · · · · · · · · · · · · · · · ·		
						
	·					
	·					
		<u></u>				
				Schedule A (Form 990 or 990	0-EZ)	2007

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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION MAKES THE PROCESS OF DONATING REAL ESTATE FOR CHARITABLE PURPOSES SIMPLE AND TIMELY, ASSISTING DONORS IN ACCOMPLISHING THEIR CHARITABLE GOALS. WE HAVE PRESERVED A LARGE HISTORIC RANCH AS AN IMPORTANT WILDLIFE HABITAT AND OPEN SPACE BUFFER BETWEEN TWO TOWNS IN COLORADO.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING BOOK VALUE

WATER RIGHTS

46,554.

TOTALS

46,554.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

TAMOUNT

==============

RELATED ORGANIZATION REVENUE

7,284,880.

TOTAL

7,284,880.

FORM 990,	PART	IV-B -	OTHER	EXPENSES	ОИ	BOOKS	BUT	ТОИ	ОИ	RETURN

DESCRIPTION

RELATED ORGANIZATION EXPENSE

TOTAL

AMOUNT

6,600,233.

FORM 990, PART V-A - CURRENT OFFICERS, PIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD CHAIR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	EXECUTIVE DIRECTOR 40.00	
NAM:3 AND ADDRESS	DOUG QUIMBY 730 N NEVADA AVE COLORADO SPRINGS, CO 80903	LARNY R. GADDIS 730 N NEVADA AVE COLORADO SPRINGS, CO 80903	GREGORY L. GANDY 730 N NEVADA AVE COLORADO SPRINGS, CO 80903	JANNIE RICHARDSON 730 N NEVADA AVE COLURADO SPRINGS, CO 80903	NOLAN SCHRINER 730 N NEVADA AVE COLCIRADO SPRINGS, CO 80903	GARY WINEGAR 730 N NEVADA AVE COLC'RADO SPRINGS, CO 80903	MICFAEL HANNIGAN	

STATEMENT

FORM 990, PART V-A - CURRENT OF	FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES			
**************************************				•
			CONTRIBUTIONS	EXPENSE ACCT
	TITLE AND AVERAGE HOURS PER		TO EMPLOYEE	AND OTHER
NAM: AND ADDRESS	WEEK DEVOTED TO POSITION	COMPENSATION	BENEFIT PLANS	ALLOWANCES
730 N NEVADA AVE				
COLURADO SPRINGS, CO 80903				

NONE	
NONE	
NONE	

GRAND TOTALS

STATEMENT

•

SCHEDULE A, PART III - EXPLANATION FOR LINE 3C

PRESERVING SEVERAL HISTORICAL PROPERTIES IN THE PIKES PEAK REGION AND THERE IS A LIMIT ON FUTURE DEVELOPMENT.

SCHEDULE $\mathbf{A}_{\boldsymbol{\varsigma}}$ PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(A) HAME(S) OF SUPPORTED ORGANIZATION(S)	(B) EIN	(C) TYPE OF ORGANIZATION	(D) LISTED III DOC YES 110	(E) AMOUNT OF SUPPORT
PIKES PEAK COMMUNITY FOUNDATION	84-1339670	11B	Х	
TOTAL AMOUNT OF SUPPORT				