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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C Name of organization**

PIKES PEAK COMMUNITY FOUNDATION

Doing Business As

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

730 N NEVADA AVENUE

Room/suite

City or town, state or country, and ZIP + 4

COLORADO SPRINGS, CO 80903

F Name and address of principal officer MICHAEL HANNIGAN

SAME AS C ABOVE

D Employer identification number

84-1339670

E Telephone number

(719) 389-1251

G Gross receipts \$ 15,342,474.**H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☒ No

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

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.PPCF.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1994**M State of legal domicile:** CO**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	COMMUNITY TRUST TO PROMOTE PHILANTHROPY IN THE PIKES PEAK REGION.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	35
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	45,689.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-190,040.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,519,693.	9,210,085.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	318,262.	274,017.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-384,853.	-352,154.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,302.	391,590.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,701,404.	9,523,538.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,101,046.	3,076,688.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	747,551.	738,818.
	b	Total fundraising expenses (Part IX, column (D), line 25)		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,181,624.	1,451,999.
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	6,030,221.	5,267,505.
	19	Revenue less expenses - Subtract line 18 from line 12	-2,328,817.	-4,256,033.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	29,908,768.	36,906,375.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,770,901.	1,063,029.
			28,137,867.	35,843,346.

Part II Signature Block

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

Signature of officer
 MICHAEL HANNIGAN, EXECUTIVE DIRECTOR

Date
 11.10.2010

Type or print name and title

Preparer's signature

Date

11/11/2010

Check if self-employed

Preparer's identifying number (see instructions)

80002444

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

STOCHMAN KAST RYAN & CO, LLP
 162 N. CASCADE AVENUE, SUITE 400
 COLORADO SPRINGS, CO 80903

EIN ▶

Phone no ▶ 719-630-1186

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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56 23

Part III	Statement of Program Service Accomplishments
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1	Briefly describe the organization's mission	SEE SCHEDULE O FOR CONTINUATION
	PIKES PEAK COMMUNITY FOUNDATION (PPCF) IS A COLORADO NONPROFIT	
	CORPORATION WHOSE MISSION IS TO ENHANCE THE QUALITY OF LIFE IN THE	
	PIKES PEAK REGION BOTH NOW AND FOR FUTURE GENERATIONS. THIS MISSION	
	IS ATTAINED BY BUILDING A COMMUNITY ENDOWMENT, HELPING DONORS ADDRESS	

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code	) (Expenses \$	4,323,376.	including grants of \$	2,491,954.	)(Revenue \$	1,005,163.)
	GRANTS AND ALLOCATIONS TO 234 COMMUNITY SERVICE ORGANIZATIONS.						

4b	(Code	) (Expenses \$	177,545.	including grants of \$	177,545.) (Revenue \$)
	GRANTS AND ALLOCATIONS TO 25 HEALTH SERVICE ORGANIZATIONS					

4c	(Code:) (Expenses \$ 407,189. including grants of \$ 407,189.) (Revenue \$)
	GRANTS AND ALLOCATIONS TO 68 YOUTH SERVICE ORGANIZATIONS

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$	4,908,110.
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year: _____		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: _____		

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that 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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process 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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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: NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MICHAEL HANNIGAN - (719) 389-1251
730 N NEVADA AVENUE, COLORADO SPRINGS, CO 80903

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY R. GADDIS CHAIR	1.00	X		X				0.	0.	0.
DEBORAH R. ADAMS DIRECTOR	1.00	X						0.	0.	0.
BRUCE BUELL DIRECTOR	1.00	X						0.	0.	0.
ROBERT C. MCHUGH SECRETARY	1.00	X		X				0.	0.	0.
PAULA D. POLLET VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
ANNWIN B. SATHER DIRECTOR	1.00	X						0.	0.	0.
JANE LEIGHTY JUSTIS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BERNIGER DIRECTOR	1.00	X						0.	0.	0.
GERALD G. TOLLEY DIRECTOR	1.00	X						0.	0.	0.
JOSEPH C. WOODFORD DIRECTOR	1.00	X						0.	0.	0.
PAM L. SHIPP DIRECTOR	1.00	X						0.	0.	0.
JANNIE RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
GREG GANDY TREASURER	1.00	X		X				0.	0.	0.
SUSAN FORESTER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL R. HANNIGAN EXEC. DIRECTOR	40.00			X				142,176.	0.	17,061.
BOB B. SMALL ASSOCIATE EXECUTIVE DIRE	40.00			X				76,478.	0.	16,386.
MARTHA KUMI ACHEAMPONG FINANCE DIRECTOR	40.00			X				49,613.	0.	313.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								268,267.	0.	33,760.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

	Yes	No
3		x
4	x	
5		x

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	5,657,604.			
	e	Government grants (contributions)	1e	95,114.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,457,367.			
	g	Noncash contributions included in lines 1a-1f \$		6,696,330.			
	h	Total. Add lines 1a-1f		9,210,085.			
Program Service Revenue	2 a	PROGRAM SERVICE REVENUE	Business Code 624200	274,017.	274,017.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		274,017.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		538,623.			538,623.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal 20,700.				
	b	Less rental expenses					
	c	Rental income or (loss)	20,700.				
	d	Net rental income or (loss)		20,700.	11,832.	8,868.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 4,921,870.				
	b	Less cost or other basis and sales expenses	5,812,647.				
	c	Gain or (loss)	-890,777.				
	d	Net gain or (loss)		-890,777.			-890,777.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 102,581.				
	b	Less direct expenses	b 3,907.				
	c	Net income or (loss) from fundraising events		98,674.			98,674.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a 5,534.					
b	Less cost of goods sold	b 2,382.					
c	Net income or (loss) from sales of inventory		3,152.	3,152.			
Miscellaneous Revenue			Business Code				
11 a	INVESTMENT WATER RIGHT	533110	216,563.			216,563.	
b	MANAGEMENT FEES	561000	36,821.		36,821.		
c	CHANGE IN VALUE OF SPL	900099	10,869.			10,869.	
d	All other revenue	900099	4,811.			4,811.	
e	Total. Add lines 11a-11d		269,064.				
12	Total revenue. See instructions.		9,523,538.	289,001.	45,689.	-21,237.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,076,688.	3,076,688.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	305,368.	127,567.	139,427.	38,374.
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	325,869.	260,695.	32,587.	32,587.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,528.	9,222.	1,153.	1,153.
9 Other employee benefits	45,631.	36,505.	4,563.	4,563.
10 Payroll taxes	50,422.	40,338.	5,042.	5,042.
11 Fees for services (non-employees)				
a Management				
b Legal	7,317.	5,853.	732.	732.
c Accounting	25,071.	20,057.	2,507.	2,507.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	132,365.	132,365.		
g Other				
12 Advertising and promotion	24,471.	19,577.	2,447.	2,447.
13 Office expenses	66,112.	52,890.	6,611.	6,611.
14 Information technology				
15 Royalties				
16 Occupancy	22,662.	18,130.	2,266.	2,266.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,273.	1,019.	127.	127.
20 Interest	14,832.	11,866.	1,483.	1,483.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,856.	47,084.	5,886.	5,886.
23 Insurance	26,750.	21,400.	2,675.	2,675.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM EXPENSE	1,008,324.	1,008,324.		
b MISCELLANEOUS	40,804.		40,804.	
c REPAIRS & MAINTENANCE	23,162.	18,530.	2,316.	2,316.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,267,505.	4,908,110.	250,626.	108,769.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest bearing	1,745,222.	1	1,528,101.
	2 Savings and temporary cash investments	1,679,516.	2	4,080,850.
	3 Pledges and grants receivable, net	1,091.	3	5,201.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,033,487.		
	10b Less accumulated depreciation	358,462.		
		4,898,035.	10c	4,675,025.
	11 Investments - publicly traded securities	15,627,904.	11	20,660,198.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,957,000.	15	5,957,000.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	29,908,768.	16	36,906,375.
Liabilities	17 Accounts payable and accrued expenses	77,114.	17	82,376.
	18 Grants payable		18	
	19 Deferred revenue	108,281.	19	108,281.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 Complete Part X of Schedule D	1,585,506.	25	872,372.
	26 Total liabilities. Add lines 17 through 25	1,770,901.	26	1,063,029.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,071,079.	27	35,765,689.
	28 Temporarily restricted net assets	66,788.	28	77,657.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	28,137,867.	33	35,843,346.
	34 Total liabilities and net assets/fund balances	29,908,768.	34	36,906,375.

Form **990** (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,383,483.	9,492,023.	10,593,060.	3,519,693.	2,559,843.	37,548,102.
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	11,383,483.	9,492,023.	10,593,060.	3,519,693.	2,559,843.	37,548,102.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,533,554.
6 Public support. Subtract line 5 from line 4						27,014,548.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	11,383,483.	9,492,023.	10,593,060.	3,519,693.	2,559,843.	37,548,102.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	643,895.	975,516.	1,167,864.	814,409.	767,018.	4,368,702.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	66,664.	83,600.	74,948.	53,160.	118,261.	396,633.
11 Total support. Add lines 7 through 10						42,313,437.
12 Gross receipts from related activities, etc. (see instructions)					12	2,015,119.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.84 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	68.02 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	106	275
2 Aggregate contributions to (during year)	2,011,052.	6,493,230.
3 Aggregate grants from (during year)	2,211,336.	947,920.
4 Aggregate value at end of year	9,407,127.	27,308,593.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,545,000.		3,545,000.
b Buildings		1,225,000.	109,375.	1,115,625.
c Leasehold improvements				
d Equipment		215,475.	201,075.	14,400.
e Other		48,012.	48,012.	0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,675,025.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
WATER RIGHTS	5,957,000.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	
	5,957,000.

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
1 Federal income taxes	
CHARITABLE REMAINDER TRUST	461,097.
HELD FOR OTHERS	411,275.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	
	872,372.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.** ► **See separate instructions.**

2009

Open To Public Inspection

84-1339670

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
	VENETUCCI RUN		12	
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	10,675.		91,906.	102,581.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	10,675.		91,906.	102,581.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	500.		3,407.	3,907.
10 Direct expense summary Add lines 4 through 9 in column (d)				(3,907)
11 Net income summary Combine line 3, column (d), and line 10				98,674.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPINE AUTISM CENTER 7875 DEER HILL GROVE COLORADO SPRINGS, CO 80919	84-0909184	501(C)(3)	11,130.	0.			ASSESSMENTS, AUTISM AWARENESS WALK, GENERAL OPERATING SUPPORT, SUPPORT OF GOLF
AMERICAN RED CROSS 1040 S. 8TH STREET COLORADO SPRINGS, CO 80905	84-0437753	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUB OF METRO DENVER - 2017 WEST 9TH AVE - DENVER, CO 80204	84-0510404	501(C)(3)	5,000.	0.			GATES SUMMER CAMP FUND
BOYS AND GIRLS CLUB PIKES PEAK REGION - P.O. BOX 15919 - COLORADO SPRINGS, CO 80935	84-0416503	501(C)(3)	700.	0.			GENERAL OPERATING SUPPORT
BUFFALO BILL HISTORICAL CENTER 720 SHERIDAN AVE. CODY, WY 82414-3428	83-0180403	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BUSINESS OF ARTS CENTER 513 MANITOU AVE. MANITOU SPRINGS, CO 80829	74-2445135	501(C)(3)	10,100.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

107.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	26	58,498.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL RECOMMENDATIONS MUST BE A 501(C) 3

CHARITABLE ORGANIZATION.

THE 501(C) 3 TAX STATUS LETTER FROM THE IRS MUST BE ON FILE. (ALL 501(C) 3

LETTERS ARE SCANNED AND CONNECTED TO THE ORGANIZATION IN OUR DATABASE,

FOUNDATION INFORMATION MANAGEMENT SYSTEMS, FIMS

IF IT IS A NEW ORGANIZATION TO THE FOUNDATION, THE NON-PROFIT IS CONTACTED

AND REQUESTED TO FAX, EMAIL OR MAIL THE 501(C) 3 TO THE FOUNDATION OFFICE.

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE AND SHARE 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	20,465.	0.			GENERAL OPERATING SUPPORT
CARNEGIE PUBLIC LIBRARY - SOUTH FORK BRANCH - 120 JEFFERSON ST. - MONTE VISTA, CO 81144	84-6002280	GOVERNEMEN	6,150.	0.			LANDSCAPE PROJECT
CASA OF THE PIKES PEAK REGION, INC. - 701 S. CASCADE - COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	14,294.	0.			GENERAL OPERATING SUPPORT
CATAMOUNT CENTER 740 WEST CARAMILLO ST. COLORADO SPRINGS, CO 80907	84-1438996	501(C)(3)	512,620.	0.			GENERAL OPERATING SUPPORT
CATAMOUNT INSTITUTE 740 WEST CARAMILLO ST. COLORADO SPRINGS, CO 80907	86-1151502	501(C)(3)	200,500.	0.			2009 HEATHER CAMPBELL CHANEY FELLOW, GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF COLORADO SPRINGS - 228 N. CASCADE AVE. - COLORADO SPRINGS, CO 80903	84-0586169	501(C)(3)	6,250.	0.			MARIAN HOUSE SOUP KITCHEN, GENERAL OPERATING SUPPORT
CENTRAL ASIA INSTITUTE PO BOX 7209 BOZEMAN, MT 59771	51-0376237	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT, PENNIES FOR PEACE PROJECT
CENTRO DE LA FAMILIA 122 E. LAS ANIMAS ST. COLORADO SPRINGS, CO 80903	84-1435999	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL OF OUR SAVIOR EPISCOPAL 8 FOURTH STREET COLORADO SPRINGS, CO 80906	84-0408181	501(C)(3)	10,700.	0.			GENERAL OPERATING SUPPORT
CHEYENNE MOUNTAIN HERITAGE CENTER 1118 W. CHEYENNE RD. COLORADO SPRINGS, CO 80906	84-1173304	501(C)(3)	31,600.	0.			GENERAL OPERATING SUPPORT
CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD. COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	50,667.	0.			ANNUAL FUND, GENERAL OPERATING SUPPORT, ROCKY MOUNTAIN WILD
CHEYENNE VILLAGE 6275 LEHMAN DR. COLORADO SPRINGS, CO 80918	84-6051921	501(C)(3)	6,400.	0.			GENERAL OPERATING SUPPORT, COMMUNITY OUTREACH PROGRAM
CITY OF COLORADO SPRINGS 1401 RECREATION WAY COLORADO SPRINGS, CO 80905-1075	84-6000573	501(C)(3)	100,185.	0.			DESIGNATED FOR UNCLE WILBER'S FOUNDATION, K-9 UNIT OF CSPD, SIGNS FOR RED ROCK CANYON, SWING
COLORADO CATTLEMAN'S AGRICULTURAL LAND TRUST - 8833 RALSTON RD. - ARVADA, CO 80002	84-1317592	501(C)(3)	20,500.	0.			GENERAL OPERATING SUPPORT
COLORADO COLLEGE 14 E. CACHE LA POUFRE COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	13,750.	0.			1874 SOCIETY, ANNUAL FUND, SUMMER MUSIC FESTIVAL
COLORADO FILM SOCIETY 1906 13TH STREET, SUITE 301 BOULDER, CO 80302	20-1518600	501(C)(3)	5,500.	0.			GENERAL FUND

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Schedule I-1 (Form 990) 2009

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS CHILDREN'S CHORALE - 3022 N. EL PASO - COLORADO SPRINGS, CO 80907	84-0999238	501(C)(3)	5,700.	0.			CELEBRATE THE YOUTH IN THE ARTS, GENERAL OPERATING SUPPORT
COLORADO SPRINGS CONSERVATORY 1600 N. UNION BLVD. COLORADO SPRINGS, CO 80909	84-1502211	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT, PROGRAM SUPPORT
COLORADO SPRINGS FINE ARTS CENTER 30 WEST DALE STREET COLORADO SPRINGS, CO 80903	84-0406947	501(C)(3)	192,750.	0.			BEMIS SCHOOL OF ART, CAPITAL CAMPAIGN, EXHIBITS, GENERAL OPERATING SUPPORT, NUEVA
COLORADO SPRINGS PHILHARMONIC P O BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	42,500.	0.			GENERAL OPERATING SUPPORT, MAHLER CONCERT
COLORADO SPRINGS SCHOOL 21 BROADMOOR AVE. COLORADO SPRINGS, CO 80906	84-0517369	501(C)(3)	9,337.	0.			ANNUAL CAMPAIGN, GENERAL OPERATING SUPPORT, POLO TROPHY TENT, SCHOLARSHIP PROGRAM
COLORADO SPRINGS TEEN COURT PO BOX 2169 C/O MUNICIPAL COURT BUILDING - COLORADO SPRINGS, CO 80901	84-1318849	501(C)(3)	5,763.	0.			GENERAL OPERATING SUPPORT
COLORADO YOUTH OUTDOORS 209 E. 4TH STREET LOVELAND, CO 80537	84-1608608	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY PARTNERSHIP FAMILY RESOURCE CENTER - P.O. BOX 396 - DIVIDE, CO 80814	84-1157057	501(C)(3)	5,000.	0.			ADULT EDUCATION/G.E.D PROGRAM

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

Schedule I-1 (Form 990) 2009

Name of the organization

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Employer identification number
84-1339670

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT - 2330 ROBINSON STREET - COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	81,500.	0.			COLLABORATION PROGRAM WITH THE COLORADO SPRINGS CONSERVATORY, COMPREHENSIVE SERVICES	
CULTURAL OFFICE OF THE PIKES PEAK REGION - PO BOX 190 - COLORADO SPRINGS, CO 80901	20-5794244	501(C)(3)	6,600.	0.			GENERAL OPERATING SUPPOR	
DENVER CITY LAX 1106 COLUMBINE STREET DENVER, CO 80206	02-0804773	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPOR	
DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	15,000.	0.			THE BOYD RANCH FUND AND MUSEUM GENERAL OPERATING SUPPORT	
DYSLEXIA CENTER OF COLORADO SPRINGS - 825 E PIKES PEAK AVE - COLORADO SPRINGS, CO 80903	84-1585627	501(C)(3)	7,100.	0.			GENERAL OPERATING SUPPORT, READING INSTITUTE	
EARLY CONNECTIONS LEARNING CENTERS 104 E. RIO GRANDE COLORADO SPRINGS, CO 80903	84-0632406	501(C)(3)	5,800.	0.			GENERAL OPERATING SUPPOR	
ECUMENICAL SOCIAL MINISTRIES 201 N. WEBER ST. COLORADO SPRINGS, CO 80903	84-0890978	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPOR	
E-TOWN PO BOX 954 BOULDER, CO 80306	84-1087693	501(C)(3)	10,000.	0.			CAPITAL FUND MATCHING GRANT	

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CONGREGATIONAL CHURCH 20 E. ST. VRAIN ST. COLORADO SPRINGS, CO 80903	84-0405572	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH 420 N. NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0408405	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FORT CARSON - DARE PROGRAM 7227 CHRISTIE ST. FORT CARSON, CO 80913	31-1575142	501(C)(3)	6,875.	0.			DATE PROGRAM
FOSTERING HOPE FOUNDATION 3055 SUNNYBROOK LANE COLORADO SPRINGS, CO 80904	26-1991807	501(C)(3)	10,000.	0.			EXPANDING VOLUNTEER TEAMS, GENERAL OPERATING SUPPORT
FOUNTAIN VALLEY SCHOOL 6155 FOUNTAIN VALLEY SCHOOL RD COLORADO SPRINGS, CO 80911	84-0423922	501(C)(3)	13,600.	0.			ANNUAL FUND, CASA SERENA SOCIETY, GENERAL OPERATING SUPPORT
FRIENDS OF CHEYENNE CANON P.O. BOX 60275 COLORADO SPRINGS, CO 80960	84-1324887	501(C)(3)	15,750.	0.			GENERAL OPERATING SUPPORT, STARSMORE CENTER, STATE-OF-THE-PARKS JUNIO
FRIENDS OF MANITOU SPRINGS PUBLIC LIBRARY - PO BOX 865 - MANITOU SPRINGS, CO 80829	01-0724242	501(C)(3)	19,985.	0.			GENERAL OPERATING SUPPORT
FRIENDS' SCHOOL BOULDER 5465 PENNSYLVANIA AVE. BOULDER, CO 80301	84-1087693	501(C)(3)	19,000.	0.			FRIENDS FOR LIFE ENDOWMENT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GARDEN OF THE GODS FOUNDATION, INC. - 2220 HILL CIRCLE - COLORADO SPRINGS, CO 80904	84-1272111	501(C)(3)	70,219.	0.			GENERAL OPERATING SUPPORT		
GAZETTE CHARITABLE PROGRAMS 30 S. PROSPECT ST. COLORADO SPRINGS, CO 80903	84-15226179	501(C)(3)	42,200.	0.			EMPTY STOCKING FUND		
GOLD CAMP ELEMENTARY SCHOOL 1805 PRESERVE DR. COLORADO SPRINGS, CO 80906	84-6001180	GOVERNEMEN	14,600.	0.			GOLD CAMP ELEMENTARY PTO		
GOODWILL INDUSTRIES OF COLORADO SPRINGS - PO BOX 6300 - COLORADO SPRINGS, CO 80934	84-0513404	501(C)(3)	7,600.	0.			GED PROGRAM, GENERAL OPERATING SUPPORT		
GORDON JACKSON FOUNDATION PO BOX 220 WOODLAND PARK, CO 80866	84-1339670	501(C)(3)	5,000.	0.			PROGRAM VENUE		
GRACE AND ST. STEPHENS EPISCOPAL PARISH - 601 NORTH TEJON STREET - COLORADO SPRINGS, CO 80903	84-0405258	501(C)(3)	28,500.	0.			GENERAL OPERATING SUPPORT, MUSIC PROGRAM		
GRECCIO HOUSING OPPORTUNITY CENTER 1808 W. COLORADO AVE COLORADO SPRINGS, CO 80904	84-1158819	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT		
GREEN EDUCATION FOUNDATION 1105 JUPITER DRIVE COLORADO SPRINGS, CO 80905	26-2522164	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRIFFITH CENTERS FOR CHILDREN 14142 DENVER WEST PARKWAY, SUITE 2 LAKEWOOD, CO 80401	84-0404251	501(C)(3)	5,000.	0.			EDUCATION PROGRAM
HARBOR HOUSE COLLABORATIVE 1710 E. PIKES PEAK AVE. COLORADO SPRINGS, CO 80909	20-8006412	501(C)(3)	17,671.	0.			GENERAL OPERATING SUPPORT
HOMEWARD PIKES PEAK 518 N. NEVADA COLORADO SPRINGS, CO 80903	13-4242773	501(C)(3)	5,250.	0.			ASSIST IN PROVIDING BIKE FOR THE HOMELESS IN COLORADO SPRINGS, GENERAL OPERATING SUPPORT
HUMANE SOCIETY 610 ABBOTT LANE COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	13,800.	0.			GENERAL OPERATING SUPPORT, MEDICAL FUND
KANSAS UNIVERSITY ENDOWMENT ASSOCIATES - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	20,000.	0.			DOLE INSTITUTE, GENERAL OPERATING SUPPORT
KCME 1921 N. WEBER ST. COLORADO SPRINGS, CO 80907	83-0234545	501(C)(3)	6,300.	0.			GENERAL OPERATING SUPPORT
KIDS ON BIKES 600 SOUTH 21ST STREET, SUITE 100 COLORADO SPRINGS, CO 80904	20-2820211	501(C)(3)	82,582.	0.			GENERAL OPERATING SUPPORT
LUTHERAN FAMILY SERVICES OF COLORADO - 363 SOUTH HARLAN STE. 200 - LAKEWOOD, CO 80226-3552	84-0775550	501(C)(3)	5,000.	0.			EXPANDING VOLUNTEER TEAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	MISSION MEDICAL CLINIC 2125 E. LA SALLE COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT	
	MOUNTAIN POST HISTORICAL ASSOCIATION INC. - 1805 E. CHEYENNE RD - COLORADO SPRINGS, CO 80906	20-3001009	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT, MOUNTAIN POST HISTORICAL CENTER	
	MULTIPLE SCLEROSIS ALLIANCE OF SOUTHERN COLORADO - 1352 N. ACADEMY BLVD. - COLORADO SPRINGS, CO 80909-3314	84-0821987	501(C)(3)	42,000.	0.			GENERAL OPERATING SUPPORT, TWO DYNAVOK COMMUNICATION DEVICES	
	NAMI- NATIONAL ALLIANCE ON MENTAL ILLNESS - 510 E. WILLAMETTE #A - COLORADO SPRINGS, CO 80903	74-2338585	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT	
	NATIONAL AUTOMOBILE MUSEUM 10 SOUTH LAKE STREET RENO, NV 89501-1558	94-2777978	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT	
	NATIONAL JEWISH HEALTH 1400 JACKSON ST. SUITE M107H DENVER, CO 80206	74-2044647	501(C)(3)	5,000.	0.			PROGRAM SUPPORT CENTRAL LAIKIPFA CONSERVANCY PROJECT FOR THE MONITORING AND BASELINE ASSESSMENT OF	
	NATURE CONSERVANCY 2424 SPRUCE ST. BOULDER, CO 80302	53-0242652	501(C)(3)	15,900.	0.				
	OPERA THEATRE OF THE ROCKIES PO BOX 8110 COLORADO SPRINGS, CO 80933	84-1476734	501(C)(3)	54,100.	0.			GENERAL OPERATING SUPPORT	

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Schedule I-1 (Form 990) 2009

Name of the organization

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050	84-0644739	GOVERNEMEN	5,000.	0.			DESIGNATED FOR THE ELEANOR BLACKFOR COLVIN SCHOLARSHIP FUND
PALMER LAND TRUST PO BOX 1281 COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	11,200.	0.			GENERAL OPERATING SUPPOR
PARENTS CHALLENGE 2 NORTH CASCADE AVE., SUITE 1280 COLORADO SPRINGS, CO 80903	84-1591310	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPOR
PARTNERS IN HOUSING 455 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906	84-1188208	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPOR
PEAK EDUCATION 730 N. NEVADA COLORADO SPRINGS, CO 80903	84-1467174	501(C)(3)	27,250.	0.			GENERAL OPERATING SUPPOR FIRST VISITOR PROGRAM, GENERAL OPERATING SUPPORT, HOMELESS HEALTH CENTER
PEAK VISTA COMMUNITY HEALTH CENTERS - 340 PRINTERS PARKWAY - COLORADO SPRINGS, CO 80910	84-0617567	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPOR
PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	57,200.	0.			GENERAL OPERATING SUPPOR
PIKES PEAK COMMUNITY ACTION AGENCY P.O. BOX 2468 COLORADO SPRINGS, CO 80901	84-0933888	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT, YES PROGRAM

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	PIKES PEAK COMMUNITY COLLEGE FOUNDATION - 5675 S. ACADEMY BLVD. BOX C-11 - COLORADO SPRINGS, CO 80906	74-2182257	501(C)(3)	30,700.	0.			FUND FOR THE FUTURE, PROGRAM SUPPORT	
	PIKES PEAK HABITAT FOR HUMANITY PO BOX 9861 COLORADO SPRINGS, CO 80932	35-1640064	501(C)(3)	11,122.	0.			GENERAL OPERATING SUPPORT	
	PIKES PEAK HOSPICE & PALLIATIVE CARE - 825 EAST PIKES PEAK AVE., SUITE 600 - COLORADO SPRINGS, CO 80903-3624	84-0816047	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT	
	PIKES PEAK HOSPICE FOUNDATION 825 E. PIKES PEAK AVE STE 600 COLORADO SPRINGS, CO 80903	84-1453050	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT, PATIENT AND FAMILY CARE SERVICES	
	PIKES PEAK RANGE RIDERS FOUNDATION 13710 HALLELUJAH TRAIL ELBERT, CO 80106	84-1497942	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT, BROOKHART SCHOLARSHIP FUND	
	PIKES PEAK UNITED WAY 518 NORTH NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	82,011.	0.			GENERAL OPERATING SUPPORT, LEADERS IN GIVING PROGRAM	
	PREPARED 4 LIFE 1800 WEST LOOP SOUTH, SUITE 1875 HOUSTON, TX 77027	20-4235269	501(C)(3)	10,000.	0.			GENERAL SUPPORT LEMONADE DAY IN DENVER	
	ROBERT D. SUTHERLAND MEMORIAL FOUNDATION - PO BOX 1169 - LONGMONT, CO 80544-1169	84-1562379	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT	

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Schedule I-1 (Form 990) 2009

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Employer identification number
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ROTARY FOUNDATION 1560 SHERMAN AVE. EVANSTON, IL 60201	36-3245072	501(C)(3)	10,000.	0.			POLIO PLUS PROGRAM, PROGRAM SUPPORT	
SALVATION ARMY P.O. BOX 9947 COLORADO SPRINGS, CO 80932	84-0402712	501(C)(3)	11,000.	0.			COLORADO KITCHEN CERTIFICATION PROGRAM, GENERAL OPERATING SUPPORT, WALK FOR HOPE A	
SET OF COLORADO SPRINGS 825 E. PIKES PEAK AVE., BLDG. 29 COLORADO SPRINGS, CO 80903	84-1183335	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT	
SKYLINE CARES FUND 2732 VETERAN HEIGHTS COLORADO SPRINGS, CO 80904	20-2538409	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT	
ST. GEORGE'S ANGLICAN CHURCH 2760 FIELDSTONE RD. COLORADO SPRINGS, CO 80919	26-4638676	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT	
ST. JOHN'S CATHEDRAL 1350 WASHINGTON STREET DENVER, CO 80203	84-0402709	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT	
STUDENT MOVEMENT FOR REAL CHANGE 1807 18TH ST. NW WASHINGTON, DC 20009	75-3066439	501(C)(3)	5,000.	0.			UTA BAKERY PROJECT IN AFRICA	
TESSA P.O. BOX 2662 COLORADO SPRINGS, CO 80901	84-0746803	501(C)(3)	7,955.	0.			COURTYARD ART, GENERAL OPERATING SUPPORT	

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	THANKS TROOPS FOUNDATION, INC. 1410 FORD ST. COLORADO SPRINGS, CO 80915	27-0744755	501(C)(3)	26,111.	0.			GENERAL OPERATING SUPPORT	
	THE ALLIANCE FOR CHOICE IN EDUCATION - 1201 EAST COLFAX AVENUE, SUITE 302 - DENVER, CO 80218	84-1531066	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT	
	THE GORE RANGE NATURAL SCIENCE SCHOOL - PO BOX 9469 - AVON, CO 81620	84-1436731	501(C)(3)	8,000.	0.			ANNUAL FUND, CAPITAL CAMPAIGN	
	TRADITION OF EXCELLENCE FOUNDATION 1775 LA CLEDE ST. COLORADO SPRINGS, CO 80905	74-2519533	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT EDUCATION OPEN SPACE	
	TRAILS AND OPEN SPACE COALITION 1040 S. 8TH STREET, STE. 101 COLORADO SPRINGS, CO 80906	84-1156471	501(C)(3)	35,100.	0.			PRESERVATION AND BICYCLE TRAILS, GENERAL OPERATIN SUPPORT, SUSTAINABLE	
	UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS, CO 80918	84-6049811	501(C)(3)	99,963.	0.			LIFETIME ENTREPRENEURSHI AWARD, REACH YOUR PEAK SCHOLARSHIP PROGRAM, UCC CHANCELLOR'S	
	URBAN PEAK 423 E. CUCHARRAS COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	13,575.	0.			GENERAL OPERATING SUPPORT	
	WILLIAMS COLLEGE PO BOX 3474 BOSTON, MA 02241-3474	04-2104847	501(C)(3)	6,000.	0.			ANNUAL FUND, GENERAL OPERATING SUPPORT	

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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84-1339670

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE AGENCY 750 CITADEL DR. EAST STE. 3116 COLORADO SPRINGS, CO 80909	84-0747154	501(C)(3)	7,255.	0.			GENERAL OPERATING SUPPORT, INTERCEPT PROGRAM
YALE UNIVERSITY P.O. BOX 208232 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT, SCIENCE AGENDA FOR YELLOWSTONE PROJECT
YELLOWSTONE PARK FOUNDATION 222 E. MAIN ST. SUITE 301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	15,600.	0.			GENERAL OPERATING SUPPORT, SWIMMING PROGRA FOR DIS-ADVANTAGED CHILDREN
YMCA OF THE PIKES PEAK REGION 207 N. NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	17,625.	0.			GENERAL OPERATING SUPPORT
YOUNG LIFE 420 N. CASCADE AVE. COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	9,000.	0.			

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Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

REQUESTS CANNOT MOVE THROUGH THE PROCESS WITHOUT THE 501(C) 3 ON FILE.

IF THE REQUEST IS FOR OTHER THAN GENERAL OPERATING SUPPORT, IF NEEDED, A

PROGRAM OFFICER WILL MAKE CONTACT WITH THE NON-PROFIT ORGANIZATION TO

ENSURE THE PROGRAM IS CHARITABLE AND THE GRANTEE IS ABLE TO PERFORM THE

PROPOSED ACTIVITY

ALL AWARDS ARE MAILED WITH A GRANT AGREEMENT WHICH INCLUDES A MANDATORY

ANNUAL REPORT ON HOW FUNDS WERE USED

IF NECESSARY, THE STAFF WILL REQUEST A COPY OF THE IRS 990 TAX RETURN FOR

THE ORGANIZATION.

PART II, LINE 1, COLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT ALPINE AUTISM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENTS, AUTISM AWARENESS WALK,

GENERAL OPERATING SUPPORT, SUPPORT OF GOLF TOURNAMENT

NAME OF ORGANIZATION OR GOVERNMENT CITY OF COLORADO SPRINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR UNCLE WILBER'S

FOUNDATION, K-9 UNIT OF CSPD, SIGNS FOR RED ROCK CANYON, SWING HIGH

PROJECT, USOC RELOCATION PROJECT, WHITE ACRES PARCEL 1

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO SPRINGS FINE ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BEMIS SCHOOL OF ART, CAPITAL

CAMPAIGN, EXHIBITS, GENERAL OPERATING SUPPORT, NUEVA VENTURA PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE COLLABORATION PROGRAM WITH THE

COLORADO SPRINGS CONSERVATORY, COMPREHENSIVE SERVICES FOR THREE TO FIVE

YEAR OLDS AND THEIR FAMILIES, DISTRICT 2 FAMILY ADVOCACY PROJECT, GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT FRIENDS OF CHEYENNE CANON

(H) PURPOSE OF GRANT OR ASSISTANCE GENERAL OPERATING SUPPORT, STARS MORE

CENTER, STATE-OF-THE-PARKS JUNIOR RANGER PROGRAM AND TRAILS GRANT MATCH

NAME OF ORGANIZATION OR GOVERNMENT NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE CENTRAL LAIKIPIA CONSERVANCY PROJECT

FOR THE MONITORING AND BASELINE ASSESSMENT OF ELAND DOWNS, GENERAL

OPERATING SUPPORT, KEYSTONE GORGE, TELLURIDE

NAME OF ORGANIZATION OR GOVERNMENT SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE COLORADO KITCHEN CERTIFICATION

PROGRAM, GENERAL OPERATING SUPPORT, WALK FOR HOPE AT FLYING HORSE

NAME OF ORGANIZATION OR GOVERNMENT TRAILS AND OPEN SPACE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE EDUCATION OPEN SPACE PRESERVATION

AND BICYCLE TRAILS, GENERAL OPERATING SUPPORT, SUSTAINABLE PARKS

INITIATIVE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT UNIVERSITY OF COLORADO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE LIFETIME ENTREPRENEURSHIP AWARD,

REACH YOUR PEAK SCHOLARSHIP PROGRAM, UCCS CHANCELLOR'S DISCRETIONARY

FUND, BOOTS AND STARS PROGRAM, CU AGING CENTER, GENERAL OPERATING

Part IV Supplemental Information

SUPPORT, KAREN POSSEHL WOMEN'S ENDOWMENT (KPWE) FOR SCHOLARSHIPS,

PALISADES PROGRAM, SCHOLARSHIP FUND, SOUTHER COLORADO ECONOMIC FORUM,

THEATREWORKS, UCCS COLLEGE OF BUSINESS SCHOLARSHIPS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

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84-1339670

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	5,989,036.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (NOTE FORGIVEN)	X	1	707,294.	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION

COMMUNITY NEEDS AND PROVIDING PHILANTHROPIC LEADERSHIP.

FORM 990, PART VI, SECTION B, LINE 11 THE STAFF WORKS WITH OUR

INDEPENDENT ACCOUNTING FIRM TO REVIEW THE ACCURACY AND COMPLETENESS OF THE

990. WHEN THE DOCUMENT IS IN FINAL DRAFT, THE MEMBERS OF THE FINANCE

COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE PIKES PEAK REAL ESTATE

FOUNDATION REVIEW THE 990 DOCUMENT AND ASK QUESTIONS TO ENSURE COMPLETENESS

AND ACCURACY. ONCE ALL INFORMATION IS DEEMED ACCURATE AND COMPLETE, WE THEN

SUBMIT THE 990 TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C. THE FOUNDATION IS COMMITTED TO

INTEGRITY AND FAIRNESS IN THE CONDUCT OF ALL OF ITS ACTIVITIES. INEVITABLY,

THE INTERESTS OF DIRECTORS AND EMPLOYEES WILL INVOLVE THEM IN

ORGANIZATIONS, CAUSES, AND OTHER ENDEAVORS THAT INTERSECT WITH THE AFFAIRS

OF THE FOUNDATION. IT WOULD DISADVANTAGE THE FOUNDATION TO DEPRIVE IT OF

THE INVOLVEMENT OF INTERESTED COLLEAGUES, BUT THEIR PARTICIPATION IN

FOUNDATION DECISION-MAKING CANNOT IMPAIR THE FAIRNESS AND INTEGRITY OF

FOUNDATION PROCESSES.

DIRECTORS AND EMPLOYEES OF THE FOUNDATION ARE COMMITTED TO COMMUNICATING

FULLY WITH THE FOUNDATION REGARDING ANY RELATIONSHIP OR COMMITMENT THAT

COULD AFFECT THE IMPARTIAL FULFILLMENT OF THEIR ROLE IN THE AFFAIRS OF THE

FOUNDATION.

DISCLOSURES ORDINARILY SHOULD BE MADE TO THE CEO OR PRESIDENT BY MEMBERS OF

THE STAFF AND TO THE CHAIR OF THE BOARD BY OTHER MEMBERS OF THE BOARD OF

DIRECTORS. FORMAL NOTATION OF DISCLOSURES SHOULD BE A PART OF THE PROCESS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

FORM 990, PART VI, SECTION B, LINE 15. THE PERFORMANCE EVALUATION OF THE
EXECUTIVE DIRECTOR IS A TWO-PART PROCESS-A FORMATIVE ASSESSMENT THAT OCCURS
ALL YEAR, AND A SUMMATIVE ASSESSMENT THAT OCCURS ON OR CLOSE TO THE DATE OF
EMPLOYMENT OF THE EXECUTIVE DIRECTOR.

THE FORMATIVE ASSESSMENT OCCURS AS WEEKLY MEETINGS BETWEEN THE EXECUTIVE
DIRECTOR AND THE BOARD CHAIR. THESE MEETINGS ARE A CHANCE TO TALK OVER
CURRENT PROJECTS, RECENT ACHIEVEMENTS, AND UPCOMING EVENTS. DURING THE
MEETINGS, THE BOARD CHAIR TAKES NOTES FOR HIS FILES ON THE PROGRESS OF THE
EXECUTIVE DIRECTOR TOWARD MEETING THE GOALS AS STATED IN THE STRATEGIC PLAN
FOR PPREF.

THE SUMMATIVE ASSESSMENT BEGINS APPROXIMATELY TWO MONTHS BEFORE THE
ANNIVERSARY DATE OF EMPLOYMENT OF THE EXECUTIVE DIRECTOR. THE BOARD CHAIR
ASKS THE EXECUTIVE DIRECTOR TO WRITE A SELF-EVALUATION THAT DESCRIBES
PROGRESS DURING THE PRECEDING YEAR AS RELATED TO THE GOALS AND OBJECTIVES
OF THE STRATEGIC PLAN. AT THE SAME TIME, THE BOARD CHAIR SOLICITS FEEDBACK
AND INPUT FROM ALL BOARD MEMBERS, AND ALSO REQUESTS INFORMATION FROM STAFF
AND KEY VOLUNTEERS AS APPROPRIATE. THE EXECUTIVE DIRECTOR THEN MEETS
ONE-ON-ONE WITH THE BOARD CHAIR TO DISCUSS BOTH THE SELF-EVALUATION AND THE
BOARD FEEDBACK. AFTER THIS SESSION, THE BOARD CHAIR CONVENES THE EXECUTIVE
COMMITTEE OF THE BOARD FOR A FORMAL PERFORMANCE REVIEW. PART OF THIS
SESSION IS "EXECUTIVE SESSION" DURING WHICH THE EXECUTIVE DIRECTOR IS ASKED
TO LEAVE THE ROOM SO THAT COMMITTEE MEMBERS CAN DISCUSS THE EXECUTIVE
DIRECTOR PRIVATELY.

SCHEDULE O
(Form 990)

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THE EXECUTIVE COMMITTEE THEN PREPARES A RECOMMENDATION FOR EITHER RETENTION

OR TERMINATION OF THE EXECUTIVE DIRECTOR AND PRESENTS IT TO THE FULL BOARD.

THE EXECUTIVE DIRECTOR THEN MEETS WITH THE FULL BOARD TO DISCUSS

PERFORMANCE, FOLLOWED BY AN "EXECUTIVE SESSION" DURING WHICH THE EXECUTIVE

DIRECTOR IS ASKED TO LEAVE THE ROOM SO THAT THE FULL BOARD CAN DISCUSS THE

RECOMMENDATIONS. THE FULL BOARD CONDUCTS A FORMAL VOTE ON THE

RECOMMENDATION (ALONG WITH ANY CHANGES PROPOSED) AS PRESENTED BY THE

EXECUTIVE COMMITTEE. THE BOARD CHAIR THEN COMMUNICATES THE RESULTS OF THE

VOTE TO THE EXECUTIVE DIRECTOR, AND WRITES A FORMAL PERFORMANCE REVIEW

LETTER TO THE EXECUTIVE DIRECTOR, AND, IF RE-HIRED, A LETTER DESCRIBING

COMPENSATION ADJUSTMENTS AND FUTURE PERFORMANCE EXPECTATIONS.

APPROPRIATE COMPENSATION IS THEN ESTABLISHED BY REVIEWING THE COUNCIL ON

FOUNDATIONS ANNUAL SALARY SURVEY, THE COLORADO NONPROFIT ASSOCIATION ANNUAL

SALARY SURVEY, AND BY CHECKING THE GUIDESTAR DATABASE FOR THE COMPENSATION

LEVELS AT COMPARABLE FOUNDATIONS IN THE STATE OF COLORADO.

WE USE THE COLORADO NONPROFIT ASSOCIATION ANNUAL SALARY SURVEY TO CREATE

APPROPRIATE COMPENSATION LEVELS FOR OUR STAFF. CURRENTLY, OUR STAFF MEMBERS

ARE AT OR JUST BELOW THE MEDIAN FOR THE POSITIONS THEY HOLD AT PPREF.

FORM 990, PART VI, SECTION C, LINE 19. HOW WE MAKE OUR 990 AVAILABLE TO

THE PUBLIC.

1 THROUGH OUR WEBSITE

2 MAILED OR EMAILED UPON REQUEST

3 THROUGH NATIONAL DATABASES SUCH AS GUIDESTAR AND CHARITY NAVIGATOR.

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

932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number
84-1339670

FORM 990, PART XI, LINE 2C: RESPONSIBLE COMMITTEE FOR OVERSIGHT OF F/S

AND SELECTION OF AUDITOR: THE ORGANIZATION'S OVERSIGHT AND SELECTION

PROCESS HAS NOT CHANGED.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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2009
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Name of the organization

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PEAK EDUCATION - 84-1467174					
730 N NEVADA AVE					
COLORADO SPRINGS, CO 80903	TO SUPPORT PPCF	COLORADO	501(C)(3)	LINE 11- TYPE I	PIKES PEAK COMMUNITY FOUNDATION
COLORADO SPRINGS COMMUNITY TRUST -					
46-0503722, 730 N NEVADA AVE, COLORADO	TO SUPPORT PPCF	COLORADO	501(C)(3)	LINE 11- TYPE I	PIKES PEAK COMMUNITY FOUNDATION
SPRINGS, CO 80903					
PIKES PEAK REAL ESTATE FOUNDATION -					
20-3455353, 730 N NEVADA AVE, COLORADO	TO SUPPORT PPCF	COLORADO	501(C)(3)	LINE 11- TYPE I	PIKES PEAK COMMUNITY FOUNDATION
SPRINGS, CO 80903					

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		(a) Name of other organization(s)		(b) Transaction type (a-r)	(c) Amount involved
(1)	COLORADO SPRINGS COMMUNITY TRUST			C	5,657,604.
(2)					
(3)					
(4)					
(5)					
(6)					

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 730 N NEVADA AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions COLORADO SPRINGS, CO 80903	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MICHAEL HANNIGAN

- The books are in the care of ► **730 N NEVADA AVENUE - COLORADO SPRINGS, CO 80903**

Telephone No. ► **(719) 389-1251**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization PIKES PEAK COMMUNITY FOUNDATION	Employer Identification number 84-1339670
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1443 730 N. Nevada Avenue	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80901	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ THE ORGANIZATION
Telephone No. ☒ 719-389-1251 FAX No. ☒ 719-389-1252
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- For calendar year 2009, or other tax year beginning , and ending .
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NECESSARY IN ORDER TO ACCUMULATE THE DATA REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <u>0</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ Deann B May Title ☒ CPA Date ☒ 8-9-10