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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2019

DLN: 93493307013110

Form 99	U
<b>%</b> J	
Department of	the

Treasury

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service	I						
A F	or the	: <b>2019</b> c	alendar year, or tax year begin	ning 01-01-2019 , and endi	ng 12-31	2019			
		pplicable:	C Name of organization PIKES PEAK COMMUNITY FOUNDATION	ON			D Employ	er ident	ification number
	dress cl me cha	-	% GARY BUTTERWORTH				84-133	9670	
	tial retu	-	Doing business as						
☐ Fin	al return/	/terminated					E Telephor	o numbo	
	nended		103 COUTH TEION CTREET CTE E20	ail is not delivered to street address)	Room/sui	te			
⊔ Ар	plicatio	n pending		to and ZID or foreign postal and			(719) 3	89-125	1
			City or town, state or province, coun COLORADO SPRINGS, CO 80903	itry, and ZIP or foreign postal code					22 622 427
			E Name and address of principal	l officer:					32,638,427
			F Name and address of principal GARY BUTTERWORTH	i omcer:			this a group re	turn for	
			102 SOUTH TEJON ST STE 530				ubordinates? re all subordinat	es.	□ <sub>Yes</sub> ☑ <sub>No</sub>
. Тэ	v-ovom	npt status:	COLORADO SPRINGS, CO 80903		_		icluded?		∐Yes ∐No
. 10	x exemi	pt status.	<b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b> (	insert no.)	<b>」</b> 527		"No," attach a l	•	,
W	ebsite	e:► ww	w.ppcf.org			H(c) G	roup exemption	numbe	ır ▶
						I Year of t	formation: 1994	M State	e of legal domicile: CO
<b>(</b> Forr	n of org	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Associ	ciation 🔲 Other 🕨		L rear or	offilation. 1994	IN State	s or legal doffliche. Co
Pa	art I	Sum	mary						
		•	scribe the organization's mission or	most significant activities:					
υ	<u> </u>	ommunit	ty Trust to promote philanthrophy i	in the Pikes Peak region					
<u>2</u>									
Ě	=								
* *	2 (	Check thi	is box $\blacktriangleright \Box$ if the organization disc	continued its operations or dispo	osed of m	ore than	25% of its net a	ssets.	
5	3 1	Number o	of voting members of the governing	g body (Part VI, line 1a)			•	3	19
<b>o</b> ∆	4 1	Number o	of independent voting members of	the governing body (Part VI, line	e 1b) .			4	19
	5 7	Total nun	mber of individuals employed in cal	endar year 2019 (Part V, line 2a	1)			5	9
Acumues & Governance	6 7	Total nun	mber of volunteers (estimate if nec	essary)				6	
₹	l		related business revenue from Part	* **				7 <i>a</i>	
	b l	Net unrel	lated business taxable income from	n Form 990-T, line 39				7t	-62,444
							Prior Year		Current Year
Q!	l		tions and grants (Part VIII, line 1h)		•		5,462,	519	4,462,704
Ravenue	9 F	Program	service revenue (Part VIII, line 2g)				51,6	597	61,051
Α Σ	10 I	Investme	ent income (Part VIII, column (A), li		2,505,	140	2,320,224		
	l		venue (Part VIII, column (A), lines 5				78,0		70,547
			enue—add lines 8 through 11 (mus	. , , , , , , , , , , , , , , , , , , ,			8,098,0		6,914,526
	13 (	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)			3,737,9	962	5,932,962
	<b>14</b> E	Benefits p	paid to or for members (Part IX, co	lumn (A), line 4)	•			0	
&	15 9	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines	5–10)		714,	299	790,664
eus	16a	Professio	onal fundraising fees (Part IX, colun	nn (A), line 11e)	•			0	
Expenses	l		raising expenses (Part IX, column (D), li	·					
ш	l	·	penses (Part IX, column (A), lines 1	•	•		680,:		753,676
	l		penses. Add lines 13–17 (must equ				5,132,		7,477,302
(8	19 F	Revenue	less expenses. Subtract line 18 fro	om line 12	•		2,965,0	_	-562,776
Net Assets of Fund Balances						Begini	ning of Current Y	ear	End of Year
ge	20 7	Total ass	ets (Part X, line 16)				59,970,:	166	63,523,774
2 E	l		oilities (Part X, line 26)				5,103,		5,733,583
E E	l		ts or fund balances. Subtract line 2				54,866,8	346	57,790,191
Pa	rt II	Sign	ature Block					-	
			erjury, I declare that I have exami						
	ieage a nowled		ef, it is true, correct, and complete.	Declaration of preparer (other	tnan offic	er) is bas	ed on all inform	ation of	which preparer has
		1.							
		*****	* ure of officer				2020-09-15 Date		
Sign		Jaginace	are or officer				Date		
lere	•		BUTTERWORTH CEO or print name and title						
		17		Droppror's signature	Ls	240	Γ.	MITC	
<b>)</b> _:	J		Print/Type preparer's name	Preparer's signature		ate )20-09- <b>1</b> 5	Check 📙 if 📙	PTI <b>N</b> P008414	39
Paid		-	Firm's name FTOCKMAN KAST RYAN	L& COLLP			self-employed Firm's EIN ►		
	pare	:•	S name - STOCKHAN (AST KTAN				5 LIN F		
Jse	Onl	<b>'У</b>	Firm's address ▶ 102 N CASCADE AVENU	JE SUITE 400			Phone no. (719)	630-118	6
			COLORADO SPRINGS, C	CO 80903					
/lav +	ha IDS	- discuss	this return with the preparer show	un abovo? (soo instructions)					Ves No

Form	990 (2019)					Page <b>2</b>						
Pa	Statement	of Program Service	e Accomplis	hments								
	Check if Sche	dule O contains a respo	onse or note to a	any line in this Part III		🗹						
1	Briefly describe the o	organization's mission:		•								
					ON WHOSE MISSION IS TO EN	HANCE THE QUALITY OF LIFE						
IN TI	HE PIKES PEAK REGIO	N BOTH NOW AND FOR	FUTURE GENER	RATIONS. SEE SCHEDU	LE O FOR CONTINUATION							
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe the											
3	Did the organization	cease conducting, or m	nake significant	changes in how it cond	ucts, any program							
	services?											
	If "Yes," describe the	ese changes on Schedu	e O.									
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as most of grants and allocations to othe							
	(Code:	) (Expenses \$	6,518,385	including grants of \$	5,663,183 ) (Revenue \$	25,218 )						
	See Additional Data											
4b	(Code:	) (Expenses \$	227,781	including grants of \$	269,149 ) (Revenue \$	35,833 )						
	See Additional Data	, ( <u></u>										
4c	(Code:	) (Expenses \$	105,020	including grants of \$	) (Revenue \$	)						
	See Additional Data											
4d	Other program servi	ces (Describe in Sched	ule O.)									
	(Expenses \$	incl	uding grants of	\$	) (Revenue \$	42,363 )						
4e	Total program serv	vice expenses ▶	6,851,1	86								

Form	m 990 (2019) Page									
Par	t IV Checklist of Required Schedules									
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes							
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No						
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		Yes							
,	Schedule D, Part I 2	6								
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No						
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No						
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes							
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.									
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes							
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b		No						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No						
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes							
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes							
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes							
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No						
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No						

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a

20b

21

Yes

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Nο

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Pay 2 of Form 1006. Fatar 0, if and applicable 1.4-1.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
b	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 (see instructions)	2b	Yes						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
	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)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No ——					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes						
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
C 14a	Enter the amount of reserves on hand	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14a		INO					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess								
	parachute payment(s) during the year?	15 16		No No					
	If "Yes," complete Form 4720, Schedule O.	-		•					

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 19  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 19			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
<b>C</b> ^	ction C. Disclosure	16b		_
<u> </u>	List the states with which a copy of this Form 990 is required to be filed▶			
18	CO Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  •GARY BUTTERWORTH 102 SOUTH TEJON STREET STE 530 COLORADO SPRINGS, CO 80903 (719) 389-1251			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or 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.

organization, more than \$10,000 of reportable co See instructions for the order in which to list the			organ	ıızat	ion a	and ar	1 <b>y r</b> e	eiated organization:	5,	
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)  Name and title	(B) Average hours per week (list any hours for related	Position that persuand	on (do an on on is	(C) o not e bot both	) t che ox, u h an or/tr	eck m Inless office ustee)	ore er )	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`Misc)	` MÍSC)	related organizations
(1) Gary Butterworth	45.0			×				177,527	0	27,597
CEO	5.0			^				177,327	0	27,397
(2) Greg Gandy	7.0	x		x				0	0	0
Treasurer	0.0			L^					0	
(3) Janet Suthers Secretary	7.0	Х		х				0	0	0
(4) Andie Doyle Vice Chairperson	7.0	Х		х				0	0	0
(5) Tony Rosendo Chairperson	2.0	Х		х				0	0	0
(6) Wendel Torres Immediate Past Chair	2.0	Х						0	0	0
(7) Rob Wrubel Trustee	0.0	Х						0	0	0
(8) Ward Berlin Trustee	0.0	Х						0	0	0
(9) Joan Gurvis Trustee	0.0	Х						0	0	0
(10) Mark Hille Trustee	1.0	Х						0	0	0
(11) Chris Jenkins Trustee	2.0	Х						0	0	0
(12) Rebecca Kilibarda Trustee	0.0	Х						0	0	0
(13) Lorne Kramer Trustee	0.0	Х						0	0	0
(14) Bonnie Martinez Trustee	5.0 0.0	Х						0	0	0
(15) Mari Sinton-Martinez Trustee	5.0	Х						0	0	0
(16) Michele Strub-Heer Trustee	0.0	Х						0	0	0
(17) Heather Carroll Trustee	5.0	Х						0	0	0
										Form <b>990</b> (2019)

(A)

compensation from the organization ▶ 0

Page 8

	Name and title	Average hours per week (list any hours	than c	ne b	ox, ι ın of	t che unles ficer	and a	son	Reportable compensation from the organization	Reportable compensation from related organizations	amo	Estimated amount of oth compensation from the organization a	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		relat	
	Randy Case	5.0							C		0		0
Trust	ee	0.0									1		
	Pam Shockley-Zalabak		×						С	,	0		0
Truste (20) I	ee Katie Willemarck	7.0			$\vdash$						+		
			×						C	1	0		0
- 300		3.0											
1b 9	Sub-Total			•		•	•				-		
<b>c</b> 1	Total from continuation sheets to Part V	/II, Section A				•	lacktriangle						
d 7	Total (add lines 1b and 1c)					•	<u> </u>		177,527	0			27,597
2	Total number of individuals (including but of reportable compensation from the organization)		those lis	sted a	abov	/e) v	vho re	ceive	ed more than \$100	0,000			
											Y	'es	No
3	Did the organization list any <b>former</b> offic	er, director or t	rustee,	key (	emp	loye	e, or h	ighe	est compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for	such individual	٠.	•	•			•			3		No
4	For any individual listed on line 1a, is the organization and related organizations graindividual												
_			• •	•	•	•	•	•			4   Y	'es	
5	Did any person listed on line 1a receive o services rendered to the organization? If "								ganization or indivi		5		No
	ection B. Independent Contractors												
1	Complete this table for your five highest of from the organization. Report compensat										ensatio	n	
	· · · · · · · · · · · · · · · · · · ·	(A)	, C.		9	4				(B)	_	(C)	
	Name and b	ousiness address							Descrip	tion of services	Co	mpen	sation
											+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

(C)

(D)

(E)

(B)

		(2019)								Page <b>9</b>
Part	VIII				recoo	onse or note to any	line in this Part VIII			
		Check II Sched	uie	O contains a	respo	rise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(4)	1a	Federated campa	igns		<b>1</b> a			revenue		312 - 314
Grants Amounts	Ŀ	• Membership dues	5.	· [	<b>1</b> b					
600 m	6	: Fundraising even	ts .	. [	1c					
Gifts, nilar A	c	l Related organizat	tions	;	<b>1</b> d					
, <u>G</u>	6	Government grants	(con	tributions)	1e					
ions I Si	f	<ul> <li>All other contribution</li> <li>and similar amounts</li> </ul>	ns, g s not	ifts, grants, included	1f	4,462,704				
Contributions, Gifts, Grants and Other Similar Amounts	١,	above Noncash contributio	ns in	cluded in		1,102,701				
nti d	-	lines 1a - 1f:\$		L	<b>1</b> g	477,076				
Contained	ŀ	<b>h Total.</b> Add lines :	1a-1	f	•	•	4,462,704			
						Business Code	61,051	61,051		
e	2a	PROGRAM SERVICE R	REVE	NUE		624200	61,051	61,051		
Program Service Revenue	b									
Pe-	ь									
vice	С									
Set	d									
ranı										
Prog	е									
_	f	All other program	serv	ice revenue.						
		<b>Total.</b> Add lines 2				61,051				
	<b>3</b> I	investment income imilar amounts) .		luding divide		nterest, and other	1,667,022			1,667,022
	<b>4</b> I	income from invest	men	t of tax-exen	npt bo	ond proceeds <b>&gt;</b>	0			
	5 F	Royalties	_			•	0			
				(i) Real		(ii) Personal	-			
		Gross rents	6a		9,998	3				
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c		9,998	3 (				
		Net rental income		(loss)	9,990		']   9,998			9,998
				(i) Securit	ies	(ii) Other				
	7a	<b>7a</b> Gross amount from sales of <b>7a</b> 26,377,10				3				
		assets other than inventory		,	,					
		Less: cost or other basis and	7b	25.7:	23,901					
		sales expenses		23,71						
	С	Gain or (loss)	7c	6	53,202	2				
	d	Net gain or (loss)	•				653,202			653,202
e	8a	Gross income from fu (not including \$	ındra	ising events of						
Other Revenue		contributions reported See Part IV, line 18			8a	0				
Re		Less: direct expen			8b	0	-			
her		Net income or (los			ng ev	ents 📂	0	,		
	9a	Gross income from	nami	ing activities						
		See Part IV, line 19			9a	0				
		Less: direct expen			9b	0	]			
	С	Net income or (los	s) fr	om gaming a	ctivit	ies \blacktriangleright	0			
	<b>10</b> a	Gross sales of inve								
	h	returns and allowa Less: cost of good			10a 10b	0	-			
		Net income or (los				_	J	,		
		Miscellaneo	us R			Business Code				
	11	<b>a</b> MANAGEMENT FE	ES			561000	58,065	42,363	15,702	
						00000	2 494			2.494
	b	MISCELLANEOUS	INC	OME		900099	2,484			2,484
	c									
	e e									
	d	All other revenue								
	е	Total. Add lines 1	1a-1	l1d	'	>	60,549			
	12	Total revenue. Se	ee ir	nstructions .			,		15 700	2 222 704
						-	6,914,526	103,414	15,702	2,332,706 Form <b>990</b> (2019)

Р	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar		_		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,932,962	5,932,962		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	177,527	62,134	71,011	44,382
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	467,787	307,448	155,661	4,678
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,871	16,728	10,455	2,688
9	Other employee benefits	69,357	38,840	24,275	6,242
10	Payroll taxes	46,122	25,828	16,143	4,151
11	Fees for services (non-employees):				
ā	Management	39,433	22,082	13,802	3,549
ŀ	Legal	9,602	5,377	3,361	864
c	Accounting	20,389	11,418	7,136	1,835
c	lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	246,620	138,107	86,317	22,196
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	13,743	7,696	4,810	1,237
13	Office expenses	35,856	20,079	12,550	3,227
14	Information technology	53,771	30,112	18,820	4,839
15	Royalties	0			
16	Occupancy	94,209	52,757	32,973	8,479
17	Travel	19,445	10,889	6,806	1,750
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	4,871	2,728	1,705	438
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	32,615	18,265	11,415	2,935
23	Insurance	28,948	16,211	10,132	2,605
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROGRAM EXPENSE	102,699	102,699		
	b MISCELLANEOUS	51,475	28,826	18,016	4,633
	c   d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	7,477,302	6,851,186	505,388	120,728
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Forn	990	(2019)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			511,222	1	1,920,012
	2	Savings and temporary cash investments .		[	0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			257,056	4	295,110
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	tor, or 35% controlled	0	5	0	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in se			0	6	0
S	7	Notes and loans receivable, net		[	0	7	0
ssets	8	Inventories for sale or use	[	0	8	0	
AS	9	Prepaid expenses and deferred charges		36,055	9	35,353	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,037,815			
	ь	Less: accumulated depreciation	10b	190,857	8,502,573	<b>10</b> c	5,846,958
	11	Investments—publicly traded securities .			44,706,260	11	49,469,341
	12	Investments—other securities. See Part IV, line	11 .		0	12	0
	13	Investments—program-related. See Part IV, line	11 .	. [	0	13	0
	14	Intangible assets		[	0	14	0
	15	Other assets. See Part IV, line 11		[	5,957,000	15	5,957,000
	16	Total assets. Add lines 1 through 15 (must eq	34)	59,970,166	16	63,523,774	
	17	Accounts payable and accrued expenses		27,658	17	31,648	
	18	Grants payable		116,666	18	133,250	
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0

21

23

24

25

26

27

28

29

30

31

32

33

Liabilities

**Fund Balances** 

Net Assets or

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

0

0 22

0 23

0

4,958,996

5,103,320

54,750,577

54,866,846

59,970,166

116,269

21

24

25

26

27

28

29

30

31

32

33

0

0

0

5,568,685

5.733.583

57,790,191

57,790,191

63,523,774 Form 990 (2019)

0

3a

3h

Nο

Form 990 (2019)

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

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.

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

**Software Version:** 

**EIN:** 84-1339670

Name: PIKES PEAK COMMUNITY FOUNDATION

Form 990 (2019)

#### Form 000 Port III Line 4

Form 990, Part III, Line 4a:

The Community Foundation makes it easy to create a charitable legacy through the creation of your own custom-designed philanthropic fund, and we connect people to the nonprofit sector in ways that inform and inspire their philanthropy and community involvement. Through hundreds of individual charitable funds, we distribute millions of dollars into our community each year. For those who wish to give back to their community, we serve as a long-term, strategic partner to make their donations of time and money more effective, impactful and eniovable.

Form 990, Part III, Line 4b: Community Impact

Form 990, Part III, Line 4c: Community Programs

efile GRAPHIC print - DO NOT PROCESS				CESS	As Filed Data -	DLN: 9	DLN: 93493307013110		
SCI		ULE A	Dul	alic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 990		Complete if	the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019 Open to Public
		the Treasury	► Go to <u>w</u>	ww.irs.	<i>gov/Form</i> 990 for i	nstructions and	the latest info	ormation.	Inspection
Nam	e of th	ne organiza COMMUNITY FO						Employer identific	ation number
								84-1339670	
Pa The o					<b>s</b> (All organization it is: (For lines 1 thro			see instructions.	
1			•		sociation of churches	•		(Δ)(i).	
2		·		•	.)(A)(ii). (Attach Sch			(~)(-)	
3					ice organization desc	,	, ,	iii)	
4		·			-			<i>).</i> L <b>70</b> (b)(1)(A)(iii). E	ntor the beenital's
7	Ш	name, city,		operate	a in conjunction with	a nospital descri	ped in <b>section</b> .	170(D)(1)(A)(III). E	nter the hospital's
5			ation operated for the ( <b>iv).</b> (Complete Part		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local governr	nent or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7			ation that normally re O(b)(1)(A)(vi). (Co			s support from a	governmental u	nit or from the gener	al public described in
8	<b>✓</b>	A communi	ty trust described in s	section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in <b>170(b)(1)</b> e instructions. Enter				ege or university or a
10		from activit investment	ies related to its éxer	npt fund d busine	tions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	is, membership fees, than 331/3% of its su sees acquired by the c	-
11		An organiza	ation organized and o	perated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ly supported organiz	ations d		09(a)(1) or se	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.	
а		organizatio		ularly a <sub>l</sub>				zation(s), typically by of the supporting orga	
b		manageme		organiza	tion vested in the sar			organization(s), by ha ge the supported orga	
С					upporting organizatio			nd functionally integra	ted with, its
d		Type III n	on-functionally into integrated. The orga	egrated Inization	. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req	
e		Check this	box if the organizatio	n receiv		ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiz			-			
g	Provi	de the follow	ing information abou	t the sup	oported organization(	s).		_	
	(i) N	lame of supp organizatior		EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Tota			tion Act Notice, see			Cat. No. 11285		Schedule A (Form 9	

Schedule A (Form 990 or 990-F7) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide			
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
		110 2013	Allibant for 2013	
1 Distributable amount for 2019 from Section C, line 6		116 2015	Allount for 2013	

details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

#### **Additional Data**

#### Software ID:

Software Version:

**EIN:** 84-1339670

Name: PIKES PEAK COMMUNITY FOUNDATION

Schedule A (F	Form 990 or 990-EZ) 2019	Page
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit instructions).	2; Part IV, Section C, line 1; ction B, line 1e; Part V

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493307013110

Cat. No. 52283D Schedule D (Form 990) 2019

2019

OMB No. 1545-0047

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

		101 mistructions and the latest milor			spection
<b>Na</b> PIK	me of the organization ES PEAK COMMUNITY FOUNDATION		Employer id	entification	number
			84-1339670		
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Y		r Accounts.		
		(a) Donor advised funds	(b) Fund	s and other	accounts
	Total number at end of year	152			101
2	Aggregate value of contributions to (during year)	2,621,974			867,432
:	Aggregate value of grants from (during year)	3,364,464			774,774
ļ	Aggregate value at end of year	3,610,605			13,980,633
;	Did the organization inform all donors and donor advis organization's property, subject to the organization's e	ors in writing that the assets held in donor adv xclusive legal control?	vised funds are 		Yes 🗌 No
5	Did the organization inform all grantees, donors, and c charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose o		rmissible	] Yes □ No
Pa	rt II Conservation Easements.  Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the orga	anization (check all that apply).			
	Preservation of land for public use (e.g., recreation		historically imp	ortant land	area
	Protection of natural habitat	Preservation of a co	ertified historic	structure	
	Preservation of open space		er cirred miscorre	- Stractare	
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in the for			
а	easement on the last day of the tax year.  Total number of conservation easements	I	2a Held a	at the End o	of the Year
a b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified histor	<u> </u>	2c		
d	Number of conservation easements included in (c) acqu	```	2d		
u	structure listed in the National Register	aned arter 7,23,000, and not on a materia	Zu		
3	Number of conservation easements modified, transferr tax year ▶	red, released, extinguished, or terminated by t	:he organization	n during the	
Ļ	Number of states where property subject to conservati	on easement is located <b>&gt;</b>			
;	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling c	of violations,	☐ Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	nservation eas		
•	<u> </u>				
•	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing conserv	ation easemen	its during the	e year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?		'0(h)(4)(B)(i)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th			and	
	the organization's accounting for conservation easeme	nts.			
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Y	es" on Form 990, Part IV, line 8.			
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research in fu			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:				
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$_		
(i	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		ncial gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$_		
h	Assets included in Form 990, Part X		<b>&gt;</b> \$		

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

Sche	edule D (Form 990)	2019												Page <b>2</b>
Par	t IIII Organiza	ations M	aintaining Colle	ections o	f Art, H	listori	cal Tr	reası	ures, o	Other	Similar <i>i</i>	Assets (	continued	)
3	Using the organiz items (check all t		uisition, accession,	, and other	records,	check a	any of	the fo	ollowing t	hat are a	significant	t use of its	collection	1
а	Public exhib	ition				d		Loan	or exch	ange prog	ırams			
b	Scholarly re	search				e		Othe	er					
С	☐ Preservatio	n for future	e generations											
4	Provide a descript Part XIII.	ion of the	organization's colle	ections and	explain h	how the	y furth	ner th	e organiz	zation's ex	kempt pur	pose in		
5	_ , ,	_	anization solicit or nds rather than to									☐ Ye	s 🗆	No
Pa		if the or	odial Arrangen ganization answe		" on For	m 990	, Part	IV, li	ine 9, o	r reporte	ed an amo	ount on F	orm 990	), Part
1a			t, trustee, custodia X?									☐ Ye	s 🗆	No
b	If "Yes." explain t	he arrange	ement in Part XIII a	and comple	ete the fo	llowina	table:					Amount		_
c	, ·	-		·		-				1c				
d										1d				
е	_	-	r							1e				
f		-								1f				
2-	•		an amount on For							ecount lin	.hili+v.2		s 🗆	
2a	_										•		5 ⊔	NO
b	If "Yes," explain t			Check here	e if the ex	(planati	on has	been	provide	d in Part )	KIII	. ⊔		
Pa	rt V Endown Complete		<b>us.</b> ganization answe	ered "Yes	" on For	m 990	. Part	IV. li	ine 10.					
	55111,6155			(a) Currer			rior yea			ears back	(d) Three	years back	(e) Four y	ears back
<b>1</b> a	Beginning of year b	alance .	[	9	,058,692		9,380	,252		8,192,944				
b	Contributions .			3	,946,375		518	3,213		954,715				
c	Net investment ear	nings, gair	ns, and losses	2	,523,832		-418	,953		1,172,943				
d	Grants or scholarsh	ips	. [											
е	Other expenditures and programs		es	1	,103,008		420	,820		940,350				
f	Administrative exp	enses .	[											
g	End of year balance	· .	[	14	,425,891		9,058	,692		9,380,252				_
2	Provide the estim Board designated	•	ntage of the currer	nt year end 00.000 %	l balance	(line 1g	g, colui	mn (a	ı)) held a	s:				_
b	Permanent endow	•												
_	Temporarily restri	*****	wment •											
С			, 2b, and 2c should	 d equal 100	1%									
3а			not in the possess			ion that	are h	eld ar	nd admin	istered for	r the		Yes	S No
	(i) unrelated orga	nizations										3	a(i)	No
	(ii) related organ	izations .										3a	ı(ii)	No
b	If "Yes" on 3a(ii),	are the re	lated organizations	s listed as r	equired c	on Sche	dule R	?.				. [:	3b	
4	Describe in Part X	III the inte	ended uses of the o	organizatio	n's endov	vment f	unds.							
Pa			and Equipmen					T) (						
			ganization answe		" on For (b) Cost						m 990, F lepreciation		ie 10. d) Book va	ılue
	Description of prop	er Ly	(investmen		(D) Cost	or other	DG315 (C	) (101)	(c) Acc	amuiateu u	epi eciation		a, book va	
1a	Land			4,323,000			92	22,000						5,245,000
b	Buildings			0			73	35,370			160,255	5		572,115
c	Leasehold improve	ments												
d	Equipment			0			1	8,054			15,045	5		3,009

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

42,391

26,834

5,846,958

15,557

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990, I	Part IV I	ine 11l	See Form 990 I	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book		(c) Metho	d of valuation: -year market value
		value			year market value
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, I	ine 110	c. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum.	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		•		
PaitIX	Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ne 11d	. See Form 990, Pa	
(1)WATER R	(a) Description				<b>(b)</b> Book value 5,957,000
(2)					
(3)					
(4)					
(5) 					
(6) 					
(7) ———					
(8) ————					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	5,957,000
1.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability	art IV, li	ne 11e	or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal	income taxes				0
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the s	raaniza	tion's financial state	5,568,685
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check $ $				_

Add lines 4a and 4b .

2

b

5

1

2

C

d

е 3

b

Part XIII

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

5,130,999 6,667,906

246,620

6,914,526

7,419,571

188,889

7,230,682

		4	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 246,620		

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

2a

2h

2c

2d

4b

2a 2b

2c

2d

4a

4b

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

Other (Describe in Part XIII.)

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

246,620 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

188,889

246,620

2e

3

4.972.545

158,454

4c 246,620 5 7,477,302

Schedule D (Form 990) 2019

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

## Software ID: Software Version:

**EIN:** 84-1339670

Name: PIKES PEAK COMMUNITY FOUNDATION

### Supplemental Information

Return Reference	Explanation
	Related Parties Certain board members are fund advisors of donor advised funds that are he ld with the Foundation. As of December 31, 2019 and 2018, the value of donor advised funds was \$8,170,005 and \$8,179,733, respectively. The Foundation leases office space from an e ntity owned by a board member. Rent expense under the lease was \$83,994 and \$82,488 during the years ended December 31, 2019 and 2018, respectively.

Supplemental Information	
Return Reference	Explanation
	Endowment assets were reclassified for the period ending December 31, 2019. These reclasse s are included in the following lines of Sch D Part V: Funds reclassified as endowment net assets Line B \$3,455,020 Funds reclassified as agency liability funds Line E \$(367,156) C

assets Line B \$3,455,020 Funds reclassified as agency liability funds Line E \$(367,156) C ontributions Line B \$491,355 Distributions Line E \$(735,852) Distributions Line E \$(735,852) Endowment net assets, December 31, 2019 \$14,425,891

Supplemental Information	
Return Reference	Explanation
	The Foundation is a nonprofit corporation which is exempt from income tax under Section 50 1(c)(3) of the Internal Revenue Code. In addition, the Foundation qualifies for the Charit able Contribution deduction. The Foundation believes that it does not have any uncertain t ax positions that are material to the financial statements.

S

pplemental Information	
Return Reference	Explanation
h D Part XII line 2d	Revenue and other adjustments reported on related entity Form 990

Sur

oplemental Information	
Return Reference	Explanation
n D Part XII line 2d	Expenses and other adjustments reported on related entity Form 990

Sur

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493307013110

Open to Public

Inspection

Internal Revenue Service  Name of the organization						Employer identific	a biana annua ban
PIKES PEAK COMMUNITY FOUNDATION						84-1339670	ation number
Part I General Inform	ation on Grants	and Assistance				011333070	
1 Does the organization mai						ce, and	
the selection criteria used							☑ Yes 🗌 No
<ul><li>Describe in Part IV the org</li><li>Part II Grants and Other</li></ul>	·	<u> </u>			rganization answered "Yes	s" on Form 990, Part IV, line	21. for any recipient
that received more	than \$5,000. Part II	can be duplicated if add	ditional space is needed.	The complete in the c	r		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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect	ion 501(c)(3) and g	vernment organizations	s listed in the line 1 table				126
3 Enter total number of other	er organizations liste	d in the line 1 table .	<u></u>	<u> </u>		<u> ▶ </u>	25

(Form 990)

Department of the

Treasury

Part III Grants and Other As Part III can be duplica	sistance to	Domestic Individual	<b>luals.</b> Complete if the org	ganizatio	n answered "Yes"	on For	m 990, Part IV, line 22.		
(a) Type of grant or assistan	nce	(b) Number recipients	of <b>(c)</b> Amou		(d) Amour noncash assis		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
	Informati	 <b>on.</b> Provide the i	 nformation required in	Part I,	line 2; Part III,	l , colum	nn (b); and any other	 additio	nal information.
Return Reference	Explanation	on							
Schedule I Part II Line 1H	the non-pro on file. If the is charitable certify that that the gra funds were	ofit is contacted and ne request is for oth a and the grantee is your organization i ant is fully tax dedu used.	I requested to fax, email ner than general operating sable to perform the proj s currently recognized by ctible. For grants over \$7	or mail to g support posed act the IRS 7,500, gra	ne 501(c)(3) to the first tendency of	he Four ogram o wards a ublic ch ailed w	ndation office. Requests officer will make contact we re mailed with a grant agarity or a qualified tax exith a grant agreement when the state of the read that a grant agreement when the state of the read that a grant agreement when the state of the read that a grant agreement when the state of the read that a grant agreement when the read that agreement when th	annot m vith the reemen empt or nich inclu	). If it is a new organization to the Foundation, nove through the process without the 501(c)(3) non-profit organization to ensure the program it that states by accepting this check, you reganization such as a school or a church, and udes a mandatory annual report on how the ated to the Gamechanger Fund Alzheimer's
	Chapter-Ge Network of AmericaPi of the Pikes excursion C desginated Recreation, I-25 sign co Support Co Region-Yea Rescue Inc- Foundation Office of the Performing designated Goodwill Fo Research al continued s Empty Stoc Green Mour Anglican CH General Sul Colorado-fo MAC Endow General Sul Support Na Support Na Support Not testing and Hospice Fot designated Society Pike Institute-Ge designated Society Pike Institute-Ge designated Cohort serv 314167 The Vista-design UCCS Press General Sul Colorado Co USA Shooti	neral Support Atlas Colorado- for 2019 ikes Peak Council-Gistes Peak Region, Inc is Peak Region of annuand Cultural Service of support of annuand Cultural Service of 2018/19 End General Support Cope Pikes Peak Region Arts-President's Cifor Building for the undation of Souther of Cope Colore Pikes Peak Region Arts-President's Cifor Building for the undation of Souther of Cope Colore Pikes Peak Region Arts-President's Cifor Building for the undation of Souther of Cope Colorado Springs in Fund General Support International proport International proport International proport MotorMVB Fotional Jewish Healther Junior College-Giagnostic equipment for 2020 Quality of the Motor College-Giagnostic equipment Fund McAllist proport Motor McAllist proport McAllist proport McAllist proport McAllist proport McAllist proport Motor McAllist proport McAllist	Preparatory School-matipilot collaboration w/ The preparatory School-matipilot collaboration w/ The preparation of Cardiac 8 General Support Catamo-General Support Cheyen all roast Children's Literates-support construction apic City USA City of Colc Quad Innovation Partners ownent Cohort services colorado Springs Philharm ado Springs World Affairs 1-2019 grant suport for Precle Desert Caballeros We Future of His Church Dis rn & Western Colorado-General Support First Cong Hope according to the all Support Girls Only Ministita Park Volunteer Fire Drogen Humane Society of the Justice Mission-General State Humane Society Sk-12 programs Juvenile for Humane Society Found and ation, IncGeneral State House Museum Found undation, IncGeneral State House Fire Found and Fire Indicators report Piker-General Support of Illumination of Rotary pantry Shared Hope Intel Support StableStrides-Gul Support The Home From Poort The Ressource Exchala Vista Skating Rink Trails of Tuelblo County, IncGeneral States Olympic of Pueblo County, IncGeneral Support Stables Olympic of Pueblo County of Pueblo Co	ching grae e Indeped Thoracion unt Institute of the Pilitrado Sprinip-2019 Colorado onic-to per Councilie eak Arts estern Mucover Goeneral Siregations proved ry DBA Jepartmer e Pikes F. Support I Diabetes ation-Geignport Mi Taylor a Blackford ons Ever es Peak sance Ch International eneral Siregand Open and Paraneral Surge-desis and Open and Paraneral Surge I Scholar Support Support Scholar Scholar Support Scholar Scholar Support Scholar Schol	ant for new school ndence Center Bet Surgery Association and Confor suppresentation Zoo-for suppresentation Zoo-for suppresentation Zoo-for suppresentation Zoo-for suppresentation and Committed School for the Derovide access for General Support Prize Del E. Webl seum-Cowgirl Upodwill Foundation upport Ecumenical Church-General Support Between Committed Centeral Support Mist. General Support Mist. Carmel Veterand William Woods and Woods and Committed Way-designated for Early en Space Coalitio lympic Museum-Support University of Ship Fund University of Ship Fund University Oport University of Ship Fund University Oport Westside Cares-Cowen Support Westside Cares-Cowen Support Westside Cares-Cowen Support Westside Cares-Cowen Support Westside Cares-Committed Way-designated for Early en Space Coalitio lympic Museum-Support University of Ship Fund Universit	I constructed I	ruction Atlas Preparatory nurch-General Support Binerat Valve Therapy Traing expenses Catamount In the 2019 Zoo Ball Cheyen: Presbyterian Church-General Support Bineral Support Bineral Support Prise Development Project Prise Development Project Blind-desginated for accountaged individuals to attended to the Performing Artset Caballeros Western Mustrhern & Western Colorad I Ministries-desginated for the First Presbyterian Churtering Hope Foundation-General Support Interfaith Hospitality ort Joseph Prince Ministries Peak Hospitality ort Joseph Prince Ministries Peak Hospitality ord Support Love a Chedical Clinic-General Support Love a Chedical Clinic-General Support Fund Newborn Hopek Vista Community Health Zay House Pikes Peak Hospice Founfor Colorado Springs Pronfor the Judy B. & Donald Illustion Army: Colorado Springs Pronfor the Judy B. & Donald Illustion Army: Colorado Springs Pronfor the Judy B. & Donald Illustion Army: Training Group of Mental Health expansion Support Training Group designated for endowment ado Colorado Springs-Challor Challor Challor Challor Challor Challor Challor Challor Challor	School-Sg Brother ining pro- ining School Sgrings collaborate Color ining School Sgrings collaborate Color ining School Sgrings condesignate condes	er relief efforts American Red Cross - Pikes Peak Scholarship Program Audio Information ers Big Sisters-General Support Boy Scouts of orgam Care and Share-General Support CASA for Inside Out Youth Services camping intain Zoo-General Support Cheyenne Village-upport City of Colorado Springs: Parks, s-desginated for contractor expenses related to orative City of Colorado Springs-General rado Nonprofit Association of the Pikes Peak olayground construction Colorado Springs Food Philharmonic Colorado Springs Utilities port Concrete Couch-General Support Cultural finagination Del E. Webb Center for the eneral Support Diocese of Colorado Springs-nated for the 2019 Raise the Paddle Discover rt of RV Initiative Fins Attached Marine eral Support Fostering Hope Foundation-for Support Gazette Charities-El Pomar Foundation ing Community category Give!-General Support ted to support the AVID Program Holy Trinity rk DBA Family Promise of Colorado Springs-ral Support Junior Achievement of Southern-General Support Manitou Art Center-for the nument Community Presbyterian Churchard Seed Ranch - Corporate Office-General Support Opera Theatre of the Rockies-General Support Opera Theatre Opera T

#### **Additional Data**

915 KRCC

912 N Weber St

1635 Old Ranch Rd Colorado Springs, CO 80908

Colorado Springs, CO 80903 Academy Christian Church

Software ID: **Software Version:** 

84-0402510

74-2304842

**EIN:** 84-1339670

Name: PIKES PEAK COMMUNITY FOUNDATION

6,000

10,000

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	
-						_

(a) Name and address of	(0)	(c) Inc section	(a) Amount of cash	(C) Amount of non	(1) Mechod of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	l

(a) Name and address of (b) FIN

501c-3

church

(d) Amount of cash (e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

See Part IV

non-cash assistance or assistance

See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Alzheimer's Association-84-0908354 501c-3 10.000 See Part IV Colorado Chapter 2315 Bott Ave Colorado Springs, CO 80904 American Red Cross - Pikes 53-0196605 501c-3 100.000 See Part IV Peak Chapter

1040 S 8th Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government American Red Cross - Pikes 53-0196605 501c-3 25.000 See Part IV Peak Chapter 1040 S 8th Street

Colorado Springs, CO 80905

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80916

Atlas Preparatory School 26-2055229 school 150.000 See Part IV 1602 S Murray Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Atlas Preparatory School 26-2055229 school 100.000 See Part IV 1602 S Murray Blvd

Colorado Springs, CO 80916 Audio Information Network of 84-1147123 501c-3 15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boulder, CO 80301

See Part IV Colorado 1700 55th St Ste A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Dathal Church 04 1514027 ا مامد، ، مام e 4001 See Part IV

933 College View Dr Redding, CA 96003	94-1514037	church	6,400		See Part IV
Big Brothers Big Sisters	23-7161796	501c-3	6,250		See Part IV

Big Brothers Big Sisters 23-7161796 111 South Teion Ste 302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Boy Scouts of America--Pikes 84-0404226 501c-3 25.000l See Part IV

Cardiac & Thoracic Surgery	91-1652179	50163	70.050		Soc Part IV
Peak Council 985 W Fillmore St Colorado Springs, CO 809075809			·		

Cardiac & Thoracic Surgery 81-16521/8 501c3| 79,0501 |See Part IV Associates 2222 N Nevada Ave Ste 5011

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government . . 04 4000005 E04 3 24 000

2605 Preamble Point Colorado Springs, CO 80915	84-1093905	50103	31,088		See Part IV
CASA of the Pikes Peak Region	84-0731930	501c-3	30,500		See Part IV

ınc 418 S Weber St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1115548 501c-3 30.200 See Part IV Catamount Institute 740 West Caramillo St

Colorado Springs, CO 80907

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80907

Catamount Institute 86-1151502 501c-3 30,000 See Part IV 740 West Caramillo St.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 86-1151502 501c-3 6.000 See Part IV Catamount Institute 740 West Caramillo St Colorado Springs, CO 80907

Chevenne Mountain Zoo 86-1151502 501c-3 12.700 See Part IV 4250 Chevenne Mountain Zoo

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 04 0407000 E04 40 000 D 1 T) /

Chevenne Village	84-6051921	501c-3	20,000		See Part IV	
4250 Cheyenne Mountain Zoo Rd Colorado Springs, CO 80906	04 040/033	3610 3	10,000		See Fait IV	
Chevenne Mountain Zoo	84-0407039 I	501C-3	10,000		iSee Part IV	

Cheyenne Village 84-6051921 6275 Lehman Dr Bldg C

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Children's Literacy Center 46-3189741 501c-3 9.500 See Part IV 2928 Straus Lane Suite 100

Colorado Springs, CO 80907

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tucson, AZ 85710

Christ Presbyterian Church 84-1209272 church 7.500 See Part IV 6565 E Broadway Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government City of Coloured a Continue 06 6053060 41.04 EO OOOI See Part IV

PO Box 1575 MC 225	86-6032069	govi	50,000		See Part IV
Colorado Springs, CO 80901					
City of Colorado Springs	84-6000573	gov't	151,000		See Part IV

PO Box 1575 MC 225 Colorado Springs, CO 80901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government City of Colorado Springs 84-6000573 6,318 See Part IV gov't

PO Box 1575 MC 225 Colorado Springs, CO 80901					
City of Colorado Springs Parks Recreation and C	84-6000573	gov't	1,870,957		See Part IV

1401 Recreation Way Colorado Springs, CO 80905

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Colorado College for Quad 84-6000555 school 25.000 See Part IV Innovation Partnership 84-0402510 501c-3 13.300 See Part IV

14 F Cashe la Poudre St. Colorado Spring, CO 80903 Colorado Nonprofit Association of the Pikes Peak R

723 N Weber St Ste 200 Colorado Spring, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Colorado School for the Deaf 20-2659477 school 6.500 See Part IV and Blind 33 N Institute St

Colorado Springs, CO 80903 Colorado Springs Food Rescue 84-0644739 501c-3 15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80903

See Part IV Inc 917 E Moreno Ave Ste 130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Colorado Springs Philharmonic 45-3006089 501c-3 6.100 See Part IV P O Box 1266

Colorado Springs, CO 80901 Colorado Springs Utilities 74-3091110 501c-3 20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80903

See Part IV Foundation PO Box 1103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Colorado Springs World Affairs 20-8643063 501c-3 8.0001 See Part IV Council

PO Box 608 Colorado Springs, CO 80901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80921

Compassion International 74-2144723 501c-3 200.000 See Part IV 12290 Voyager Pkwy

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-2423707 501c-3 20.778 See Part IV Concrete Couch 214 E Vermijo Ave 500 Colorado Springs, CO 80903

See Part IV

18.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

Cultural Office of the Pikes Peak Region

Colorado Springs, CO 80901

PO Box 190

27-3365618

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 04 3373043 -04 44 200 D 1 T) /

Del E Webb Center for the	86-0873249	501c-3	10,000		See Part IV
Performing Arts 2001 W Wickenburg Way Ste 3 Ste 100 Wickenburg, AZ 85390	04-33/2942	501c-3	11,300		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Desert Caballeros Western Museum 21 N Frontier St Wickenburg, AZ 85390	86-0873249	501c-3	12,000		See Part IV
Desert Caballeros Western	86-0204201	501c-3	27,000		See Part IV

Museum 21 N Frontier St Suite 302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Wickenburg, AZ 85390

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Diocess of Colorado Enrings 86-0204201 church 11 0001 See Part IV art IV

228 N Cascade Ave Colorado Springs, CO 80903	80-0204201	church	11,000		See Part
Discover Goodwill Foundation of Southern & Western	84-0936629	501c-3	8,500		See Part

1460 Garden of the Gods Road Colorado Springs, CO 80907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Discover Goodwill Foundation 84-1488592 501c-3 5.600 See Part IV

of Southern & Western 1460 Garden of the Gods Road Colorado Springs, CO 80907

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80903

**Ecumenical Social Ministries** 26-1991807 church 10.000 See Part IV 201 N Weber St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Fins Attached Marine Research 84-0890978 501c-3 9.960 See Part IV and Conservation 19675 Still Glen Dr.

See Part IV

Colorado Springs, CO 80908

13.900

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

church

First Congregational Church

20 E Saint Vrain St Colorado Springs, CO 80903 27-3567356

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government C74 4E0 D 1 T) /

Fostering Hope Foundation	84-0416230	501c-3	60,000		See Part IV	
219 E Bijou St Suite M113 Colorado Springs, CO 80903						
First Presbyterian Church	84-04055/2	church	6/1,450		See Part IV	

111 S Tejon St Ste 112 Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Fostering Hope Foundation 26-1991807 501c-3 58.866 See Part IV 111 S Tejon St Ste 112 Colorado Springs, CO 80903

Gazette Charities-El Pomar 26-1991807 501c-3 50.500 See Part IV Foundation Empty Stocki

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

30 E Pikes Peak Ave Ste 100 Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1526179 501c-3 11.922 See Part IV Girls Only Ministry DBA Justice61

Dustice61
PO Box 26
Brighton, CO 80601

Give 84-1502211 501c-3 6.500

See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

235 S Nevada Avenue Colorado Springs, CO 80903

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 81-2029897 501c-3 8,000 See Part IV Give

235 S Nevada Avenue Colorado Springs, CO 80903					
Green Mountain Falls and Chipita Park Volunteer Fi 10380 Ute Pass Ave Green Mountain Falls. CO	81-2029897	501c-3	35,228		See Part IV

80819

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 95-3313195 school 17.000l See Part IV Harrison School District 1060 Harrison Rd Colorado Springs, CO 80905

See Part IV

36,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

church

Holy Trinity Anglican Church

13990 Gleneagle Dr Colorado Springs, CO 80921 84-0816047

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0953833 501c-3 24.438 See Part IV Humane Society of the Pikes Peak Region 46-0968566 501c-3 25.000 See Part IV

610 Abbott Ln Colorado Springs, CO 80905 Interfaith Hospitality Network DBA Family Promise

519 N Teion St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-1689022 501c-3 8.200 See Part IV International Justice Mission

PO Box 96961 Washington, DC 200906961

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Redding, CA 960493995

Iris Global 54-1722887 501c-3 11.400 See Part IV PO Box 493995

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 33-0648658 501c-3 6.400 See Part IV Joseph Prince Ministries

PO Box 2115 Fort Mill, SC 29716 Junior Achievement of 20-8090240 501c-3 10.000 See Part IV Southern Colorado

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

611 N Weber Street Ste 201 Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Juvenile Diabetes Research 84-0430495 501c-3 15.000l See Part IV Foundation 2727 Bryant St Ste 380 Denver, CO 80211

See Part IV

6.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

37-1654590

Love a Child Inc

Fort Meyers, FL 339066063

PO Box 60063 Ste 807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-2672303 501c-3 25.000 See Part IV Manitou Art Center 513 Manitou Ave

Manitou Springs, CO 80829 McAllister House Museum 41-6011702 501c-3 11.500 See Part IV Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

423 N Cascade Ave Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 91-1148123 501c-3 10.000 See Part IV Mission Medical Clinic 2125 E LaSalle

Box C-11 Colorado Springs, CO 80909 68-0506812 church 5.200 Monument Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

See Part IV Presbyterian Church 238 3rd St Monument, CO 80132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-6393377 501c-3 40.000 See Part IV MotorMVB Foundation Inc 10880 Wilshire Blvd Ste 1101

Los Angeles, CA 90024 Mt Carmel Veterans Service 81-4642035 501c-3 10.000 Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

See Part IV 530 Communication Circle Colorado Springs, CO 80905

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Soo Bart IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

Mustard Sood Banch -

1400 Jackson St Suite M113 Denver, CO 80206 91\_1652179

National Jewish Health	91-2145872	501c-3	7,100		See Part IV
Corporate Office PO Box 956 Ste 1280 San Juan Capistrano, CA 92693	01 2002270	3020 0	,		533 (314.1)
Mustard Seed Ranch -	01-10321/0	] 5010-3	12,000		Joee Part IV

12 8001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Newborn Hope 74-2044647 501c-3 8.646 See Part IV PO Box 2515

Colorado Springs, CO 80901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80933

Opera Theatre of the Rockies 84-1093905 501c-3 45.250 See Part IV PO Box 8110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Otero Junior College 20-2793024 school 7.100 See Part IV

1802 Colorado Ave La Junta, CO 81050					
Peak Vista Community Health	84-1467174	501c-3	6,700		See Pa

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80917

Part IV Centers 3205 N Academy Blvd Ste 130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Penrose-St Francis Foundation 84-0902211 501c-3 10.000 See Part IV 2222 N Nevada Ave Colorado Springs, CO 80907

Pikes Peak Habitat for 84-0902211 501c-3 7.500 See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Humanity 2802 N Prospect St

Colorado Springs, CO 80907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Pikes Peak Hospice Foundation	35-1640064	501c-3	45,451		See Part IV
2550 Tenderfoot HIII Street					İ
Ste 200					İ
Colorado Springs, CO 80906					1

7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

Pikes Peak Hospice Foundation

2550 Tenderfoot HIII Street Colorado Springs, CO 80906 84-1453050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 84-1453050 501c-3 29.200 See Part IV Pikes Peak United Wav 518 North Nevada Ave Colorado Springs, CO 80903

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

Pikes Peak United Way

518 North Nevada Ave Colorado Springs, CO 80903 84-0511799

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 84-0511799 501c-3 10.000 See Part IV Pikes Peak United Wav

518 North Nevada Ave Colorado Springs, CO 80903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80903

Pikes Peak United Way 84-0511799 501c-3 10.000 See Part IV 518 North Nevada Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Danaissanas Charitable 04 0404353 E01 - 2 40.200 ICaa Dart IV

Foundation Inc	84-0404253	5010-3	19,209		See Part IV
8910 Purdue Rd Ste 555 Indianapolis, IN 46268					
Rocky Mountain Field Institute	35-2129262	501c-3	6.000		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

815 S 25th St Ste 101 Colorado Springs, CO 80904

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Rotary Foundation of Rotary 74-2225140 501c-3 105 0001 See Part IV

Salvation Army Colorado	26 2245072	F01- 3	F 350		Con Doub TV
International 14280 Collections Center Dr Ste 3 Chicago, IL 60693					
Trotally Foundation of Rotally	/ / 22231 10	]	103,000		Joec raite IV

Salvation Army Colorado 36-32450/2 501c-31 5,2501 |See Part IV Springs Corp 910 Yuma Street

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80909

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 94-1156347 501c-3 7.000 See Part IV SECOR dba SECORCares

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

17151 Pine Ln
Parker, CO 80134
Shared Hope International

PO Box 65337 Vancouver, WA 98665 20-4226894

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Soli Deo Gloria Choir 94-6069890 501c-3 17.315 See Part IV PO Box 7733

Colorado Springs, CO 80933

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80903

Springs Rescue Mission 84-0746803 501c-3 5.488 See Part IV 5 W Las Vegas Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government St Paul's Catholic Church 84-1340824 church 6.000 See Part IV 9 El Pomar Rd Colorado Springs, CO 80906

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

74-2232440

StableStrides

13620 Hallelujah Trail Elbert, CO 80106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Standing Stone Ministries	74-2232440	501c-3	7,000		See Part IV
270 Baker St Suite 100			·		
Costa Mesa, CA 92626					

55.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

Stewardship Counsel

121 S Teion St Ste 900 Colorado Springs, CO 80903 45-5319818

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TESSA 81-4763230 501c-3 27.050 See Part IV 435 Gold Pass Heights Colorado Springs, CO 80906

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Springs, CO 80909

The Home Front Cares Inc. 84-0746803 501c-3 20,325 See Part IV 1120 N Circle Drive Ste 230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1052916 501c-3 17.000l See Part IV The Ohio State University Foundation 1480 W Lane Ave

The Place 31-1145986 501c-3 11.000 See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

423 E Cucharras St Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government The Resource Exchange 84-1549702 501c-3 10.000 See Part IV 6385 Corporate Drive Ste 301 Colorado Springs, CO 80919

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Thrive Network 84-0532684 501c-3 80.000 225 N Weber St

Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Town of Buena Vista 84-0731930 501c-3 6.466 See Part IV

PO Box 2002
Buena Vista, CO 81211

Trails and Open Space 84-1156471 501c-3 10,250
Coalition See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

702 E Boulder St Ste 200 Colorado Springs, CO 80903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Training Ground 84-1156471 501c-3 10.000 See Part IV PO Box 49595

Colorado Springs, CO 80949

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Monument, CO 80132

Tri Lakes Cares 20-8093114 501c-3 6.000 See Part IV PO Box 1301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LICCO D 74 3504356 E04 0 7 000

1420 Austin Bluffs Parkway Colorado Springs, CO 80918	74-2501356	501C-3	7,000		See Part IV
United States Olympic and Paralympic Museum	20-1958972	501c-3	11,000		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 681

Colorado Springs, CO 80901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) United States Olympic and 46-3189741 501c-3 10.000 See Part IV Paralympic Museum

PO Box 681 Suite 110 Colorado Springs, CO 80901					
United Way of Pueblo County Inc 310 F Abriendo Ave Ste 300	46-3189741	501c-3	7,740		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Suite 211 Pueblo, CO 81004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of Colorado 84-0404917 501c-3 10.000 See Part IV Colorado Springs 1420 Austin Bluffs Parkway Colorado Springs, CO 80918

University of Colorado 84-6049811 501c-3 60.000 See Part IV Colorado Springs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1420 Austin Bluffs Parkway Colorado Springs, CO 80918

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of Northern 84-6000555 501c-3 7.450 See Part IV Colorado 501 20th Street

Greeley, CO 80639 UpaDowna 84-6000546 501c-3 8.124 See Part IV PO Box 309

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Suite 3

Colorado Springs, CO 80901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Part IV

USA Shooting 1 Olympic Plaza Colorado Springs, CO 80909	46-4226815	501c-3	10,000		See Part IV
Veteran's PATH	84-1263863	501c-3	250,000		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 1408

San Rafael, CA 949151408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Washaida Causa 00 0471760 E01 - 2 20 0001 See Part IV

westside Cares 2808 W Colorado Ave Colorado Springs, CO 809042444	88-04/1/68	5010-3	30,000		See Part IV
Woodmen Valley Chapel	47-3428438	501c-3	6.263		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Woodmen Valley Chapel 290 E Woodmen Road

Colorado Springs, CO 80919

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Wycliffe Bible Translators 84-0996424 501c-3 7.200 See Part IV PO Box 628200 Orlando, FL 32862

35.750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c-3

YMCA of the Pikes Peak Region

316 North Tejon St Colorado Springs, CO 80903 95-1831097

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49330	7013	110
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa nization answ	ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	20		)
D	to the Towns		▶ Attach	to Form 990. instructions and the latest inform		Openi		
•	tment of the Treasury al Revenue Service	P Go to <u>www.ms.gov</u>	77 07111990 101	mistractions and the latest miori	nation.		ectio	
	me of the organiza				Employer identifica	tion nu	ımber	
					84-1339670			
Pa	rt I Questi	ons Regarding Compensat	ion				I	
<b>1</b> a				the following to or for a person lister			Yes	No
		,	II to provide air	,				
		or charter travel companions	H	Housing allowance or residence for payments for business use of person	•			
		☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees						
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)							
	T6 6 +1 1	1: 4	Li	£-11				
b				follow a written policy regarding pay: ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all		2		
	airectors, truste	es, officers, including the CEO/EX	recutive Director	r, regarding the items checked on Lir	ne la?			
3				d to establish the compensation of the check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee		Written employment contract				
		Independent compensation consultant  Whiteh employment contract  Compensation survey or study						
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-conti	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	ir res to any c	or lines 4a-c, list the persons and	provide the app	nicable amounts for each item in Part	. III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
_	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section on the net earnings of:		the organization pay or accrue any				
a	-	1?				6a		No
b	,	anization?				6b		No_
7	· ·	·	A, line 1a. did I	the organization provide any nonfixed	d			
-	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa	rt III		7	Yes	
8	subject to the ir	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				N.c.
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII.

nstructions, on row (ii). In Mote. The sum of column	ond s (B)	ot list any individuals that (i)-(iii) for each listed ind	: are not listed on Form 9 <sup>.</sup> dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Gary Butterworth CEO	(i)	168,853	5,074	3,600	8,969	18,628	205,124	
	(ii)							
							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019	J (Form 990) 2019							
Part III Supplemental Inform								
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation							
Schedule J Part I Line 7	Small holiday bonus							
	Schedule 1 (Form 990) 2019							

efile GRAPHI	print - DO N	OT PROCES	S As F	iled Data -					DL	.N: 93	4933	0701	3110
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			01	MB No.	1545-	0047
(Form 990 or 990	-EZ) ► Comple	ete if the orga	anization a	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	25a, 2	25b, 26	5,	20	10	<b>a</b>
		27, 28a,		8c, or Form 99 ch to Form 99			40b.				20	<b>1</b> .	<u> </u>
Department of the Trea		Go to <u>www.ii</u>	rs.gov/Foi	<u>m990</u> for inst	ructions and	the latest in	forma	tion.		9	Open t	o Pu ectio	
Name of the org							Er	mplo	yer ide	entifica	ation n		
PIKES PEAK COMM	JNITY FOUNDATION							1-133	0670				
Part I Exce	ss Benefit Tra	nsactions (	section 501	(c)(3), section	501(c)(4), and	d section 501(c				s only	).		
Comp	ete if the organiz	ation answere	d "Yes" on	Form 990, Part	IV, line 25a oi	r 25b, or Form	990-E	Z, Pa	rt V, lii	ne 40b	. ,		
1 (a	) Name of disqua	lified person	(b)	Relationship be	etween disqua organization	lified person ar	nd		escript ansacti				ected?
					or garmzacion					-	Ye	es	No
							_						
2 Enter the ar	nount of tax incu	rred by the ord	ganization r	managers or dis	gualified perso	ons durina the	vear ı	under	section				
4958			·			_	•			\$			
3 Enter the ar	nount of tax, if a	ny, on line 2, a	above, reim	bursed by the c	organization .		•	•		\$			
Con repo	ans to and/or applete if the organ orted an amount	nization answe on Form 990, I	ered "Yes" o Part X, line	n Form 990-EZ 5, 6, or 22	· ·	,							
(a) Name of interested person	<b>(b)</b> Relationship with organization			to or from the inization?	(e) Original principal amount	(f) Balance due		) In ault?	Appro boa	<b>h)</b> ved by rd or nittee?		(i) Written agreement?	
			То	From	1		Yes	No	Yes	No	Yes	N	No.
					-						$\vdash$		
Total .					<b>\$</b>								
Part III Gra	<b>nts or Assista</b> iplete if the org	nce Benefit	ting Inter	ested Perso	ns.	line 27							
(a) Name of inter		<b>b)</b> Relationship		(c) Amount		(d) Type	of assi	istano	e T	(e) Pu	rpose o	f assis	tance
(-,		terested perso organizat	n and the	(3,1		(=, -, -, -, -				(-)			
						1							
						+							
						†			-+				
						+							

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sr organiz reven	f :ation's
				Yes	No
(1) Chris Jenkins	Board Member	170,258	Future minimum lease payments		No

Part V	Supplemental Information				
	Provide additional information for	reconnece to questions on	Schedule I. (see instructi	one)	

Provide additional information for responses to questions on Schedule L (see instructions).

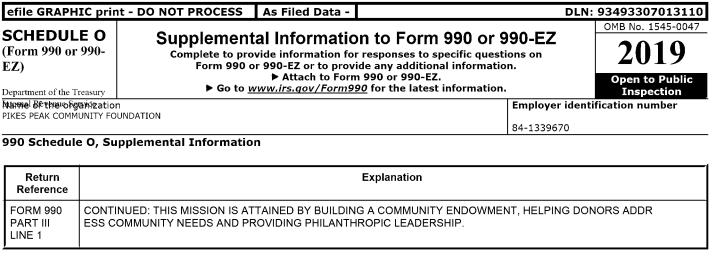
Return Reference Explanation The Organization entered into a 5 year lease agreement with Alamo No 1 LLC in December of which Chris

Sch L. Jenkins and David Jenkins owns a partial interest in. Chris Jenkins was voted in as a board member in

December 2016 for the 2017 board. In September of 2016, David and Carolyn Jenkins contributed \$9 million linto a donor advised fund, in which Chris is listed as a fund advisor. The total future minimum lease

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493307013110 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** PIKES PEAK COMMUNITY FOUNDATION 84-1339670 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 468,022 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>						
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization						
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
	Schedule M (Form 990) (2019)						



emed accurate and complete, we then submit the 990 to the IRS.

Return

	Reference	
F	orm 990	Business Relationship Form 990 Part VI Section B Line 11 The staff works with our independ
F	Part VI	ent accounting firm to review the accuracy and completeness of the 990. When the document
18	Section A	is in final draft, the full board of the Pikes Peak Community Foundation reviews the 990 d
L	ine 2	ocument and asks questions to ensure completeness and accuracy. Once all information is de

Explanation

Return Reference	Explanation
Form 990 Part VI Section B Line 15	The performance evaluation of the CEO is a two-part process - a formative assessment that occurs all year and a summative assessment that occurs at year end. The formative assessment no cours as no less than monthly meetings between the CEO and the Board Chair. These meet ings are a chance to talk over current projects, recent achievements, and upcoming events or projects. During the meetings, the Board Chair takes notes on the progress of the CEO toward meeting the organization's goals as outlined in the annual workplan and overall strategic plan. The summative assessment begins at the start of the fourth quarter of the cale ndar year. The Performance Review Committee (PRC), appointed annually by the Board Chair, requests the CEO compose a self-evaluation to include: performance against job competencies, goal achievement summary, a list of any additional accomplishments, and an initial draft of the ensuing year's goals. At the same time, the PRC collects additional information and feedback from board members, key volunteers, and staff as appropriate. After reviewing the CEO's self-evaluation, the PRC meets to draft its comments/feedback. The PRC then meet swith the CEO to discuss the performance review and finalizes the annual evaluation. The Board Chair then presents a brief performance review summary to the Executive Committee in Executive Session. Approval is needed from the Executive Committee for the ensuing year's annual goals. The Executive Committee may discuss/recommend a change to the CEO's compensation at this time for subsequent board approval. At its Annual Meeting in Executive Session, the Board Chair provides a brief performance review summary for the entire board. The Board Chair may, at this time, recommend a compensation change for the CEO. The Board Chair also presents the list of proposed goals for the ensuing year. Board members discuss and come to consensus on goals and compensation adjustments, if any. The Board adjourns from Executive Session and votes to approve the performance review,

Return Explanation
Reference

Line 19

Form 990 All documents available at the Organization's office.

Part VI
Section C

Return Explanation

Reference	p
Form 990	Change in value of split interest agreement: \$(116,255) Net asset reclassification between
Part XI line 9	consolidated group: \$1,252,831 Impairment Loss \$(2,623,000)

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493307013110

Open to Public Inspection

**Employer identification number** Name of the organization PIKES PEAK COMMUNITY FOUNDATION 84-1339670 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) Hunt or Gather LLC EDUCATION AND CO 0 PPCF 730 N Nevada Ave Colorado Springs, CO 80903 (2) Venetucci Ranch LLC **EDUCATION AND** CO 10,085,541 PPCF 730 N Nevada Ave Colorado Springs, CO 80903 (3) Venetucci Village LLC REAL ESTATE CO 1,001,551 PPCF 730 N Nevada Ave Colorado Springs, CO 80903 (4) 730 N Nevada Ave LLC RE HOLDING CO 518,174 PPCF 730 N Nevada Ave Colorado Springs, CO 80903 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (f) **(g)** Section 512(b) (e) Public charity status Name, address, and EIN of related organization Legal domicile (state Direct controlling Primary activity Exempt Code section (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) PIKES PEAK REAL ESTATE FOUNDATION See Part VII CO 501(c)(3) See Pt VII See Part VII Yes 730 N NEVADA AVE COLORADO SPRINGS, CO 80903 20-3455353 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	

Schedule R (Form 990) 2019				Р	age <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered	'Yes" on Form 990, P	art IV, line 34, 35l	o, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ted organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered	relationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involve	ed
(1)Pikes Peak Real Estate Foundation	S	50,068	Cash Fees Paid		

Γ.	Lease of facilities, equipment, of other assets from related organization(s)	1-1		140
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
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 related organization  (b) Transaction type (a-s)  (c) Method of determining a	mount i	involved	1
<b>(1)</b> Pi	ikes Peak Real Estate Foundation S 50,068 Cash Fees Paid			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

was not a related organization. See instructions regarding exc	clusion for certain inv	estment p	partnerships.			· .													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar o	Are all partners Sh section		(g) Share of end-of-year assets	end-of-year	end-of-year	end-of-year	end-of-year	(h) Disproprtiona allocations	(i) conate cons?  Code V-UB amount in b 20 of Schedul K-1 (Form 1065)		allocations? a		(j) General managir partner	ng	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
										Schedul	e R (Forn	n 99	0) 2019						

Schedule R (Form 990) 2019							
Part VII Supplemental Information							
Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference	Explanation						
Schedule R Part II Column F	Pikes Peak Real Estate Foundation Direct Controlling entity: Pikes Peak Community Foundation						