

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PIKES PEAK COMMUNITY FOUNDATION Doing Business As				<b>D</b> Employer identification number 84-1339670		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 SOUTH TEJON STREET STE 530			<b>E</b> Telephone number (719) 389-1251			
	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903				<b>G</b> Gross receipts \$ 31,760,593.		
	<b>F</b> Name and address of principal officer: GARY BUTTERWORTH 102 SOUTH TEJON ST, STE 530 COLORADO SPRINGS, CO 809				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>J</b> Website: ▶ WWW.PPCF.ORG							
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶							
					<b>L</b> Year of formation: 1994		
					<b>M</b> State of legal domicile: CO		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: COMMUNITY TRUST TO PROMOTE PHILANTHROPY IN THE PIKES PEAK REGION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	16.	
	<b>4</b>	16.	
	<b>5</b>	39.	
	<b>6</b>	280.	
	<b>7a</b>	15,146.	
<b>7b</b>	-53,902.		
<b>Revenue</b>	<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b>	5,578,632.	12,998,164.
	<b>9</b>	975,628.	384,826.
	<b>10</b>	1,095,905.	1,126,583.
	<b>11</b>	287,315.	334,639.
	<b>12</b>	7,937,480.	14,844,212.
	<b>13</b>	4,429,983.	4,098,124.
	<b>14</b>	0.	0.
	<b>15</b>	1,057,910.	1,100,448.
	<b>16a</b>	19,406.	20,072.
	<b>b</b>	269,496.	
	<b>17</b>	2,195,901.	1,925,575.
<b>18</b>	7,703,200.	7,144,219.	
<b>19</b>	234,280.	7,699,993.	
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b>	55,652,545.	59,901,964.
	<b>21</b>	2,067,055.	4,741,514.
<b>22</b>	53,585,490.	55,160,450.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Date _____				
	GARY BUTTERWORTH CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: DOREEN B MERZ	Preparer's signature: <i>Doreen B Merz</i>	Date: 11/08/2017	Check <input type="checkbox"/> if self-employed	PTIN: P00841439
	Firm's name ▶ STOCKMAN KAST RYAN & CO, LLP			Firm's EIN ▶ 84-1509584	
	Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903			Phone no. 719-630-1186	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

PIKES PEAK COMMUNITY FOUNDATION (PPCF) IS A COLORADO NONPROFIT CORPORATION WHOSE MISSION IS TO ENHANCE THE QUALITY OF LIFE IN THE PIKES PEAK REGION BOTH NOW AND FOR FUTURE GENERATIONS. SEE SCHEDULE O FOR CONTINUATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,262,846. including grants of \$ 4,098,124. ) (Revenue \$ 384,826. )

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 ENJOYABLE.

4b (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 0. )

4c (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 0. )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,262,846.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> 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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 year.

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

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

Check this box if 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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY BUTTERWORTH CEO	40.00 0.	X		X				51,246.	0.	5,290.
(2) WENDEL TORRES BOARD CHAIRPERSON	2.00 0.	X		X				0.	0.	0.
(3) ROB WRUBEL VICE-CHAIR	2.00 0.	X		X				0.	0.	0.
(4) GREGORY GANDY TREASURER	2.00 0.	X		X				0.	0.	0.
(5) DEBORAH ADAMS SECRETARY	2.00 0.	X		X				0.	0.	0.
(6) ALICIA MCCONNELL TRUSTEE	2.00 0.	X						0.	0.	0.
(7) BONNIE MARTINEZ TRUSTEE	2.00 0.	X						0.	0.	0.
(8) JANET SUTHERS TRUSTEE	2.00 0.	X						0.	0.	0.
(9) JOAN GURVIS TRUSTEE	2.00 0.	X						0.	0.	0.
(10) KAE RADER TRUSTEE	2.00 0.	X						0.	0.	0.
(11) LARRY GADDIS TRUSTEE	2.00 0.	X						0.	0.	0.
(12) MARI SINTON-MARTINEZ TRUSTEE	2.00 0.	X						0.	0.	0.
(13) MICHAEL BERNIGER TRUSTEE	2.00 0.	X						0.	0.	0.
(14) PAULA POLLET TRUSTEE	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) SUZANNE CONNAUGHTON ----- TRUSTEE	2.00 0.	X						0.	0.	0.
( 16 ) WARD BERLIN ----- TRUSTEE	2.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> .....								51,246.	0.	5,290.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								51,246.	0.	5,290.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,998,164.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		8,203,717.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			12,998,164.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> PROGRAM SERVICE REVENUE		624200	384,826.	384,826.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			384,826.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			765,698.			765,698.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	14,000.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .	14,000.					
	<b>d</b> Net rental income or (loss) . . . . .			14,000.			14,000.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	16,598,499.	678,616.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	16,228,105.	688,125.				
		<b>c</b> Gain or (loss) . . . . .	370,394.	-9,509.				
	<b>d</b> Net gain or (loss) . . . . .			360,885.			360,885.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	9,587.					
		<b>b</b> Less: direct expenses . . . . .	151.					
<b>c</b> Net income or (loss) from fundraising events. <b>ATCH 1</b>				9,436.			9,436.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0.						
	<b>b</b> Less: direct expenses . . . . .	0.						
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0.						
	<b>b</b> Less: cost of goods sold . . . . .	0.						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> MANAGEMENT FEES		561000	15,146.		15,146.			
<b>b</b> INVESTMENT WATER RIGHT		533110	256,951.			256,951.		
<b>c</b> INSURANCE CLAIMS INCOME		900099	37,491.			37,491.		
<b>d</b> All other revenue . . . . .		900099	1,615.			1,615.		
<b>e Total.</b> Add lines 11a-11d . . . . .			311,203.					
<b>12 Total revenue.</b> See instructions. . . . .			14,844,212.	384,826.	15,146.	1,446,076.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .	4,057,804.	4,057,804.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	40,320.	40,320.		
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 . . . . .	50,179.	10,035.	20,072.	20,072.
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 . . . . .	878,850.	395,483.	333,963.	149,404.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,987.	13,944.	11,775.	5,268.
9 Other employee benefits . . . . .	81,283.	36,578.	30,887.	13,818.
10 Payroll taxes . . . . .	80,201.	36,090.	30,477.	13,634.
11 Fees for services (non-employees):				
a Management . . . . .	26,446.	11,901.	10,049.	4,496.
b Legal . . . . .	22,379.	6,469.	11,190.	4,720.
c Accounting . . . . .	21,688.	9,760.	8,241.	3,687.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	197,443.	162,837.	34,606.	
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 . . . . .	18,653.	8,394.	7,088.	3,171.
13 Office expenses . . . . .	52,470.	23,611.	19,939.	8,920.
14 Information technology . . . . .	57,865.	26,039.	21,989.	9,837.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	39,853.	17,934.	15,144.	6,775.
17 Travel . . . . .	5,454.	2,454.	2,073.	927.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	2,815.	1,266.	1,070.	479.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	19,426.	8,742.	7,382.	3,302.
23 Insurance . . . . .	65,077.	29,284.	24,730.	11,063.
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	1,337,633.	1,337,633.		
b REPAIRS & MAINTENANCE	17,360.	7,812.	6,597.	2,951.
c MISCELLANEOUS	41,013.	18,456.	15,585.	6,972.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,145,199.	6,262,846.	612,857.	269,496.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,387,462.	<b>1</b>	3,499,710.
	<b>2</b> Savings and temporary cash investments . . . . .	42,842.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	3,900.	<b>4</b>	74,030.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	27,639.	<b>9</b>	4,613.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 9,063,571.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 318,066.		
	<b>11</b> Investments - publicly traded securities . . . . .	13,774,885.	<b>10c</b>	8,745,505.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	29,279,259.	<b>11</b>	39,278,998.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	254,558.	<b>12</b>	254,558.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,882,000.	<b>15</b>	8,044,550.	
	55,652,545.	<b>16</b>	59,901,964.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	112,609.	<b>17</b>	67,617.
	<b>18</b> Grants payable . . . . .	5,900.	<b>18</b>	3,000.
	<b>19</b> Deferred revenue . . . . .	2,000.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,946,546.	<b>25</b>	4,670,897.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,067,055.	<b>26</b>	4,741,514.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	53,481,127.	<b>27</b>	55,045,738.
	<b>28</b> Temporarily restricted net assets . . . . .	104,363.	<b>28</b>	114,712.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	53,585,490.	<b>33</b>	55,160,450.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	55,652,545.	<b>34</b>	59,901,964.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,844,212.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,145,199.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,699,013.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	53,585,490.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	556,442.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-6,680,495.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	55,160,450.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (85.30%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (82.62%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a 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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI 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.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	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>	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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 C, line 1; 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 B, line 1e; 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 additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
GROSS FUNDRAISING INCOME					9,587.	9,587.
MISCELLANEOUS					39,106.	39,106.
TOTALS					<u>48,693.</u>	<u>48,693.</u>

**Schedule of Contributors**

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> PIKES PEAK COMMUNITY FOUNDATION	<b>Employer identification number</b> 84-1339670
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 3,013,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,048,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part II** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	GIFT OF MEMBERSHIP INTEREST IN LLC	\$ 5,048,453.	09/19/2016
1	GIFT OF MEMBERSHIP INTEREST IN LLC	\$ 3,013,607.	09/19/2016

Name of organization PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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

Schedule D (Form 990) 2016

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,323,000.	7,412,996.		8,073,996.
b Buildings		732,370.	105,328.	627,042.
c Leasehold improvements				
d Equipment		209,193.	164,726.	44,467.
e Other		48,012.	48,012.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,745,505.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (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, Part IV, line 11c. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) WATER RIGHTS	7,882,000.
(2) INTERCOMPANY RECEIVABLE	162,550.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	8,044,550.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUST	366,524.
(3) HELD FOR OTHERS	4,304,373.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,670,897.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information.**

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.

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D PART X LINE 2

THE FOUNDATION IS A NONPROFIT CORPORATION WHICH IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE FOUNDATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2013 THROUGH THE CURRENT PERIOD.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

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Internal Revenue Service

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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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
<b>(1)</b> ALL BREED RESCUE AND TRAINING 20 MT. VIEW LANE, STE. C	84-1325815	501(C)(3)	44,386.				GENERAL OPERATING SU
<b>(2)</b> ALPINE AUTISM CENTER 2760 FIELDSTONE RD.	84-0909184	501(C)(3)	19,283.				TUITION ASSISTANCE
<b>(3)</b> ALZHEIMERS ASSOCIATION-COLORADO CHAPTER 2315 BOTT AVENUE COLORADO SPRINGS, CO 80904	84-0908354	501(C)(3)	10,000.				GENERAL OPERATING SU
<b>(4)</b> AMERICAN RED CROSS - PIKES PEAK CHAPTER 1040 S. 8TH STREET	53-0196605	501(C)(3)	5,247.				YOUTH SUPPORT THE OP
<b>(5)</b> AMERICAN WELDING SOCIETY FOUNDATION 8669 NW36 ST. #130 MIAMI, FL 33166-6672	13-0434890	501(C)(3)	35,000.				DAMMANN FAMILY SCHOL
<b>(6)</b> ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST. DENVER, CO 80238	84-0893509	501(C)(3)	9,500.				ANCHOR CENTER FOR TH
<b>(7)</b> ASSISTANCE LEAGUE OF COLORADO SPRINGS 405 S. NEVADA AVENUE	23-7029329	501(C)(3)	10,581.				GENERAL OPERATING SU
<b>(8)</b> ATLAS PREPARATORY SCHOOL 1602 S. MURRAY BLVD.	26-2055229	501(C)(3)	88,874.				REACH BEYOND PROGRAM
<b>(9)</b> BEAR CREEK GARDEN ASSOCIATION PO BOX 38326 COLORADO SPRINGS, CO 80937	84-1025774	501(C)(3)	9,821.				GENERAL OPERATING SU
<b>(10)</b> BIG BROTHERS BIG SISTERS 111 SOUTH TEJON, STE. 302	23-7161796	501(C)(3)	10,488.				GENERAL OPERATING SU
<b>(11)</b> BLACK FOREST TOGETHER 10705 MILAM RD. COLORADO SPRINGS, CO 80908	46-3430400	501(C)(3)	31,100.				GENERAL OPERATING SU
<b>(12)</b> BLUE STAR RECYCLERS PO BOX 64435 COLORADO SPRINGS, CO 80962	27-5071916	501(C)(3)	12,775.				GENERAL OPERATING SU

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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<b>(1)</b> BOYS AND GIRLS CLUB PIKES PEAK REGION 102 E. PIKES PEAK AVE. #500	84-0416503	501(C)(3)	8,700.				YOUTH DEVELOPMENT PR
<b>(2)</b> CANINE COMPANIONS FOR INDEPENDENCE 126 E. LAS ANIMAS STREET	94-2494324	501(C)(3)	20,000.				GENERAL OPERATING SU
<b>(3)</b> CARE AND SHARE 2605 PREAMBLE POINT	84-0731930	501(C)(3)	34,947.				DESIGNATED FOR CARE
<b>(4)</b> CASA OF THE PIKES PEAK REGION, INC. 701 S. CASCADE COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	23,950.				GENERAL OPERATING SU
<b>(5)</b> CATAMOUNT INSTITUTE 740 WEST CARAMILLO ST.	86-1151502	501(C)(3)	50,409.				GENERAL OPERATING SU
<b>(6)</b> CATHOLIC CHARITIES OF COLORADO SPRINGS 228 N. CASCADE AVE.	84-0586169	501(C)(3)	5,581.				FAMILY IMMIGRATION S
<b>(7)</b> CENTER FOR NONPROFIT EXCELLENCE 723 N. WEBER ST., STE. 200	20-2659477	501(C)(3)	12,000.				COMMUNITY NEEDS STUD
<b>(8)</b> CENTRAL COLORADO PERFORMING ARTS CENTER DBA 26490 RANGE DRIVE BUENA VISTA, CO 81211	20-1237918	501(C)(3)	6,898.				GENERAL OPERATING SU
<b>(9)</b> CHATFIELD BASIN CONSERVATION NETWORK DOUGLAS COUNTY OPEN SPACE	84-6000761	501(C)(3)	5,885.				DESIGNATED FOR THE P
<b>(10)</b> CHEYENNE MOUNTAIN SCHOOL DISTRICT 1775 LA CLEDE STREET	84-6001180	SCHOOL	16,164.				GENERAL OPERATING SU
<b>(11)</b> CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD.	84-0407039	501(C)(3)	5,270.				2016 DONATION FOR BI
<b>(12)</b> CHRIST PRESBYTERIAN CHURCH 6565 E. BROADWAY BLVD. TUCSON, AZ 85710	86-6052069	CHURCH	7,500.				GENERAL OPERATING

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<b>(1)</b> CITIZEN SOLDIER CONNECTION PO BOX 12687 COLORADO SPRINGS, CO 80902	20-4306729	501(C)(3)	10,000.				GENERAL OPERATING SU
<b>(2)</b> CITY OF COLORADO SPRINGS - RECREATION SERVI 1401 RECREATION WAY	84-6000573	GOVT	6,900.				CS COMMUNITY CENTERS
<b>(3)</b> THERAPEUTIC RECREATION PROGRAM 1315 E. PIKES PEAK AVE	84-6000573	GOVT	8,932.				THERAPEUTIC RECREATI
<b>(4)</b> CITY OF GARDEN CITY P.O. BOX 998 GARDEN CITY, KS 67846	48-6009982	GOVT	55,000.				AMTRAK SOUTHWEST CHI
<b>(5)</b> CITY OF LONE TREE, LONE TREE ARTS CENTER 10075 COMMONS STREET LONE TREE, CO 80124	84-1348197	GOVT	10,000.				GENERAL OPERATING SU
<b>(6)</b> CITY OF WOODLAND PARK PO BOX 9007 WOODLAND PARK, CO 80866-9007	84-6002470	GOVT	25,000.				DESIGNATED FOR THE A
<b>(7)</b> COALITION FOR THE UPPER SOUTH PLATTE PO BOX 726 LAKE GEORGE, CO 80827	84-1469785	501(C)(3)	12,200.				GENERAL OPERATING SU
<b>(8)</b> COLORADO EPISCOPAL FOUNDATION 1300 WASHINGTON ST. DENVER, CO 80203	31-1629166	CHURCH	16,683.				GRACE AND ST. STEPHE
<b>(9)</b> COLORADO MEDIA JUSTICE FOUNDATION, KCMJ 93. TIM GILL CENTER FOR PUBLIC MEDIA	45-2551490	501(C)(3)	5,212.				GENERAL OPERATING SU
<b>(10)</b> COLORADO SPRINGS CHILDREN'S CHORALE P.O. BOX 7841 COLORADO SPRINGS, CO 80933	84-0999238	501(C)(3)	28,798.				GENERAL OPERATING SU
<b>(11)</b> COLORADO SPRINGS CHORAL SOCIETY P.O. BOX 2304 COLORADO SPRINGS, CO 80901	84-0593557	501(C)(3)	73,983.				GENERAL OPERATING SU
<b>(12)</b> COLORADO SPRINGS COMMUNITY VENTURES, INC. 111 S TEJON ST., STE 404	84-1418850	501(C)(3)	19,529.				DOWNTOWN SUNDAY MARK

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<b>(1)</b> COLORADO SPRINGS CONSERVATORY 415 S. SAHWATCH COLORADO SPRINGS, CO 80903	84-1502211	501(C)(3)	22,000.				DOWNTOWN SUNDAY MARK
<b>(2)</b> COLORADO SPRINGS FINE ARTS CENTER 30 WEST DALE STREET	84-0406947	501(C)(3)	8,137.				MUSEUM FREE DAYS
<b>(3)</b> COLORADO SPRINGS FOOD RESCUE INC 927 N WEBER COLORADO SPRINGS, CO 80903	45-3006089	501(C)(3)	56,027.				GENERAL OPERATING SU
<b>(4)</b> COLORADO SPRINGS PHILHARMONIC P O BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	8,357.				GENERAL OPERATING SU
<b>(5)</b> COLORADO SPRINGS SCIENCE CENTER 102 S. TEJON ST. COLORADO SPRINGS, CO 80903	26-4834964	501(C)(3)	21,342.				GENERAL OPERATING SU
<b>(6)</b> COLORADO SPRINGS TEEN COURT C/O MUNICIPAL COURT BUILDING	84-1318849	501(C)(3)	25,892.				GENERAL OPERATING SU
<b>(7)</b> COLORADO SPRINGS THERAPEUTIC RIDING CENTER 3254 PASEO RD. COLORADO SPRINGS, CO 80909	26-3364802	501(C)(3)	24,446.				GENERAL OPERATING SU
<b>(8)</b> COLORADO SPRINGS UTILITIES FOUNDATION - PRO PO BOX 1103 COLORADO SPRINGS, CO 80947-0950	20-8643063	501(C)(3)	7,500.				PROJECT COPE UTILITY
<b>(9)</b> COLORADO SPRINGS WORLD AFFAIRS COUNCIL P.O. BOX 608 COLORADO SPRINGS, CO 80901	74-2144723	501(C)(3)	6,409.				GENERAL OPERATING SU
<b>(10)</b> COLORADO SPRINGS YOUTH SYMPHONY PO BOX 7846 COLORADO SPRINGS, CO 80933	84-1109579	501(C)(3)	43,289.				GENERAL OPERATING SU
<b>(11)</b> COLORADO STATE UNIVERSITY EXTENSION EL PASO 17 N SPRUCE ST COLORADO SPRINGS, CO 80905	84-6000764	HIGHER ED	9,000.				BUILDING FAMERS PROG
<b>(12)</b> COMMUNITY PARTNERSHIP FAMILY RESOURCE CENTE P.O. BOX 396 DIVIDE, CO 80814	84-1157057	501(C)(3)	14,546.				GENERAL OPERATING SU

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<b>(1) CONCRETE COUCH</b> 211 ILLINOIS AVE. MANITOU SPRINGS, CO 80829	20-2325992	SCHOOL	34,087.				GENERAL OPERATING SU
<b>(2) COOL SCIENCE COMPANY</b> PO BOX 50015 COLORADO SPRINGS, CO 80949	14-1845037	501(C)(3)	7,818.				GENERAL OPERATING SU
<b>(3) COURT CARE FOR THE PIKES PEAK REGION</b> PO BOX 68 COLORADO SPRINGS, CO 80901	45-0488427	501(C)(3)	21,942.				GENERAL OPERATING SU
<b>(4) CRAIG HOSPITAL FOUNDATION</b> 3425 SOUTH CLARKSON STREET DENVER, CO 80113	23-7352287	501(C)(3)	15,000.				GENERAL OPERATING SU
<b>(5) CRISIS CENTER</b> P.O. BOX 367 CASTLE ROCK, CO 80104	74-2385006	501(C)(3)	14,127.				GENERAL OPERATING SU
<b>(6) DALE HOUSE PROJECT</b> 7 WEST DALE ST. COLORADO SPRINGS, CO 80903	84-1571115	501(C)(3)	17,255.				GENERAL OPERATING SU
<b>(7) DESERT CABALLEROS WESTERN MUSEUM</b> 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	22,650.				\$5,000 TO COWGIRL UP
<b>(8) DISABILITIES SERVICES, INC. - AMBLICAB</b> 5640 N. ACADEMY BLVD	20-3058736	501(C)(3)	11,092.				GENERAL OPERATING SU
<b>(9) DISCOVER GOODWILL FOUNDATION OF SOUTHERN &amp;</b> 1460 GARDEN OF THE GODS ROAD	84-1488592	501(C)(3)	15,100.				GENERAL OPERATING SU
<b>(10) EARLY CONNECTIONS LEARNING CENTERS</b> 104 E. RIO GRANDE	84-0632406	501(C)(3)	8,450.				EARLY CARE AND EDUCA
<b>(11) ECUMENICAL SOCIAL MINISTRIES</b> 201 N. WEBER ST. COLORADO SPRINGS, CO 80903	84-0890978	501(C)(3)	17,927.				GENERAL OPERATING SU
<b>(12) EDUCATING CHILDREN OF COLOR</b> P.O. BOX 16074 COLORADO SPRINGS, CO 80935	46-3347809	501(C)(3)	6,000.				GENERAL OPERATING SU

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<b>(1)</b> ENERGY RESOURCE CENTER 114 W RIO GRANDE ST	84-0809393	501(C)(3)	7,716.				GENERAL OPERATING SU
<b>(2)</b> ENTREPRENEUR NATION 422 EAST DALE ST COLORADO SPRINGS, CO 80903	46-5395971	501(C)(3)	10,000.				PHASE II DEVELOPMENT
<b>(3)</b> EVERYTHINGFOR SIGHT 2770 N. UNION BLVD. #240	26-3542050	501(C)(3)	16,933.				GENERAL OPERATING SU
<b>(4)</b> FELINE RESCUE NETWORK, INC. DBA LOOK WHAT T P.O. BOX 393 GREEN MOUNTAIN FALLS, CO 80819	26-2397025	501(C)(3)	8,491.				GENERAL OPERATING SU
<b>(5)</b> FIRE FOUNDATION OF COLORADO SPRINGS 90 S CASCADE AVE COLORADO SPRINGS, CO 80903	81-3734979	501(C)(3)	17,812.				CSFD COMMUNITY AND P
<b>(6)</b> FIRST CONGREGATIONAL CHURCH 20 E. ST. VRAIN ST.	84-0405572	CHURCH	6,033.				GENERAL OPERATING SU
<b>(7)</b> FIRST PRESBYTERIAN CHURCH 219 E. BIJOU COLORADO SPRINGS, CO 80903	84-0416230	CHURCH	20,000.				GENERAL OPERATING SU
<b>(8)</b> FIRST TEE OF PIKES PEAK 525 N. ACADEMY BLVD	45-5236651	501(C)(3)	12,200.				FIRST TEE OF PIKES P
<b>(9)</b> FOSTERING HOPE FOUNDATION 3055 SUNNYBROOK LN	26-1991807	501(C)(3)	55,539.				GENERAL OPERATING SU
<b>(10)</b> FRIENDS OF CHEYENNE CANON P.O. BOX 60275 COLORADO SPRINGS, CO 80906	84-1324887	501(C)(3)	66,258.				GENERAL OPERATING SU
<b>(11)</b> FRIENDS OF CHEYENNE MOUNTAIN STATE PARK 410 JL RANCH HEIGHTS	03-0403996	501(C)(3)	6,478.				GENERAL OPERATING SU
<b>(12)</b> FRIENDS OF MONUMENT VALLEY PARK PO BOX 734 COLORADO SPRINGS, CO 80903	84-1589887	501(C)(3)	21,987.				GENERAL OPERATING SU

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FRIENDS OF THE COLORADO SPRINGS SENIOR CENT 1514 N HANCOCK AVE	27-2346227	501(C)(3)	43,297.				GENERAL OPERATING SU
<b>(2)</b> GAZETTE CHARITABLE PROGRAMS 30 E. PIKES PEAK AVENUE, SUITE 100	84-1526179	501(C)(3)	10,250.				EMPTY STOCKING FUND
<b>(3)</b> GIRLS ON THE RUN OF THE ROCKIES 15101 E. ILIFF AVE., SUITE 200	20-1667120	501(C)(3)	6,899.				GENERAL OPERATING SU
<b>(4)</b> GIVE! C/O THE COLORADO SPRINGS INDEPENDENT	81-2029897	501(C)(3)	40,700.				FOR GIVE! NON-PROFIT
<b>(5)</b> GRECCIO HOUSING UNLIMITED INC. 1808 W. COLORADO AVE	84-1158819	501(C)(3)	29,912.				GENERAL OPERATING SU
<b>(6)</b> GRIFFITH CENTERS FOR CHILDREN 1724 GILPIN ST. DENVER, CO 80218	84-0404251	501(C)(3)	5,934.				GENERAL OPERATING SU
<b>(7)</b> HAPPY CATS HAVEN, INC. 1412 S. 21ST ST. COLORADO SPRINGS, CO 80904	45-1633134	501(C)(3)	34,150.				GENERAL OPERATING SU
<b>(8)</b> HARLEY'S HOPE FOUNDATION PO BOX 88146 COLORADO SPRINGS, CO 80908	27-3127204	501(C)(3)	15,582.				GENERAL OPERATING SU
<b>(9)</b> HOME FRONT CARES, INC. PO BOX 38516 COLORADO SPRINGS, CO 80937	20-0564493	501(C)(3)	33,355.				GENERAL OPERATING SU
<b>(10)</b> HOMEWARD PIKES PEAK 606 S. TEJON ST. COLORADO SPRINGS, CO 80903	13-4242773	501(C)(3)	10,254.				DESIGNATED FOR HOUSI
<b>(11)</b> HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOTT LANE COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	118,424.				GENERAL OPERATING SU
<b>(12)</b> INCLINE FRIENDS 1040 S. 8TH ST., STE. 101	90-0752919	501(C)(3)	14,871.				GENERAL OPERATING SU

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<b>(1)</b> INNOVATIONS IN AGING COLLABORATIVE 1122 N EL PASO STREET	46-0968566	501(C)(3)	10,000.				AGE FRIENDLY COLORAD
<b>(2)</b> INSIDE OUT YOUTH SERVICES 412 S. TEJON STREET	84-1407299	501(C)(3)	11,145.				GENERAL OPERATING SU
<b>(3)</b> JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO 2320 W. COLORADO AVE.	84-6009223	501(C)(3)	50,100.				GENERAL OPERATING SU
<b>(4)</b> KENNEDY CENTER IMAGINATION CELEBRATION 1515 NORTH ACADEMY BLVD.	84-1526365	501(C)(3)	10,263.				GENERAL OPERATING SU
<b>(5)</b> KIDS ON BIKES 600 SOUTH 21ST STREET, SUITE 100	20-2820211	501(C)(3)	57,557.				GENERAL OPERATING SU
<b>(6)</b> LEAD FOUNDATION ORCHARD POINTE BUILDING	47-3113297	501(C)(3)	9,467.				GENERAL OPERATING SU
<b>(7)</b> LUTHERAN FAMILY SERVICES - ROCKY MOUNTAINS 363 SOUTH HARLAN STE. 200 DENVER, CO 80226	84-0775550	501(C)(3)	13,100.				REFUGE YOUTH MENTORS
<b>(8)</b> MANITOU ART CENTER 513 MANITOU AVE. MANITOU SPRINGS, CO 80829	74-2445135	501(C)(3)	23,957.				GENERAL OPERATING SU
<b>(9)</b> MILLIBO ARTS THEATER 1626 S. TEJON ST.	74-3261678	501(C)(3)	25,197.				GENERAL OPERATING SU
<b>(10)</b> MISSION MEDICAL CLINIC 2125 E. LA SALLE COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	27,980.				GENERAL OPERATING SU
<b>(11)</b> MOUNT CARMEL HEALTH WELLNESS AND COMMUNITY P.O. BOX 85 COLORADO SPRINGS, CO 80901	27-3546373	501(C)(3)	10,000.				EXPLORER CAMP
<b>(12)</b> MOUNTAIN FOLD BOOKS, LLC 40 VIA MARIA THERESIA	46-5391511	501(C)(3)	31,560.				GENERAL OPERATING SU

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(1) MT. CARMEL HEALTH, WELLNESS AND COMMUNITY C 911 ROBINSON AVE. TRINIDAD, CO 81082	27-3546373	501(C)(3)	12,335.				GENERAL OPERATING SU
(2) NAMI- NATIONAL ALLIANCE ON MENTAL ILLNESS 510 E. WILLAMETTE AVENUE	74-2338585	501(C)(3)	51,575.				GENERAL OPERATING SU
(3) NEW HORIZONS BAND OF COLORADO SPRINGS 5028 IRON HORSE TRAIL	25-1903159	501(C)(3)	25,350.				GENERAL OPERATING SU
(4) NEW HORIZONS FOUNDATION 5550 TECH CENTER DRIVE	84-1123082	501(C)(3)	25,000.				ICEHOUSE PROJECT.
(5) NEWBORN HOPE P.O. BOX 2515 COLORADO SPRINGS, CO 80901	84-1093905	501(C)(3)	7,500.				SEED MONEY FOR NEW M
(6) ONE COLORADO EDUCATION FUND 1490 E. COLFAX AVE DENVER, CO 80218	27-1333378	501(C)(3)	6,000.				COLORADO ALLY AWARDS
(7) ONE NATION WALKING TOGETHER 3150 N. NEVADA AVENUE	20-0215122	501(C)(3)	58,201.				GENERAL OPERATING SU
(8) OPERA THEATRE OF THE ROCKIES PO BOX 8110 COLORADO SPRINGS, CO 80933	84-1476734	501(C)(3)	8,750.				GENERAL OPERATING SU
(9) ORMAO DANCE COMPANY 10 S. SPRUCE ST. COLORADO SPRINGS, CO 80905	20-2793024	501(C)(3)	9,311.				GENERAL OPERATING SU
(10) PALMER LAND TRUST PO BOX 1281 COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	54,520.				GENERAL OPERATING SU
(11) PARENTS CHALLENGE C/O THE SCHUCK CORPORATION	84-1569782	501(C)(3)	15,750.				GENERAL OPERATING SU
(12) PEAK EDUCATION 730 N. NEVADA COLORADO SPRINGS, CO 80903	84-1467174	501(C)(3)	45,685.				GENERAL OPERATING SU

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<b>(1)</b> PEAK LIVING PROJECT 304 MICHIGAN AVENUE	81-2776847	501(C)(3)	6,000.				GENERAL OPERATING SU
<b>(2)</b> PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	44,293.				GENERAL OPERATING SU
<b>(3)</b> PETERSON LEAGUE P.O. BOX 38400 COLORADO SPRINGS, CO 80937	46-3253722	501(C)(3)	5,400.				JOHN ZAY CONTRIBUTIO
<b>(4)</b> PHOENIX MULTISPORT 2239 CHAMPA ST. DENVER, CO 80205	20-4648043	501(C)(3)	12,650.				GRANTS AND MENTORING
<b>(5)</b> PIKES PEAK CHILDREN'S MUSEUM PO BOX 50042 COLORADO SPRINGS, CO 80949	20-3451384	501(C)(3)	11,199.				GENERAL OPERATING SU
<b>(6)</b> PIKES PEAK CLIMBERS ALLIANCE 1602 CRESTA ROAD COLORADO SPRINGS, CO 80906	47-1861342	501(C)(3)	9,406.				GENERAL OPERATING SU
<b>(7)</b> PIKES PEAK COMMUNITY COLLEGE 5675 S. ACADEMY BLVD. A-216	38-3721881	HIGHER ED	28,800.				FUNDING THE SPIRIT O
<b>(8)</b> PIKES PEAK COMMUNITY COLLEGE FOUNDATION 5675 S ACADEMY BLVD.	74-2182257	HIGHER ED	8,581.				VOCATIONAL SCHOLARSH
<b>(9)</b> PIKES PEAK COUNCIL - BOY SCOUTS OF AMERICA 985 W. FILLMORE ST.	84-0404226	501(C)(3)	10,375.				GENERAL OPERATING SU
<b>(10)</b> PIKES PEAK HOSPICE & PALLIATIVE CARE 2550 TENDERFOOT HILL ST.	84-0816047	501(C)(3)	8,060.				GENERAL OPERATING SU
<b>(11)</b> PIKES PEAK HOSPICE FOUNDATION 2550 TENDERFOOT HILL STREET	84-1453050	501(C)(3)	15,750.				GENERAL OPERATING SU
<b>(12)</b> PIKES PEAK JUSTICE AND PEACE COMMISSION P. O. BOX 2115	74-2423069	501(C)(3)	11,348.				GENERAL OPERATING SU

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<b>(1)</b> PIKES PEAK SUICIDE PREVENTION 704 N. TEJON ST. COLORADO SPRINGS, CO 80903	74-2763861	501(C)(3)	16,474.				GENERAL OPERATING SU
<b>(2)</b> PIKES PEAK THERAPEUTIC RIDING CENTER 13620 HALLELUIAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	16,455.				GENERAL OPERATING SU
<b>(3)</b> PIKES PEAK UNITED WAY 518 NORTH NEVADA AVE.	84-0511799	501(C)(3)	26,379.				GENERAL OPERATING SU
<b>(4)</b> PROJECT ANGEL HEART 620 S. CASCADE AVENUE, SUITE 100	84-1199481	501(C)(3)	25,493.				GENERAL OPERATING SU
<b>(5)</b> PROJECT HEALING WATERS PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	10,000.				DESIGNATED FOR THE B
<b>(6)</b> ROBERT SCOTT HALL FIELD OF DREAMS 76 S. SIERRA MADRE	46-1306234	501(C)(3)	25,000.				GENERAL OPERATING SU
<b>(7)</b> ROCKY MOUNTAIN FIELD INSTITUTE 815 SOUTH 25TH STREET, SUITE 101	74-2225140	501(C)(3)	92,332.				GENERAL OPERATING SU
<b>(8)</b> ROCKY MOUNTAIN HIGHWAY 3 E. RAMONA AVENUE	47-0990011	501(C)(3)	11,980.				RED RIBBON
<b>(9)</b> SAFARI CLUB INTERNATIONAL COLORADO CHAPTER WOODLAND PARK, CO 80866	94-2608033	501(C)(3)	10,000.				ARCHERY IN THE SCHOO
<b>(10)</b> SAFE PASSAGE 423 SOUTH CASCADE AVENUE	84-1241767	501(C)(3)	15,393.				GENERAL OPERATING SU
<b>(11)</b> SAFE PLACE FOR PETS PO BOX 38202 COLORADO SPRINGS, CO 80937	84-1568356	501(C)(3)	23,736.				GENERAL OPERATING SU
<b>(12)</b> SALVATION ARMY 910 YUMA STREET COLORADO SPRINGS, CO 80932	94-1156347	501(C)(3)	6,200.				GENERAL OPERATING SU

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<b>(1)</b> SEEDS CAFE 109 E. PIKES PEAK AVE.	36-4763809	501(C)(3)	22,672.				GENERAL OPERATING SU
<b>(2)</b> SIERRA CLUB FOUNDATION 85 SECOND STREET, SECOND FLOOR	94-6069890	501(C)(3)	7,000.				MAKE AMERICA GREAT A
<b>(3)</b> SILVER KEY SENIOR SERVICES 2250 BOTT AVE. COLORADO SPRINGS, CO 80904	23-7109922	501(C)(3)	5,259.				CASE MANAGEMENT PROG
<b>(4)</b> SK8-STRONG PO BOX 60548 COLORADO SPRINGS, CO 80960	27-4177653	501(C)(3)	5,043.				GENERAL OPERATING SU
<b>(5)</b> SOUTHERN COLORADO AIDS PROJECT 1301 SOUTH EIGHTH STREET	84-0961159	501(C)(3)	9,216.				RED RIBBON BALL
<b>(6)</b> SPECIAL KIDS-SPECIAL FAMILIES 424 W. PIKES PEAK AVE.	84-1476535	501(C)(3)	27,796.				GENERAL OPERATING SU
<b>(7)</b> SPRINGS ENSEMBLE THEATRE 1903 E. CACHE LA POUDE ST.	27-0180887	501(C)(3)	11,336.				GENERAL OPERATING SU
<b>(8)</b> SPRINGS RESCUE MISSION 5 W. LAS VEGAS COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	60,040.				GENERAL OPERATING SU
<b>(9)</b> TELLER COUNTY REGIONAL ANIMAL SHELTER PO BOX 904 DIVIDE, CO 80814	84-1584194	501(C)(3)	20,683.				GENERAL OPERATING SU
<b>(10)</b> TESSA 435 GOLD PASS HEIGHTS	84-0746803	501(C)(3)	40,610.				GENERAL OPERATING SU
<b>(11)</b> THE ARC - PIKES PEAK REGION, INC. 12 N. MEADE AVE COLORADO SPRINGS, CO 80909	84-0530067	501(C)(3)	13,780.				GENERAL OPERATING SU
<b>(12)</b> THE CENTER FOR REGIONAL ADVANCEMENT 102 S. TEJON STREET, SUITE 430	27-2189457	501(C)(3)	122,589.				COLORADO SPRINGS RIS

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<b>(1)</b> THE GREENBERG CENTER FOR LEARNING AND TOLER 1837 S NEVADA AVE., STE 198	45-2730242	501(C)(3)	11,381.				GENERAL OPERATING SU
<b>(2)</b> THE ROAD P.O. BOX 88485 COLORADO SPRINGS, CO 80908	46-5279969	501(C)(3)	7,800.				MONTHLY GRANTS
<b>(3)</b> THERAPEUTIC RECREATION COMMUNITY PARTNERS 1315 E. PIKES PEAK AVE.	84-1339670	501(C)(3)	9,182.				GENERAL OPERATING SU
<b>(4)</b> TRAILS AND OPEN SPACE COALITION 1040 S. 8TH STREET, STE. 101	84-1156471	501(C)(3)	91,452.				GENERAL OPERATING SU
<b>(5)</b> UCCS GALLERY OF CONTEMPORARY ART 1420 AUSTIN BLUFFS PKWY	84-6000555	501(C)(3)	16,892.				GENERAL OPERATING SU
<b>(6)</b> UNITED STATES ASSOCIATION OF BLIND ATHLETES 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	31-0977121	501(C)(3)	8,500.				UNITED STATES ASSOCI
<b>(7)</b> UNITED STATES OLYMPIC MUSEUM P.O. BOX 681 COLORADO SPRINGS, CO 80901	46-3189741	501(C)(3)	150,000.				SCIENCE AND TECHNOLO
<b>(8)</b> UNIVERSITY OF COLORADO AT COLORADO SPRINGS 1420 AUSTIN BLUFFS PARKWAY	84-6000555	HIGHER ED	12,175.				FULFILLING MOU FOR I
<b>(9)</b> UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY	84-6049811	HIGHER ED	18,500.				CHANCELLOR'S DISCRET
<b>(10)</b> UPADOWNNA 120 TROUT AVE COLORADO SPRINGS, CO 80906	46-4226815	501(C)(3)	19,946.				GENERAL OPERATING SU
<b>(11)</b> URBAN PEAK 423 E. CUHARRAS COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	20,607.				GENERAL OPERATING SU
<b>(12)</b> USAFA ENDOWMENT 3116 ACADEMY DR. USAFA, CO 80840-4475	26-0537053	HIGHER ED	9,500.				CLASS OF 1971 40TH R

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> WARRIOR WELLNESS FOUNDATION 7605 WINDING OAKS DRIVE	81-1179064	501(C)(3)	19,393.				GENERAL OPERATING SU
<b>(2)</b> WESTSIDE CARES 2808 W. COLORADO AVE.	74-2354492	501(C)(3)	5,360.				GENERAL OPERATING SU
<b>(3)</b> WICKENBURG DOWNTOWN REVITALIZATION FOUNDATI P.O. BOX 20217 WICKENBURG, AZ 85358	47-3428438	501(C)(3)	15,000.				GENERAL OPERATING SU
<b>(4)</b> WICKENBURG FOUNDATION FOR THE PERFORMING AR 2001 WEST WICKENBURG WAY SUITE 3	86-0873249	501(C)(3)	12,350.				GENERAL OPERATING SU
<b>(5)</b> WOMEN'S RESOURCE AGENCY 750 CITADEL DR. EAST STE. 3128	84-0747154	501(C)(3)	7,981.				GENERAL OPERATING SU
<b>(6)</b> WOODLAND PARK ARTS ALLIANCE (WPAA) PO BOX 983 WOODLAND PARK, CO 80866	59-3779282	501(C)(3)	7,633.				GRANT FOR PUBLIC ART
<b>(7)</b> WOUNDED WARRIOR PROJECT INC. 4899 BELFORT RD. JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	15,656.				GENERAL OPERATING SU
<b>(8)</b> YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON ST.	84-0404266	501(C)(3)	10,223.				GENERAL OPERATING SU
<b>(9)</b> YOBEL INTERNATIONAL 27 S SIERRA MADRE ST	27-1736236	501(C)(3)	13,008.				GENERAL OPERATING SU
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 152.

3 Enter total number of other organizations listed in the line 1 table ▶ 20.

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

Schedule I (Form 990) (2016)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS		40,321.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I PART I LINE 2

ALL RECOMMENDATIONS MUST BE A 501(C)(3) CHARITABLE ORGANIZATION OR QUALIFIED TAX EXEMPT ORGANIZATION. THE 501(C)(3) TAX STATUS LETTER FROM THE IRS MUST BE ON FILE. ALL 501(C)(3) LETTERS ARE CONNECTED TO THE ORGANIZATION IN OUR DATABASE, FOUNDATION INFORMATION MANAGEMENT SYSTEMS (FIMS). IF IT IS A NEW ORGANIZATION TO THE FOUNDATION, THE NON-PROFIT IS CONTACTED AND REQUESTED TO FAX, EMAIL OR MAIL THE 501(C)(3) TO THE FOUNDATION OFFICE. REQUESTS CANNOT MOVE THROUGH THE PROCESS WITHOUT THE 501(C)(3) ON FILE. IF THE REQUEST IS FOR OTHER THAN GENERAL OPERATING SUPPORT, IF NEEDED, A PROGRAM OFFICER WILL MAKE CONTACT WITH THE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NON-PROFIT ORGANIZATION TO ENSURE THE PROGRAM IS CHARITABLE AND THE GRANTEE IS ABLE TO PERFORM THE PROPOSED ACTIVITY. ALL GRANT AWARDS ARE MAILED WITH A GRANT AGREEMENT THAT STATES BY ACCEPTING THIS CHECK, YOU CERTIFY THAT YOUR ORGANIZATION IS CURRENTLY RECOGNIZED BY THE IRS AS A 501(C)(3) PUBLIC CHARITY OR A QUALIFIED TAX EXEMPT ORGANIZATION SUCH AS A SCHOOL OR A CHURCH, AND THAT THE GRANT IS FULLY TAX DEDUCTIBLE. FOR GRANTS OVER \$7,500, GRANT AWARDS ARE MAILED WITH A GRANT AGREEMENT WHICH INCLUDES A MANDATORY ANNUAL REPORT ON HOW THE FUNDS WERE USED.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS JENKINS	BOARD MEMBER	414,541.	FUTURE MINIMUM LEASE PAYMENTS		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .	X	2.	8,062,060.	APPRAISAL AND SALE
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
27 Other ▶( _____ )				
28 Other ▶( _____ )				

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

	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 purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

6E1298 1.000



**Part II** **Supplemental Information.** 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.

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SCHEDULE M PART I COLUMN B

RELATED ORGANIZATION USED TO SOLICIT, PROCESS, OR SELL NONCASH

CONTRIBUTIONS WAS PIKES PEAK REAL ESTATE FOUNDATION.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

84-1339670

FORM 990 PART III LINE 1

CONTINUED: THIS MISSION IS ATTAINED BY BUILDING A COMMUNITY ENDOWMENT,  
HELPING DONORS ADDRESS COMMUNITY NEEDS AND PROVIDING PHILANTHROPIC  
LEADERSHIP.

FORM 990 PART VI SECTION A LINE 4

CHANGES TO BYLAWS:

PAGE 7, ARTICLE IV, SECTION A: AMEND THE SENTENCE THAT READS, "OFFICERS  
WILL BE ELECTED IN THE FINAL QUARTER OF EACH YEAR AND TAKE OFFICE AT THE  
ANNUAL MEETING IN DECEMBER EACH YEAR," TO READ, "OFFICERS WILL BE ELECTED  
IN THE FINAL QUARTER OF EACH YEAR AND TAKE OFFICE AT THE ANNUAL MEETING  
IN THE FOURTH QUARTER EACH YEAR."

PAGE 5, ARTICLE III, SECTION G, SUBSECTION 1: AMEND THE SENTENCE THAT  
READS, "AN ANNUAL MEETING OF THE BOARD FOR THE INSTALLATION OF OFFICERS  
AND THE TRANSACTION OF SUCH BUSINESS AS MAY PROPERLY COME BEFORE THE  
MEETING SHALL BE HELD IN THE MONTH OF DECEMBER OF EACH YEAR AT A TIME AND  
PLACE ESTABLISHED BY THE BOARD OF TRUSTEES," TO READ, "AN ANNUAL MEETING  
OF THE BOARD FOR THE INSTALLATION OF OFFICERS AND THE TRANSACTION OF SUCH  
BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING SHALL BE HELD IN THE  
FOURTH QUARTER OF EACH YEAR AT A TIME AND PLACE ESTABLISHED BY THE BOARD  
OF TRUSTEES."

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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FORM 990 PART VI SECTION B LINE 11

THE STAFF WORKS WITH OUR INDEPENDENT ACCOUNTING FIRM TO REVIEW THE ACCURACY AND COMPLETENESS OF THE 990. WHEN THE DOCUMENT IS IN FINAL DRAFT, THE FULL BOARD OF THE PIKES PEAK COMMUNITY FOUNDATION REVIEWS THE 990 DOCUMENT AND ASKS QUESTIONS TO ENSURE COMPLETENESS AND ACCURACY. ONCE ALL INFORMATION IS DEEMED ACCURATE AND COMPLETE, WE THEN SUBMIT THE 990 TO THE IRS.

FORM 990 PART VI SECTION B LINE 15

THE PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR IS A TWO-PART PROCESS- A FORMATIVE ASSESSMENT THAT OCCURS ALL YEAR, AND A SUMMATIVE ASSESSMENT THAT OCCURS ON OR CLOSE TO THE DATE OF EMPLOYMENT OF THE EXECUTIVE DIRECTOR. THE FORMATIVE ASSESSMENT OCCURS AS WEEKLY MEETINGS BETWEEN THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR. THESE MEETINGS ARE A CHANCE TO TALK OVER CURRENT PROJECTS, RECENT ACHIEVEMENTS, AND UPCOMING EVENTS. DURING THE MEETINGS, THE BOARD CHAIR TAKES NOTES FOR HIS FILES ON THE PROGRESS OF THE EXECUTIVE DIRECTOR TOWARD MEETING THE GOALS AS STATED IN THE STRATEGIC PLAN FOR FOR PPCF. THE SUMMATIVE ASSESSMENT BEGINS APPROXIMATELY TWO MONTHS BEFORE THE ANNIVERSARY DATE OF EMPLOYMENT OF THE EXECUTIVE DIRECTOR. THE BOARD CHAIR ASKS THE EXECUTIVE DIRECTOR TO WRITE A SELF-EVALUATION THAT DESCRIBES PROGRESS DURING THE PRECEDING YEAR AS RELATED TO THE GOALS AND OBJECTIVES OF THE STRATEGIC PLAN. AT THE SAME TIME, THE BOARD CHAIR SOLICITS FEEDBACK AND INPUT FROM ALL BOARD MEMBERS, AND ALSO REQUESTS INFORMATION FROM STAFF AND KEY VOLUNTEERS AS APPROPRIATE. THE EXECUTIVE DIRECTOR THEN MEETS ONE-ON-ONE WITH THE BOARD CHAIR TO DISCUSS BOTH THE SELF-EVALUATION AND THE BOARD FEEDBACK. AFTER

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
---	--

THIS SESSION, THE BOARD CHAIR CONVENES THE EXECUTIVE COMMITTEE OF THE BOARD FOR A FORMAL PERFORMANCE REVIEW. PART OF THIS SESSION IS "EXECUTIVE SESSION" DURING WHICH THE EXECUTIVE DIRECTOR IS ASKED TO LEAVE THE ROOM SO THAT THE COMMITTEE MEMBERS CAN DISCUSS THE EXECUTIVE DIRECTOR PRIVATELY. THE EXECUTIVE COMMITTEE THEN PREPARES A RECOMMENDATION FOR EITHER RETENTION OR TERMINATION OF THE EXECUTIVE DIRECTOR AND PRESENTS IT TO THE FULL BOARD. THE EXECUTIVE DIRECTOR THEN MEETS WITH THE FULL BOARD TO DISCUSS PERFORMANCE, FOLLOWED BY AN "EXECUTIVE SESSION" DURING WHICH THE EXECUTIVE DIRECTOR IS ASKED TO LEAVE THE ROOM SO THAT THE FULL BOARD CAN DISCUSS THE RECOMMENDATIONS. THE FULL BOARD CONDUCTS A FORMAL VOTE ON THE RECOMMENDATION (ALONG WITH ANY CHANGES PROPOSED) AS PRESENTED BY THE EXECUTIVE COMMITTEE. THE BOARD CHAIR THEN COMMUNICATES THE RESULTS OF THE VOTE TO THE EXECUTIVE DIRECTOR, AND WRITES A FORMAL PERFORMANCE REVIEW LETTER TO THE EXECUTIVE DIRECTOR, AND, IF RE-HIRED, A LETTER DESCRIBING COMPENSATION ADJUSTMENTS AND FUTURE PERFORMANCE EXPECTATIONS. APPROPRIATE COMPENSATION IS THEN ESTABLISHED BY REVIEWING THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY, THE COLORADO NONPROFIT ASSOCIATION ANNUAL SALARY SURVEY, AND BY CHECKING THE GUIDESTAR DATABASE FOR THE COMPENSATION LEVELS AT COMPARABLE FOUNDATIONS IN THE STATE OF COLORADO. WE USE THE COLORADO NONPROFIT ASSOCIATION ANNUAL SALARY SURVEY TO CREATE APPROPRIATE COMPENSATION LEVELS FOR OUR STAFF. CURRENTLY, OUR STAFF MEMBERS ARE AT OR JUST BELOW THE MEDIAN FOR THE POSITIONS THEY HOLD AT PPCF.

FORM 990 PART VI SECTION C LINE 19

ALL DOCUMENTS AVAILABLE AT THE ORGANIZATION'S OFFICE.

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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FORM 990 PART XI LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: \$ 10,349

ADJUSTMENT OF FMV OF LAND HELD FOR SALE: \$ (4,331,004)

NET ASSET RECLASSIFICATION BETWEEN

CONSOLIDATED GROUP \$ 343,244

RECLASSIFICATION OF TRUST TO LIABILITY

FROM NET ASSETS \$ (2,703,084)

ATTACHMENT 1

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS INCOME	9,587.	151.	9,436.
TOTALS	<u>9,587.</u>	<u>151.</u>	<u>9,436.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HUNT OR GATHER LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	EDUCATION AND	CO		10,014.	PPCF
(2) VENETUCCI RANCH LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	EDUCATION AND	CO		9,809,615.	PPCF
(3) VENETUCCI VILLAGE LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	REAL ESTATE	CO		6,440,733.	PPCF
(4) PIKES PEAK URBAN GARDENS, LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	EDU/GARDENING	CO		435.	PPCF
(5) 730 N NEVADA LLC 730 N NEVADA AVE COLORADO SPRINGS, CO 80903	RE HOLDING	CO		688,125.	PPCF
(6)					

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PIKES PEAK REAL ESTATE FOUNDATION 730 N NEVADA AVE COLORADO SPRINGS, CO 80903 20-3455353	SEE PART VII	CO	501(C)(3)	SEE PT VII	SEE PART VII	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**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) Amount involved	(d) Method of determining amount involved
(1) PIKES PEAK REAL ESTATE FOUNDATION	B	162,550.	CASH TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI** **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 exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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SCHEDULE R PART II COLUMN F

PIKES PEAK REAL ESTATE FOUNDATION DIRECT CONTROLLING ENTITY: PIKES PEAK  
COMMUNITY FOUNDATION

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

For calendar year 2016 or other tax year beginning 01/01, 2016, and ending 12/31, 2016.

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

**D Employer identification number**  
(Employees' trust, see instructions.)

**B Exempt under section**  
 501(C)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**Print or Type**

PIKES PEAK COMMUNITY FOUNDATION

84-1339670

Number, street, and room or suite no. If a P.O. box, see instructions.

102 SOUTH TEJON STREET STE 530

**E Unrelated business activity codes**  
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

541900

COLORADO SPRINGS, CO 80903

**C Book value of all assets at end of year**

**F Group exemption number (See instructions.)** ▶

59,901,964.

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H Describe the organization's primary unrelated business activity.** ▶ ADMINISTRATIVE SUPPORT

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ GARY BUTTERWORTH Telephone number ▶ 719-389-1251

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5		
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12	5,646.	5,646.
13	<b>Total.</b> Combine lines 3 through 12		13	5,646.	5,646.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)		14		2,509.
15	Salaries and wages		15		43,943.
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule)		18		
19	Taxes and licenses		19		
20	Charitable contributions (See instructions for limitation rules)		20		
21	Depreciation (attach Form 4562)		21	971.	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		971.
23	Depletion		23		
24	Contributions to deferred compensation plans		24		
25	Employee benefit programs		25		
26	Excess exempt expenses (Schedule I)		26		
27	Excess readership costs (Schedule J)		27		
28	Other deductions (attach schedule)	ATTACHMENT 2	28		12,125.
29	<b>Total deductions.</b> Add lines 14 through 28		29		59,548.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-53,902.
31	Net operating loss deduction (limited to the amount on line 30)		31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		-53,902.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		-53,902.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41 b Other credits (see instructions). 41 c General business credit. Attach Form 3800 (see instructions). 41 d Credit for prior year minimum tax (attach Form 8801 or 8827). 41 e Total credits. Add lines 41a through 41d. 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45 a Payments: A 2015 overpayment credited to 2016. 45 b 2016 estimated tax payments. 45 c Tax deposited with Form 8868. 45 d Foreign organizations: Tax paid or withheld at source (see instructions). 45 e Backup withholding (see instructions). 45 f Credit for small employer health insurance premiums (Attach Form 8941). 45 g Other credits and payments: Form 2439, Form 4136, Other. Total. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax, Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

Sign Here: GARY BUTTERWORTH, Signature of officer, 11/15/2017, Date, CEO, Title. May the IRS discuss this return with the preparer shown below (see instructions)? Yes, No.

Paid Preparer Use Only: Print/Type preparer's name: DOREEN B MERZ, Preparer's signature, Date: 11/08/2017, Check if self-employed, PTIN: P00841439, Firm's name: STOCKMAN KAST RYAN & CO, LLP, Firm's EIN: 84-1509584, Firm's address: 102 N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903, Phone no. 719-630-1186.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		<b>Yes</b> <b>No</b>
			to the organization? . . . . .		<input type="checkbox"/> <input checked="" type="checkbox"/>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals . . . . . ▶

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals . . . . . ▶

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals . . . . . ▶

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . . .						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

MANAGEMENT FEES

5,646.

PART I - LINE 12 - OTHER INCOME

5,646.



ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

LEGAL AND ACCOUNTING	2,203.
OFFICE EXPENSE	2,624.
INSURANCE	3,254.
MISCELLANEOUS	2,051.
RENT	1,993.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>12,125.</u>
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