

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

Form header section containing organization name (PIKES PEAK COMMUNITY FOUNDATION), EIN (84-1339670), address (102 SOUTH TEJON STREET STE 530, COLORADO SPRINGS, CO 80903), principal officer (GARY BUTTERWORTH), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

Part II Signature Block

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

Signature block containing signatures of Gary Butterworth (CEO) dated 11/15/2018 and Doreen B Merz (Preparer) dated 11/07/2018, along with firm information for Stockman Kast Ryan & Co, LLP.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

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 \$ 5,372,254. including grants of \$ 4,156,418.) (Revenue \$ 115,135.)

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

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

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

4e Total program service expenses 5,372,254.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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
10 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
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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
c 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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f 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	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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
c 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	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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				155,128.	0.	21,040.
(2) WENDEL TORRES CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) ROB WRUBEL VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(4) JANET SUTHERS SECRETARY	2.00 0.	X		X				0.	0.	0.
(5) GREGORY GANDY TREASURER	2.00 0.	X		X				0.	0.	0.
(6) DEBORAH ADAMS TRUSTEE	2.00 0.	X						0.	0.	0.
(7) WARD BERLIN TRUSTEE	2.00 0.	X						0.	0.	0.
(8) MICHAEL BERNIGER TRUSTEE	2.00 0.	X						0.	0.	0.
(9) ANDIE DOYLE TRUSTEE	2.00 0.	X						0.	0.	0.
(10) JOAN GURVIS TRUSTEE	2.00 0.	X						0.	0.	0.
(11) CHRIS JENKINS TRUSTEE	2.00 0.	X						0.	0.	0.
(12) BONNIE MARTINEZ TRUSTEE	2.00 0.	X						0.	0.	0.
(13) ALICIA MCCONNELL TRUSTEE	2.00 0.	X						0.	0.	0.
(14) KAE RADER TRUSTEE	2.00 0.	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for RYAN REIFF, TONY ROSENDO, and MARI SINTON-MARTINEZ, and a sub-total row.

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 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for the number of independent contractors.

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,808,268.					
	g Noncash contributions included in lines 1a-1f: \$		981,086.					
	h Total. Add lines 1a-1f			3,808,268.				
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	624200	115,135.	115,135.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			115,135.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,047,476.			1,047,476.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		8,130.						
		b Less: rental expenses						
	c Rental income or (loss)		8,130.					
	d Net rental income or (loss)			8,130.			8,130.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		18,615,469.	1.					
		b Less: cost or other basis and sales expenses		17,248,649.				
		c Gain or (loss)		1,366,820.				
	d Net gain or (loss)			1,366,821.			1,366,821.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		6,005.				
b Less: direct expenses		b						
c Net income or (loss) from fundraising events. ATTCH 1				6,005.			6,005.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a MANAGEMENT FEES		561000	82,733.		82,733.			
	b INVESTMENT WATER RIGHT	533110	264,654.			264,654.		
	c INSURANCE CLAIMS INCOME	900099	3,027.			3,027.		
	d All other revenue	900099	45,008.			45,008.		
	e Total. Add lines 11a-11d			395,422.				
12 Total revenue. See instructions.			6,747,257.	115,135.	82,733.	2,741,121.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,156,418.	4,156,418.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	151,928.	53,175.	60,771.	37,982.
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	450,149.	301,600.	144,048.	4,501.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,053.	15,709.	9,819.	2,525.
9 Other employee benefits	82,983.	46,471.	29,044.	7,468.
10 Payroll taxes	42,813.	23,975.	14,985.	3,853.
11 Fees for services (non-employees):				
a Management	36,992.	20,716.	12,947.	3,329.
b Legal	14,110.	7,901.	4,939.	1,270.
c Accounting	19,064.	10,676.	6,672.	1,716.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	229,778.	199,137.	30,641.	
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	21,958.	12,297.	7,685.	1,976.
13 Office expenses	33,541.	18,783.	11,739.	3,019.
14 Information technology	45,269.	25,351.	15,844.	4,074.
15 Royalties	0.			
16 Occupancy	107,271.	60,072.	37,545.	9,654.
17 Travel	4,537.	2,541.	1,588.	408.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,971.	2,784.	1,740.	447.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	33,310.	18,653.	11,659.	2,998.
23 Insurance	42,692.	23,908.	14,942.	3,842.
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	354,009.	354,009.		
b REPAIRS & MAINTENANCE	4,868.	2,726.	1,704.	438.
c MISCELLANEOUS	27,413.	15,352.	9,594.	2,467.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,892,127.	5,372,254.	427,906.	91,967.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	3,499,710.	1	2,086,608.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	74,030.	4	42,910.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	4,613.	9	35,211.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,974,450.		
	b Less: accumulated depreciation	10b 210,986.		
		8,745,505.	10c	8,763,464.
	11 Investments - publicly traded securities	39,278,998.	11	44,675,139.
	12 Investments - other securities. See Part IV, line 11	254,558.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	8,044,550.	15	8,081,133.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,901,964.	16	63,684,465.	
Liabilities	17 Accounts payable and accrued expenses	67,617.	17	31,993.
	18 Grants payable	3,000.	18	131,666.
	19 Deferred revenue	0.	19	55,000.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 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	4,670,897.	25	5,357,103.
	26 Total liabilities. Add lines 17 through 25	4,741,514.	26	5,575,762.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	55,045,738.	27	57,973,116.
	28 Temporarily restricted net assets	114,712.	28	135,587.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	55,160,450.	33	58,108,703.
	34 Total liabilities and net assets/fund balances	59,901,964.	34	63,684,465.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,747,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,892,127.
3	Revenue less expenses. Subtract line 2 from line 1	3	855,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,160,450.
5	Net unrealized gains (losses) on investments	5	2,422,385.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-329,262.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,108,703.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 2017 (83.41%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (85.30%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c 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>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>	1	
2 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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b 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>	3b		

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.

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

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

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

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 Total annual distributions. 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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	2013	2014	2015	2016	2017	TOTAL
GROSS FUNDRAISING INCOME					6,005.	6,005.
MISCELLANEOUS					48,035.	48,035.
TOTALS					<u>54,040.</u>	<u>54,040.</u>

Schedule of Contributors

2017

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

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).

Name of organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 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	_____	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 141,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 100,000.	Person <input checked="" 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 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
7	_____	\$ 78,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 223,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 18,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 882,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
7	SECURITIES	\$ 78,377.	10/26/2017
12	SECURITIES	\$ 882,931.	02/06/2017
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several yes/no questions regarding monitoring and reporting.

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, with dollar amount fields for revenue and assets.

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

Schedule D (Form 990) 2017

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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 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.	3,750,996.		8,073,996.
b Buildings		732,370.	123,637.	608,733.
c Leasehold improvements				
d Equipment		66,066.	51,022.	15,044.
e Other		102,018.	36,327.	65,691.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,763,464.

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)		
Total. (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)		
Total. (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	199,133.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,081,133.

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	1,424,401.
(3) HELD FOR OTHERS	3,932,702.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,357,103.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D PART I LINE 5

RELATED PARTIES

CERTAIN BOARD MEMBERS ARE FUND ADVISORS OF DONOR ADVISED FUNDS THAT ARE HELD WITH THE FOUNDATION. AS OF DECEMBER 31, 2017 AND 2016, THE VALUE OF THESE DONOR ADVISED FUNDS WAS \$8,490,632 AND \$7,966,230, RESPECTIVELY.

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 2014 THROUGH THE CURRENT PERIOD.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT 2330 ROBINSON ST COLORADO SPRINGS, CO 80904	84-1071825	501(C)(3)	5,006.				SEE PART IV
(2) SALVATION ARMY P.O. BOX 9947 COLORADO SPRINGS, CO 80909	94-1156347	501(C)(3)	5,100.				SEE PART IV
(3) SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250	94-6069890	501(C)(3)	5,100.				SEE PART IV
(4) CONCRETE COUCH 211 ILLINOIS AVE. MANITOU SPRINGS, CO 80829	20-2325992	501(C)(3)	5,176.				SEE PART IV
(5) NATIONAL JEWISH HEALTH 1400 JACKSON ST. SUITE M113	74-2044647	501(C)(3)	5,248.				SEE PART IV
(6) OTERO JUNIOR COLLEGE 1802 COLORADO AVE. LA JUNTA, CO 81050	84-0644739	SCHOOL	5,248.				SEE PART IV
(7) SOCIAL GOOD FUND 12651 SAN PABLO AVE, #5473	46-1323531	501(C)(3)	5,332.				SEE PART IV
(8) SPRINGS RESCUE MISSION 5 W. LAS VEGAS COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	5,362.				SEE PART IV
(9) COLORADO CONSORTIUM FOR EARTH AND SPACE SCI 10215 LEXINGTON DRIVE SUITE 110	84-1497653	501(C)(3)	5,381.				SEE PART IV
(10) PROJECT ANGEL HEART 620 S. CASCADE AVENUE, SUITE 100	84-1199481	501(C)(3)	5,400.				SEE PART IV
(11) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	5,500.				SEE PART IV
(12) GIVE! 235 S. NEVADA AVE.	81-2029897	501(C)(3)	5,500.				SEE PART IV

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) SAFARI CLUB INTERNATIONAL PO BOX 5486 WOODLAND PARK, CO 80866	94-2608033	501(C)(3)	5,560.				SEE PART IV
(2) UPADOWNA 120 TROUT AVE COLORADO SPRINGS, CO 80906	46-4226815	501(C)(3)	5,561.				SEE PART IV
(3) STEWARDSHIP COUNSEL 710 TRUMPETERS COURT WEST	81-4763230	501(C)(3)	5,725.				SEE PART IV
(4) PIKES PEAK HISTORICAL SOCIETY PO BOX 823 FLORISSANT, CO 80816	84-1259188	501(C)(3)	5,767.				SEE PART IV
(5) MONUMENT COMMUNITY PRESBYTERIAN CHURCH 238 3RD ST. MONUMENT, CO 80132	23-6393377	CHURCH	6,000.				SEE PART IV
(6) SUE DINAPOLI OVARIAN CANCER FOUNDATION 6822 SNOWBIRD TERRACE	27-0170494	501(C)(3)	6,162.				SEE PART IV
(7) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	6,200.				SEE PART IV
(8) ECUMENICAL SOCIAL MINISTRIES 201 N. WEBER ST. COLORADO SPRINGS, CO 80903	84-0890978	CHURCH	6,268.				SEE PART IV
(9) HUNT OR GATHER 816 N. FOOTE AVE COLORADO SPRINGS, CO 80909		501(C)(3)	6,376.				SEE PART IV
(10) ST. VINCENT HOSPITAL FOUNDATION 822 W. 4TH ST. LEADVILLE, CO 80461	73-1687268	501(C)(3)	6,465.				SEE PART IV
(11) SILVER KEY SENIOR SERVICES 1625 SOUTH MURRAY BLVD.	23-7109922	501(C)(3)	6,487.				SEE PART IV
(12) GIVE! 235 S. NEVADA AVE.	81-2029897	501(C)(3)	6,500.				SEE PART IV

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) PALMER LAND TRUST PO BOX 1281 COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	6,500.				SEE PART IV
(2) PIKES PEAK LIBRARY DISTRICT FOUNDATION PO BOX 1579 COLORADO SPRINGS, CO 80901	11-3690724	501(C)(3)	6,693.				SEE PART IV
(3) COLORADO SPRINGS PARK AND RECREATION DEPART 1401 RECREATION WAY	84-6000573	GOVT	7,000.				SEE PART IV
(4) SOUTHERN COLORADO AIDS PROJECT 1301 SOUTH EIGHTH ST. SUITE 200	84-0961159	501(C)(3)	7,000.				SEE PART IV
(5) PEAK ALLIANCE FOR A SUSTAINABLE FUTURE 1034 RANCHER DR. FOUNTAIN, CO 80817	81-4895117	501(C)(3)	7,128.				SEE PART IV
(6) CARE AND SHARE 2605 PREAMBLE POINT	84-0731930	501(C)(3)	7,152.				SEE PART IV
(7) FIRST CONGREGATIONAL CHURCH 20 E. ST. VRAIN ST.	84-0405572	CHURCH	7,267.				SEE PART IV
(8) COLORADO SPRINGS SCHOOL 21 BROADMOOR AVE.	84-0517369	SCHOOL	7,440.				SEE PART IV
(9) CHEYENNE MOUNTAIN CHAPTER OF TROUT UNLIMITE P.O. BOX 458 COLORADO SPRINGS, CO 80901	52-1765540	501(C)(3)	7,488.				SEE PART IV
(10) CHRIST PRESBYTERIAN CHURCH 6565 E. BROADWAY BLVD. TUCSON, AZ 85710	86-6052069	CHURCH	7,500.				SEE PART IV
(11) DISCOVER GOODWILL FOUNDATION OF SOUTHERN & 1460 GARDEN OF THE GODS ROAD	84-1488592	501(C)(3)	7,500.				SEE PART IV
(12) YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON ST.	84-0404266	501(C)(3)	7,672.				SEE PART IV

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) FIRST LUTHERAN CHURCH 1515 N. CASCADE AVE	84-0535815	CHURCH	7,865.				SEE PART IV
(2) BETHEL CHURCH OF REDDING 933 COLLEGE VIEW DR. REDDING, CA 96003	94-1514037	CHURCH	7,920.				SEE PART IV
(3) MUSTARD SEED RANCH - CORPORATE OFFICE P.O. BOX 956 SAN JUAN CAPISTRANO, CA 92693	20-5349572	501(C)(3)	7,920.				SEE PART IV
(4) CASA OF THE PIKES PEAK REGION, INC. 701 S. CASCADE COLORADO SPRINGS, CO 80903	84-1115548	501(C)(3)	8,000.				SEE PART IV
(5) GIVE! 235 S. NEVADA AVE.	81-2029897	501(C)(3)	8,000.				SEE PART IV
(6) COLORADO SPRINGS UTILITIES FOUNDATION PO BOX 1103 COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	8,886.				SEE PART IV
(7) COLORADO SPRINGS PARK AND RECREATION DEPART 1401 RECREATION WAY	84-6000573	GOVT	9,456.				SEE PART IV
(8) HOME FRONT CARES, INC. 1120 N. CIRCLE DRIVE, SUITE 7	20-0564493	501(C)(3)	9,691.				SEE PART IV
(9) ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER 2315 BOTT AVENUE COLORADO SPRINGS, CO 80904	84-0908354	501(C)(3)	10,000.				SEE PART IV
(10) CENTER FOR NONPROFIT EXCELLENCE 723 N. WEBER ST., STE. 200	20-2659477	501(C)(3)	10,000.				SEE PART IV
(11) CITY OF WOODLAND PARK PO BOX 9007 WOODLAND PARK, CO 80866	84-6002470	GOVT	10,000.				SEE PART IV
(12) COLORADO SPRINGS CONSERVATORY 415 S. SAHWATCH COLORADO SPRINGS, CO 80903	84-1502211	501(C)(3)	10,000.				SEE PART IV

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	10,000.				SEE PART IV
(2) FIRST PRESBYTERIAN CHURCH 219 E. BIJOU COLORADO SPRINGS, CO 80903	84-0416230	CHURCH	10,000.				SEE PART IV
(3) HARRISON SCHOOL DISTRICT 2 1060 HARRISON ROAD	84-6001175	SCHOOL	10,000.				SEE PART IV
(4) LEADERSHIP PROGRAM OF THE ROCKIES 1777 S. HARRISON ST. SUITE 807	84-1623324	501(C)(3)	10,000.				SEE PART IV
(5) MOUNT CARMEL HEALTH WELLNESS AND COMMUNITY P.O. BOX 504 TRINIDAD, CO 81082	27-3546373	501(C)(3)	10,000.				SEE PART IV
(6) PALMER LAND TRUST PO BOX 1281 COLORADO SPRINGS, CO 80901	84-0763346	501(C)(3)	10,000.				SEE PART IV
(7) PEAK EDUCATION 205 E. CHEYENNE MOUNTAIN BOULEVARD	84-1467174	501(C)(3)	10,000.				SEE PART IV
(8) SOUTH FORK MUSIC ASSOCIATION PO BOX 2 SOUTH FORK, CO 81154	20-4576250	501(C)(3)	10,000.				SEE PART IV
(9) TWOCOR PROJECTS 625 ARRAWANNA COLORADO SPRINGS, CO 80909	72-1566504	501(C)(3)	10,000.				SEE PART IV
(10) FIRST UNITED METHODIST CHURCH 420 N. NEVADA AVE.	84-0408405	CHURCH	10,200.				SEE PART IV
(11) UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY	84-6049811	501(C)(3)	10,334.				SEE PART IV
(12) GRACE AND ST. STEPHENS EPISCOPAL PARISH 601 NORTH TEJON STREET	84-0405258	CHURCH	10,400.				SEE PART IV

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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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) NEWBORN HOPE P.O. BOX 2515 COLORADO SPRINGS, CO 80901	84-1093905	501(C)(3)	10,500.				SEE PART IV
(2) FOSTERING HOPE FOUNDATION 3055 SUNNYBROOK LN	26-1991807	501(C)(3)	11,000.				SEE PART IV
(3) INSIDE OUT YOUTH SERVICES 223 NORTH WAHSATCH AVE SUITE 101	84-1407299	501(C)(3)	11,000.				SEE PART IV
(4) TOWN OF GREEN MOUNTAIN FALLS 10605 GREEN MOUNTAIN FALLS ROAD		GOVT	11,202.				SEE PART IV
(5) COLORADO SPRINGS UTILITIES FOUNDATION PO BOX 1103 COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	11,510.				SEE PART IV
(6) COLORADO SPRINGS PHILHARMONIC P O BOX 1266 COLORADO SPRINGS, CO 80901	74-3091110	501(C)(3)	12,000.				SEE PART IV
(7) UNIVERSITY OF COLORADO AT COLORADO SPRINGS 1420 AUSTIN BLUFFS PARKWAY	84-6000555	SCHOOL	12,000.				SEE PART IV
(8) PARENTS CHALLENGE 2 NORTH CASCADE AVE., STE. 1280	84-1591310	501(C)(3)	12,750.				SEE PART IV
(9) GIVE! 235 S. NEVADA AVE.	81-2029897	501(C)(3)	13,250.				SEE PART IV
(10) CITY OF COLORADO SPRINGS - THERAPEUTIC RECR 1315 E. PIKES PEAK AVE.	84-6000573	GOVT	14,192.				SEE PART IV
(11) SPAULDING LEADERSHIP INSTITUTE 1620 N. LITTLE RAVEN ST. SUITE 704	26-4795262	501(C)(3)	14,900.				SEE PART IV
(12) COLORADO SPRINGS CHORAL SOCIETY P.O. BOX 2304 COLORADO SPRINGS, CO 80901	84-0593557	501(C)(3)	14,995.				SEE PART IV

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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
(1) DEL E. WEBB CENTER FOR THE PERFORMING ARTS 2001 WEST WICKENBURG WAY SUITE 3	86-0873249	501(C)(3)	15,000.				SEE PART IV
(2) DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER ST. WICKENBURG, AZ 85390	86-0204201	501(C)(3)	15,000.				SEE PART IV
(3) PIKES PEAK COMMUNITY COLLEGE FOUNDATION 5675 S. ACADEMY BLVD. BOX C-11	74-2182257	501(C)(3)	15,000.				SEE PART IV
(4) PIKES PEAK HOSPICE & PALLIATIVE CARE 2550 TENDERFOOT HILL ST.	84-0816047	501(C)(3)	15,000.				SEE PART IV
(5) ROCKY MOUNTAIN FIELD INSTITUTE 815 SOUTH 25TH STREET, SUITE 101	74-2225140	501(C)(3)	15,011.				SEE PART IV
(6) CITY OF LONE TREE 9220 KIMMER DRIVE LONE TREE, CO 80124	84-1348197	GOVT	15,737.				SEE PART IV
(7) BLACKBIRD OUTREACH 8056 HORIZON DRIVE	81-5176903	501(C)(3)	18,000.				SEE PART IV
(8) WESTSIDE CARES 2808 W. COLORADO AVE.	74-2354492	501(C)(3)	18,700.				SEE PART IV
(9) WATERSTONE 10807 NEW ALLEGIANCE DRIVE, SUITE 240	75-1750059	501(C)(3)	19,041.				SEE PART IV
(10) AMERICAN WELDING SOCIETY FOUNDATION 8669 NW36 ST. #130 MIAMI, FL 33166	13-0434890	501(C)(3)	20,000.				SEE PART IV
(11) CHEYENNE VILLAGE 6275 LEHMAN DR., BLDG C	84-6051921	501(C)(3)	20,000.				SEE PART IV
(12) FIRST PRESBYTERIAN CHURCH 219 E. BIJOU COLORADO SPRINGS, CO 80903	84-0416230	CHURCH	20,000.				SEE PART IV

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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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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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

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

Part II Grants and Other Assistance to 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
(1) PIKES PEAK RANGE RIDERS FOUNDATION P.O. BOX 758 COLORADO SPRINGS, CO 80901	84-1497942	501(C)(3)	20,000.				SEE PART IV
(2) COLORADO SPRINGS FIRE DEPARTMENT 375 PRINTERS PKWY.	84-6000573	GOVT	20,892.				SEE PART IV
(3) POLICE FOUNDATION OF COLORADO SPRINGS 10 LAKE CIRCLE COLORADO SPRINGS, CO 80906	27-0926740	501(C)(3)	21,073.				SEE PART IV
(4) CATAMOUNT INSTITUTE 740 WEST CARAMILLO ST.	86-1151502	501(C)(3)	23,700.				SEE PART IV
(5) CITY OF COLORADO SPRINGS - RECREATION SERVI 1401 RECREATION WAY	84-6000573	GOVT	25,000.				SEE PART IV
(6) COLORADO REALTOR FOUNDATION 309 INVERNESS WAY SOUTH ENGLEWOOD, CO 80112	84-1152732	501(C)(3)	25,000.				SEE PART IV
(7) ROBERT SCOTT HALL FIELD OF DREAMS 15 SOUTH WAHSATCH AVE. STE. L	46-1306234	501(C)(3)	25,000.				SEE PART IV
(8) UCCS DEVELOPMENT CORPORATION 1755 TELSTAR DRIVE SUITE 211	80-0844761	501(C)(3)	25,000.				SEE PART IV
(9) UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY	84-6049811	501(C)(3)	25,000.				SEE PART IV
(10) FRIENDS OF CHEYENNE CANON P.O. BOX 60275 COLORADO SPRINGS, CO 80960	84-1324887	501(C)(3)	25,250.				SEE PART IV
(11) WILL'S HOPE 320 CHESTNUT COURT	46-1525821	501(C)(3)	25,252.				SEE PART IV
(12) PIKES PEAK UNITED WAY 518 NORTH NEVADA AVE.	84-0511799	501(C)(3)	25,517.				SEE PART IV

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.
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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

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

Part II Grants and Other Assistance to 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
(1) PIKES PEAK HOSPICE & PALLIATIVE CARE 2550 TENDERFOOT HILL ST.	84-0816047	501(C)(3)	27,000.				SEE PART IV
(2) COLORADO SPRINGS FIRE DEPARTMENT 375 PRINTERS PKWY.	84-6000573	GOVT	28,740.				SEE PART IV
(3) GAZETTE CHARITABLE PROGRAMS - EMPTY STOCKIN P.O. BOX 910942 DENVER, CO 80291	84-1526179	501(C)(3)	28,900.				SEE PART IV
(4) FOUNDATION FOR COLORADO SPRINGS FUTURE 102 S. TEJON ST. SUITE 430	84-1286585	501(C)(3)	29,328.				SEE PART IV
(5) AMERICAN RED CROSS - PIKES PEAK CHAPTER 1040 S. 8TH STREET	53-0196605	501(C)(3)	30,452.				SEE PART IV
(6) PIKES PEAK RESTORATIVE JUSTICE COUNCIL P.O. BOX 271 COLORADO SPRINGS, CO 80901	81-5067320	501(C)(3)	31,896.				SEE PART IV
(7) PENROSE-ST. FRANCIS FOUNDATION 2222 N NEVADA COLORADO SPRINGS, CO 80907	84-0902211	501(C)(3)	33,500.				SEE PART IV
(8) JOY TO THE WORLD FOUNDATION 5550 TECH CENTR DR. # 305	72-1551621	501(C)(3)	34,675.				SEE PART IV
(9) ROTARY CLUB OF CANON CITY CHARATABLE FOUNDA P.O. BOX 762 CANON CITY, CO 81215	93-1282457	501(C)(3)	35,000.				SEE PART IV
(10) JOY TO THE WORLD FOUNDATION 5550 TECH CENTR DR. # 305	72-1551621	501(C)(3)	35,376.				SEE PART IV
(11) HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOT LANE COLORADO SPRINGS, CO 80905	84-0410111	501(C)(3)	36,119.				SEE PART IV
(12) EL PASO COUNTY PARKS 2002 CREEK CROSSING	84-1248165	GOVT	37,446.				SEE PART IV

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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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

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

Part II Grants and Other Assistance to 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
(1) BLACK FOREST TOGETHER 10705 MILAM RD. COLORADO SPRINGS, CO 80908	46-3430400	501(C)(3)	40,000.				SEE PART IV
(2) CITY OF COLORADO SPRINGS P.O. BOX 1575, MC# 250	84-6000573	GOVT	40,000.				SEE PART IV
(3) COALITIONS AND COLLABORATIVES, INC. PO BOX 726 LAKE GEORGE, CO 80827	47-2144890	501(C)(3)	48,375.				SEE PART IV
(4) CATAMOUNT CENTER 3168 COUNTY ROAD 28 WOODLAND PARK, CO 80863	84-1438996	501(C)(3)	50,000.				SEE PART IV
(5) CITY OF COLORADO SPRINGS - RECREATION SERVI 1401 RECREATION WAY	84-6000573	GOVT	50,000.				SEE PART IV
(6) UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY	84-6049811	501(C)(3)	55,000.				SEE PART IV
(7) PARTNERS IN HOUSING 455 GOLD PASS HEIGHTS	84-1188208	501(C)(3)	60,000.				SEE PART IV
(8) WAR DOG MEMORIAL COLORADO 5618 ORO GRANDE DRIVE	82-0821206	501(C)(3)	66,708.				SEE PART IV
(9) LAKE COUNTY COMMUNITY FUND 711 HARRISON AVE. UNIT D1	81-4684882	501(C)(3)	73,495.				SEE PART IV
(10) NATURE CONSERVANCY 2424 SPRUCE ST. BOULDER, CO 80302	53-0242652	501(C)(3)	75,000.				SEE PART IV
(11) DOUGLAS COUNTY COMMUNITY FOUNDATION P.O. BOX 84 CASTLE ROCK, CO 80104	20-3577455	501(C)(3)	82,284.				SEE PART IV
(12) KCME 1921 N. WEBER ST.	83-0234545	501(C)(3)	89,300.				SEE PART IV

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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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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
(1) CATAMOUNT CENTER 3168 COUNTY ROAD 28 WOODLAND PARK, CO 80863	84-1438996	501(C)(3)	100,000.				SEE PART IV
(2) COLORADO SPRINGS YOUTH SYMPHONY PO BOX 7846 COLORADO SPRINGS, CO 80933	84-1109579	501(C)(3)	144,850.				SEE PART IV
(3) PIKES PEAK THERAPEUTIC RIDING CENTER 13620 HALLELUIAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	151,000.				SEE PART IV
(4) ATLAS PREPARATORY SCHOOL 1602 S. MURRAY BLVD.	26-2055229	SCHOOL	152,500.				SEE PART IV
(5) PIKES PEAK REGION PEACE OFFICERS MEMORIAL P.O. BOX 64332 COLORADO SPRINGS, CO 80962	46-4871424	501(C)(3)	163,440.				SEE PART IV
(6) COMPASSION INTERNATIONAL 12290 VOYAGER PKWY	36-2423707	501(C)(3)	201,700.				SEE PART IV
(7) EL PASO COUNTY BAR FOUNDATION 24 SOUTH WEBBER STREET SUITE 300	81-5243187	501(C)(3)	340,049.				SEE PART IV
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 112.

3 Enter total number of other organizations listed in the line 1 table ▶ 15.

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

Schedule I (Form 990) (2017)

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
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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
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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.

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
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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 II LINE 1H

PURPOSE OF GRANT OR ASSISTANCE:

COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT - TO SUPPORT THE BOOKS FOR

HOMELESS CHILDREN PROGRAM

SALVATION ARMY - PROGRAM SUPPORT

SIERRA CLUB FOUNDATION - GENERAL OPERATING

CONCRETE COUCH - GENERAL OPERATING

NATIONAL JEWISH HEALTH - DESIGNATED FOR ALLIE TAYLOR BLACKFORD AND

WILLIAM WOODS BLACKFORD FUND

OTERO JUNIOR COLLEGE - DESIGNATED FOR THE ELEANOR BLACKFORD COLVIN

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

SCHOLARSHIP

SOCIAL GOOD FUND - TO PREPARE FOR AND HOST A 2017 TEDX COLORADO SPRINGS

SPEAKING EVENT

SPRINGS RESCUE MISSION - GENERAL OPERATING

COLORADO CONSORTIUM FOR EARTH AND SPACE SCIENCE - STEM PROGRAM

PROJECT ANGEL HEART - GENERAL OPERATING

DESERT CABALLEROS WESTERN MUSEUM - HEART OF THE WEST

GIVE! - MANITOU ARTS CENTER

SAFARI CLUB INTERNATIONAL - PROGRAM SUPPORT

UPADOWNNA - GENERAL OPERATING

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

STEWARDSHIP COUNSEL - GENERAL OPERATING

PIKES PEAK HISTORICAL SOCIETY - GENERAL OPERATING

MONUMENT COMMUNITY PRESBYTERIAN CHURCH - GENERAL OPERATING

SUE DINAPOLI OVARIAN CANCER FOUNDATION - SUPPORT GENETIC TESTING FOR

HEREDITARY CANCER AND BRCAGIRL DANCE PARTY

DESERT CABALLEROS WESTERN MUSEUM - BOYD RANCH

ECUMENICAL SOCIAL MINISTRIES - GENERAL OPERATING

HUNT OR GATHER - GENERAL OPERATING

ST. VINCENT HOSPITAL FOUNDATION - GENERAL OPERATING

SILVER KEY SENIOR SERVICES - GENERAL OPERATING

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

GIVE! - BUILDING COMMUNITY

PALMER LAND TRUST - GENERAL OPERATING

PIKES PEAK LIBRARY DISTRICT FOUNDATION - SHIVERS FUND

COLORADO SPRINGS PARK AND RECREATION DEPARTMENT - YOUTH SPORTS

OFFICE(BOXING) AND YOUNG STARS PROGRAM

SOUTHERN COLORADO AIDS PROJECT - RAISE THE PADDLE FOR RED RIBBON BALL

2017

PEAK ALLIANCE FOR A SUSTAINABLE FUTURE - GENERAL OPERATING

CARE AND SHARE - GENERAL OPERATING

FIRST CONGREGATIONAL CHURCH - GENERAL OPERATING

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

COLORADO SPRINGS SCHOOL - GENERAL OPERATING

CHEYENNE MOUNTAIN CHAPTER OF TROUT UNLIMITED - RESTORING AND REVITALIZING

THE FOUNTAIN CREEK ECOSYSTEM IN MANITOU SPRINGS FOR FISHING, RECREATION

AND WILDLIFE

CHRIST PRESBYTERIAN CHURCH - GENERAL OPERATING

DISCOVER GOODWILL FOUNDATION OF SOUTHERN & WESTERN COLORADO - GENERAL

OPERATING

YMCA OF THE PIKES PEAK REGION - GENERAL OPERATING

FIRST LUTHERAN CHURCH - GENERAL OPERATING

BETHEL CHURCH OF REDDING - GENERAL OPERATING

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

MUSTARD SEED RANCH - CORPORATE OFFICE - GENERAL OPERATING

CASA OF THE PIKES PEAK REGION, INC. - GENERAL OPERATING

GIVE! - CATAMOUNT INSTITUTE

COLORADO SPRINGS UTILITIES FOUNDATION - GENERAL OPERATING

COLORADO SPRINGS PARK AND RECREATION DEPARTMENT - SUPPORT OF YOUTH HEALTH

AND WELLNESS PROGRAMS

HOME FRONT CARES, INC. - GENERAL OPERATING

ALZHEIMER'S ASSOCIATION-COLORADO CHAPTER - WALK SPONSOR

CENTER FOR NONPROFIT EXCELLENCE - CAPACITY BUILDING FOR ORGANIZATIONS

IMPACTING YOUTH

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

CITY OF WOODLAND PARK - AQUATIC CENTER

COLORADO SPRINGS CONSERVATORY - GENERAL OPERATING

DESERT CABALLEROS WESTERN MUSEUM - DESERT CABALLEROS MUSEUM

FIRST PRESBYTERIAN CHURCH - NEW WORSHIP CENTER

HARRISON SCHOOL DISTRICT 2 - AVID PROGRAM SUPPORT

LEADERSHIP PROGRAM OF THE ROCKIES - GENERAL OPERATING

MOUNT CARMEL HEALTH WELLNESS AND COMMUNITY CENTER - GENERAL OPERATING

PALMER LAND TRUST - DESIGNATED FOR THE GOCO REAUTHORIZATION EFFORT

PEAK EDUCATION - FOR PROGRAM EXPANSION

SOUTH FORK MUSIC ASSOCIATION - GENERAL OPERATING

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

TWOCOR PROJECTS - FOR A GREENHOUSE KIT TO EXPAND TRAUMA TREATMENT

FIRST UNITED METHODIST CHURCH - GENERAL OPERATING

UNIVERSITY OF COLORADO FOUNDATION - THE ATLAS PREPARATORY SCHOOL

SCHOLARSHIP FUND

GRACE AND ST. STEPHENS EPISCOPAL PARISH - GENERAL OPERATING

NEWBORN HOPE - GENERAL OPERATING

FOSTERING HOPE FOUNDATION - GENERAL OPERATING

INSIDE OUT YOUTH SERVICES - RENT

TOWN OF GREEN MOUNTAIN FALLS - REBUILD TOWN HALL DUE TO THE FIRE

COLORADO SPRINGS UTILITIES FOUNDATION - PROJECT COPE

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

COLORADO SPRINGS PHILHARMONIC - GENERAL OPERATING

UNIVERSITY OF COLORADO AT COLORADO SPRINGS - TO SUPPORT THE FLYING

CARROT

PARENTS CHALLENGE - GENERAL OPERATING

GIVE! - EQUALLY TO ALL CHARITIES, NO SPECIFICS

CITY OF COLORADO SPRINGS - THERAPEUTIC RECREATION PROGRAM - SCHOLARSHIPS

FOR PRATICIPANTS IN NEED AND TO PURCHASE EQUIPMENT OR SUPPLIES FOR TRP.

SPAULDING LEADERSHIP INSTITUTE - FOR SCHOLARSHIPS FOR COLORADO STUDENTS

FOR THE GLOBAL YOUTH LEADERSHIP ACADEMY

COLORADO SPRINGS CHORAL SOCIETY - GENERAL OPERATING

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

DEL E. WEBB CENTER FOR THE PERFORMING ARTS - GENERAL OPERATING

DESERT CABALLEROS WESTERN MUSEUM - COWGIRL UP

PIKES PEAK COMMUNITY COLLEGE FOUNDATION - SCHOLARSHIP FOR STUDENT

GRADUATING FROM ATLAS PREPARATORY SCHOOL

PIKES PEAK HOSPICE & PALLIATIVE CARE - GENERAL OPERATING

ROCKY MOUNTAIN FIELD INSTITUTE - GENERAL OPERATING

CITY OF LONE TREE - LONE TREE ART CENTER

BLACKBIRD OUTREACH - EMERALD TOWERS PROJECT

WESTSIDE CARES - GENERAL OPERATING

WATERSTONE - GENERAL OPERATING

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

AMERICAN WELDING SOCIETY FOUNDATION - SCHOLARSHIP FUND - EDUCATION

CHEYENNE VILLAGE - GENERAL OPERATING

FIRST PRESBYTERIAN CHURCH - GENERAL OPERATING

PIKES PEAK RANGE RIDERS FOUNDATION - NEW STALLS AT LATIGO-TRAILS

COLORADO SPRINGS FIRE DEPARTMENT - GIFT TRUST ACCOUNT

POLICE FOUNDATION OF COLORADO SPRINGS - TO SUPPORT COMMUNITY ADVANCING

PUBLIC SAFETY PROGRAM

CATAMOUNT INSTITUTE - GENERAL OPERATING

CITY OF COLORADO SPRINGS - RECREATION SERVICES - LEGACY LOOP

COLORADO REALTOR FOUNDATION - FOR DIAMOND CLUB PARTNER SUPPORTING

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

AFFORDABLE HOUSING, HOMEOWNERSHIP EDUCATION AND DISASTER RELIEF

ROBERT SCOTT HALL FIELD OF DREAMS - GENERAL OPERATING

UCCS DEVELOPMENT CORPORATION - TO SUPPORT JOINT VENTURE WITH CENTURA

HEALTH AND UCCS GENERATED DISCOVERIES

UNIVERSITY OF COLORADO FOUNDATION - DESIGNATED FOR THE BETH-EL COLLEGE OF

NURSING AND HEALTH SCIENCES

FRIENDS OF CHEYENNE CANON - STARS MORE CENTER

WILL'S HOPE - GENERAL OPERATING

PIKES PEAK UNITED WAY - GENERAL OPERATING

PIKES PEAK HOSPICE & PALLIATIVE CARE - TO SUPPORT THE TREE OF LIFE

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

COLORADO SPRINGS FIRE DEPARTMENT - CARES COMMUNITY TRUST ACCOUNT

GAZETTE CHARITABLE PROGRAMS - EMPTY STOCKING FUND - TO SUPPORT RECIPIENT ORGANIZATIONS

FOUNDATION FOR COLORADO SPRINGS FUTURE - COMMUNITY IMPROVEMENT, CAPACITY BUILDING AND EMPLOYMENT AND WORK PLACE INITIATIVES FOR COLORADO SPRINGS

AMERICAN RED CROSS - PIKES PEAK CHAPTER - GENERAL OPERATING

PIKES PEAK RESTORATIVE JUSTICE COUNCIL - TRAINING OPPORTUNITIES TO EDUCATE AND PROMOTE RJ IN COMMUNITIES

PENROSE-ST. FRANCIS FOUNDATION - FOR THE JOHN ZAY GUEST HOUSE

JOY TO THE WORLD FOUNDATION - JOBSEEKER SUPPORT

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

ROTARY CLUB OF CANON CITY CHARITABLE FOUNDATION - SCHOLARSHIP FUND

JOY TO THE WORLD FOUNDATION - DENTAL CARE FOR CHILDREN IN NEED WORLD WIDE

HUMANE SOCIETY OF THE PIKES PEAK REGION - GENERAL OPERATING

EL PASO COUNTY PARKS - GENERAL OPERATING

BLACK FOREST TOGETHER - MITIGATE DEAD TREES AFTER BLACK FOREST FIRE

CITY OF COLORADO SPRINGS - OLYMPIC CITY USA

COALITIONS AND COLLABORATIVES, INC. - RECREATIONAL AND ENVIRONMENTAL STEWARDSHIP PROJECTS

CATAMOUNT CENTER - NEW WELL AND WATER SYSTEM

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

CITY OF COLORADO SPRINGS - RECREATION SERVICES - UTE VALLEY PARK MASTER

PLAN PROJECTS

UNIVERSITY OF COLORADO FOUNDATION - TO ESTABLISH THE MCHUGH SCHOLARSHIP

ENDOWMENT

PARTNERS IN HOUSING - TO SUPPORT TRANSITIONAL HOUSING AND SUPPORT

SERVICES FOR HOMELESS FAMILIES WITH CHILDREN FROM THE GIVING-TOGETHER CO-

FUNDING INITIATIVE

WAR DOG MEMORIAL COLORADO - GENERAL OPERATING

LAKE COUNTY COMMUNITY FUND - GENERAL OPERATING

NATURE CONSERVANCY - OPPORTUNITIES ANALYSIS FOUNDATIONIAN CREEK WATERSHED

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

STUDY

DOUGLAS COUNTY COMMUNITY FOUNDATION - GENERAL OPERATING

KCME - GENERAL OPERATING

CATAMOUNT CENTER - GENERAL OPERATING

COLORADO SPRINGS YOUTH SYMPHONY - GENERAL OPERATING

PIKES PEAK THERAPEUTIC RIDING CENTER - GENERAL OPERATING

ATLAS PREPARATORY SCHOOL - SCHOLARSHIP FUND - EDUCATION

PIKES PEAK REGION PEACE OFFICERS MEMORIAL - TO SUPPORT THE MEMORIAL FUND

COMPASSION INTERNATIONAL - GENERAL OPERATING

EL PASO COUNTY BAR FOUNDATION - GENERAL OPERATING

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

Employer identification number

84-1339670

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY BUTTERWORTH 1 CEO	(i)	151,928.	0.	3,200.	8,060.	12,980.	176,168.	
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
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	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

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.**

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

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.

1	(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)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(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) 2017

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	334,594.	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).

SCH L.

THE ORGANIZATION ENTERED INTO A 5 YEAR LEASE AGREEMENT WITH ALAMO NO 1 LLC IN DECEMBER OF WHICH CHRIS JENKINS AND DAVID JENKINS OWNS A PARTIAL INTEREST IN. CHRIS JENKINS WAS VOTED IN AS A BOARD MEMBER IN DECEMBER 2016 FOR THE 2017 BOARD. IN SEPTEMBER OF 2016, DAVID AND CAROLYN JENKINS CONTRIBUTED \$9 MILLION INTO A DONOR ADVISED FUND, IN WHICH CHRIS IS LISTED AS A FUND ADVISOR. THE TOTAL FUTURE MINIMUM LEASE PAYMENTS ARE \$414,541 FOR THE LEASE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	X	2	961,308	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X		19,778	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee 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) (2017)

JSA

7E1298 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.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PIKES PEAK COMMUNITY FOUNDATION

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 2

BUSINESS RELATIONSHIP

FORM 990 PART VI SECTION A LINE 4

CHANGES TO BYLAWS: THE BYLAWS WERE AMENDED TO ALLOW FOR THE ANNUAL
MEETING TO TAKE PLACE ANYTIME IN THE FOURTH QUARTER. THE BYLAWS
PREVIOUSLY STATED THE ANNUAL MEETING HAD TO TAKE PLACE IN DECEMBER.

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 CEO 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 CEO. THE FORMATIVE

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

ASSESSMENT OCCURS AS WEEKLY MEETINGS BETWEEN THE CEO 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 CEO 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 CEO. THE BOARD CHAIR ASKS THE CEO 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 CEO THEN MEETS ONE-ON-ONE WITH THE BOARD CHAIR TO DISCUSS BOTH THE SELF-EVALUATION AND THE BOARD FEEDBACK. AFTER THIS SESSION, THE BOARD CHAIR CONVENES THE EXECUTIVE COMMITTEE OF THE BOARD FOR A FORMAL PERFORMANCE REVIEW. PART OF THIS SESSION IS "EXECUTIVE SESSION" DURING WHICH THE CEO IS ASKED TO LEAVE THE ROOM SO THAT THE COMMITTEE MEMBERS CAN DISCUSS THE CEO PRIVATELY. THE EXECUTIVE COMMITTEE THEN PREPARES A RECOMMENDATION FOR EITHER RETENTION OR TERMINATION OF THE CEO AND PRESENTS IT TO THE FULL BOARD. THE CEO THEN MEETS WITH THE FULL BOARD TO DISCUSS PERFORMANCE, FOLLOWED BY AN "EXECUTIVE SESSION" DURING WHICH THE CEO 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

Name of the organization PIKES PEAK COMMUNITY FOUNDATION	Employer identification number 84-1339670
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LETTER TO THE CEO, 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.

FORM 990 PART XI LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: \$ 20,875

NET ASSET RECLASSIFICATION BETWEEN

CONSOLIDATED GROUP \$(350,137)

ATTACHMENT 1

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS INCOME	6,005.	6,005.
TOTALS	<u>6,005.</u>	<u>6,005.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.**

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

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		3,834.	PPCF
(2) VENETUCCI RANCH LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	EDUCATION AND	CO		9,782,485.	PPCF
(3) VENETUCCI VILLAGE LLC 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903	REAL ESTATE	CO		2,187,320.	PPCF
(4) 730 N NEVADA LLC 730 N NEVADA AVE COLORADO SPRINGS, CO 80903	RE HOLDING	CO		619,098.	PPCF
(5)					
(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) 2017

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	199,132.	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.

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 2017 or other tax year beginning 01/01, 2017, and ending 12/31, 2017.

2017

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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 <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 63,684,465.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PIKES PEAK COMMUNITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 102 SOUTH TEJON STREET STE 530 City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80903	D Employer identification number (Employees' trust, see instructions.) 84-1339670 E Unrelated business activity codes (See instructions.) 541900
F Group exemption number (See instructions.) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)	33,136.	ATCH 1	33,136.
13 Total. Combine lines 3 through 12	33,136.		33,136.

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)			7,596.
15 Salaries and wages			22,507.
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	21	1,666.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		1,666.
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule)	ATTACHMENT 2		12,206.
29 Total deductions. Add lines 14 through 28			43,975.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-10,839.
31 Net operating loss deduction (limited to the amount on line 30)			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-10,839.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-10,839.

Part III Tax Computation

Table with 4 columns: Description, Amount, Line Number, and Total. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 4 columns: Description, Amount, Line Number, and Total. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments (A 2016 overpayment credited to 2017, 2017 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 49 you want.

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

Table with 3 columns: Question, Yes, and No. Rows include: 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 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.

Signature and Preparer Information section. Includes fields for Sign Here (Signature, Date, Title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Check if self-employed, PTIN, Firm's EIN, Phone no.), and a box for May the IRS discuss this return with the preparer shown below.

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

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

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)		
Total	Total	

(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)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions 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)						

Totals (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)						
Totals from Part I. ▶						
	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.
Totals, Part II (lines 1-5) ▶						

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)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

MANAGEMENT FEES

33,136.

PART I - LINE 12 - OTHER INCOME

33,136.

ATTACHMENT 2

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

LEGAL AND ACCOUNTING	1,659.
OFFICE EXPENSE	1,677.
INSURANCE	2,135.
MISCELLANEOUS	1,371.
RENT	5,364.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>12,206.</u>
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